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Abstracts

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THURSDAY 15 APRIL 2021

07:15 - 07:45

Plenary

P1a

Developing successful educational programmes: ensuring communication topics resonate with healthcare professionals' perceived needs, not just what educators believe important

Presenter:

Professor Dame Lesley Fallowfield, Professor of Psycho Oncology, University of Sussex

Recognition that communication with patients and their families is a core clinical skill has led to much more skills training in medical curricula. Unfortunately reports show patients still receive inadequate and poor communication. Much of the training provided is too short, happens primarily at undergraduate level, focusses on topics deemed important by the educators and utilizes methods that are unlikely to enhance skills that will endure and transfer into a clinical setting. The treatment landscape in cancer has changed dramatically with new diagnostics, surgical and radio-therapeutic procedures and systemic treatments. Such advances mean that many more patients may be cured or can live longer with better lives, but discussing their treatment options and likely therapeutic aims can be extremely challenging. Even senior HCPs say that they need help when discussing the complexity of modern treatment namely the many sad, bad but often just plain difficult issues that arise. Nevertheless a brief perusal of the communication skills literature reveals a preponderance still of courses and workshops entitled 'Breaking Bad News.' These may be facilitator led and use role-play between participants themselves or with simulated patients who then provide feedback. Often the workshop groups can be too large for participants to receive much meaningful feedback, and the standard of both facilitators and actors variable. Frequently the scenarios that are used fulfill the roles that patient simulators have rehearsed which may be inauthentic or inappropriate for the group.

Over the past 30 years my team have produced a large number of different evidence-based and scientifically evaluated communication skills programs adapted initially from methods first described by Mack Lipkin and colleagues. Essentially if HCPs are to become more patient-centered, then the educational programmes need to employ more learner-centred techniques. Our materials and educational processes deal with those areas cited by the HCPs themselves as addressing their most pressing needs; these include talking about: – randomised clinical trials of cancer treatment, early phase trials, metastatic bone disease, agreeing treatment plans with colleagues in multi-disciplinary teams and more recently, talking about risk and uncertainty in the context of gene-expression profiling tests and genetic testing. Content of these programmes emanates from discussion first with HCPs and patients, delivered then by melding personal awareness, knowledge acquisition and behavioural skills, elements required to enhance learners' self-confidence and competence. Following positive workshop evaluation most materials are offered free of charge to educators prepared to attend facilitator training programmes. If the content of these educational initiatives is shown to improve skills attracting CPD points and that they match the perceived needs of HCPs, then participation in workshops by even senior doctors and nurses is not problematic.

08:00 - 09:00

Oral Session 01 - Adapting health communication due to the COVID-19 pandemic

01.1

Simulated Patient Care Conversations: A Goals of Patient Care Workshop

Lead Presenter:

David White, Royal Perth Hospital, Australia

Authors:

David White, Royal Perth Hospital, Australia

Lucy Kilshaw, Royal Perth Hospital, Australia

Derek Eng, Royal Perth Hospital, Australia

Establishing goals of patient care (GoPC) is key to delivering high-quality care in an inpatient setting and especially relevant given the COVID-19 pandemic. An audit of junior doctors at a tertiary teaching hospital in Western Australia (WA) found most clinicians do not receive specific GoPC communication training. To address this issue an innovative workshop was designed to improve clinicians' confidence in conducting GoPC discussions.

Methods/Findings: Eight half-day workshops were delivered from May-June 2020 for critical care, emergency and medical registrars. Two experienced facilitators conducted the workshop with a trained actor performing the role of a simulated patient. Pre-readings, instructional videos & an introductory presentation outlining the ICE & REMAP communication frameworks were delivered to participants who then implemented these frameworks in two specifically developed clinical scenarios, one including a patient diagnosed with COVID-19, with the actor role-playing as a patient or family member. Feedback was delivered to participants using the Agenda-Led Outcome-Based Analysis approach (ALOBA).

56 clinicians participated in the workshops and completed an evaluation survey rating their confidence in different communication skills relevant to GoPC discussions before and after the workshop. There was a mean improvement in confidence in communication skills of 35.3% ($p < 0.001$) among participants following the workshop. This increased confidence rating was found to be maintained at 2-months follow-up ($p < 0.001$). All participants (56/56) responded that they would recommend the workshop to a colleague, and 65.5% (19/29) went on to share their learnings with other clinicians following participation in the workshop.

Discussion: This workshop is the first in-hospital acute care communication skills training in WA to successfully demonstrate that the use of a simulated patient and expert facilitator are effective in improving clinician's confidence in their communication abilities when discussing GoPC. Further research is required to assess if clinician's improved confidence in communication translates to improved patient outcomes.

01.2

COVID-19 adaptations - communication skills training for professionals treating parents with cancer

Lead Presenter:

Wiebke Frerichs, University Medical Center Hamburg-Eppendorf, Germany

Authors:

Wiebke Frerichs, University Medical Center Hamburg-Eppendorf, Germany

Lene Marie Johannsen, University Medical Center Hamburg-Eppendorf, Germany

Laura Inhestern, University Medical Center Hamburg-Eppendorf, Germany

Corinna Bergelt, University Medical Center Hamburg-Eppendorf, Germany

Background: As healthcare professionals (HCPs) have a significant role in providing and, if necessary, initiating supportive, psychosocial care to parents with cancer, they need to improve their awareness and knowledge regarding child- and family-related aspects. Hence, we developed a communication skills training (CST) for HCPs with two modalities (e-learning and face-to-face). Due to the COVID-19 contact restriction, the face-to-face training was adjusted and provided as a virtual web-based training. This study evaluates participants' satisfaction with the different CST formats.

Methods: The CST was developed and is currently evaluated in a randomized controlled pilot trial with three groups (e-learning, face-to-face, waitlist control). To continue with the training, we adjusted the face-to-face training according to the contact restrictions due to the COVID-19 pandemic and provide it as a virtual web-based training. The content of the face-to-face training was reviewed in order to fit into a web-based format and interactive parts were adapted for the virtual experience (e.g. stronger focus on daily practice examples through facilitation, including explicit discussion sessions).

Preliminary Findings: Experiences with virtual training show, that participants are open to and satisfied with the new web-based training format despite technical difficulties (e.g. internet connection) and can engage through discussions sessions. Compared to a face-to-face training, the virtual training requires additional activation and encouragement by facilitators. Additionally, results on satisfaction, attitudes regarding daily practice, feasibility, accessibility and usability after the training will be presented.

Discussion:

The adaptation of the CST in a web-based format allows a more flexible realization with regard to the location and meets contact restriction requirements. At the same time naturally upcoming discussions or rather informal communication of participants (e.g. in breaks) may be reduced. The evaluation of formats will support a detailed understanding of possible barriers and facilitators to CST implementation.

01.3

Transition to tele-health talking therapies for youth during the COVID 19 lockdown

Lead Presenter:

Maria Stubbe, University of Otago, New Zealand

Authors:

Maria Stubbe, University of Otago, New Zealand

Jo Hilder, University of Otago Wellington, New Zealand

Rachel Tester, University of Otago Wellington, New Zealand

Sue Garrett, University of Otago Wellington, New Zealand

Abigail Dunlop, University of Otago Wellington, New Zealand

Tracey Gardiner, University of Otago Wellington, New Zealand

Dasha Fedchuk, University of Otago Wellington, New Zealand

Fiona Mathieson, University of Otago Wellington, New Zealand

Sarah Gordon, University of Otago Wellington, New Zealand

Anthony Dowell, University of Otago Wellington, New Zealand

Background: Piki is a free primary mental health service for young people aged 18-25 years with mild to moderate mental distress being piloted in New Zealand. It integrates psychological therapies with intentional peer-support and online resources. Most Piki providers had no prior experience with telehealth pre-COVID-19. The national lockdown in March-May 2020 triggered an immediate transition to virtual delivery of therapy and peer support. Video counselling skills training and guidelines were rapidly developed and rolled out with the objective of maintaining continuity of service throughout the lockdown.

Method: This 'natural experiment' provided a unique opportunity to evaluate experiences of providing and receiving mental wellbeing support via telehealth under pandemic conditions, and to observe how practices changed (or not) once in-person sessions were able to resume. Data was gathered via interviews, focus groups and surveys with Piki providers and clients starting immediately post-lockdown in May 2020 through to November 2020.

Findings: Sessions were conducted successfully on various platforms, with Zoom the most common. Most clients felt telehealth provided much-needed support over lockdown, but also expressed a preference for face-to-face interaction, with some opting out of telehealth delivery. Some clients preferred phone to video, especially for more sensitive topics, and where social anxiety or privacy was an issue. Piki service

providers overall felt positive about the experience of using telehealth and reported communication became easier with practice. The main challenges were the loss of non-verbal cues, maintaining rapport, and not being able to use physical or visual resources such as whiteboards or workbooks. All still much preferred face to face sessions.

Conclusion: The adaptation from face-to-face services pre-COVID to virtual support during lockdown was made quickly and relatively smoothly. It will be important to monitor the acceptability and effectiveness of therapy delivery via telehealth for young people in the New Zealand context.

01.4

Patients' perceptions of harmful communication in advanced cancer care during the Covid-19 pandemic

Lead Presenter:

Liesbeth van Vliet, Leiden University, Netherlands

Authors:

Janine Westendorp, Leiden University, Netherlands

Tim Oldehartman, Radboud UMC, Netherlands

Sandra van Dulmen, Nivel, Netherlands

Jacqueline Stouthard, NKI, Netherlands

Janneke Budding, BVN, Netherlands

Anneke Francke, Nivel, Netherlands

Christy-Anne Wortman, Leiden University, Netherlands

Elsken Van der Wall, UMC Utrecht, Netherlands

Mirjam Velting, BVN, Netherlands

Nicolle Plum, BVN, Netherlands

Andrea Evers, Leiden University, New Zealand

Liesbeth van Vliet, Leiden University, Netherlands

Background: Covid-19 has changed cancer care and clinician-patient communication herein beyond imagination. The aim of this project was to provide a comprehensive overview of which specific clinician-expressed communication behavior, instigated by the Covid-19 constraints, is deemed harmful according to patients with advanced cancer.

Methods: An online survey was conducted among Dutch patients with advanced cancer (Aug-Oct2020). The survey was based on a systematic literature-search and clinician/patient input. The online survey consisted of 6 situations involving possibly harmful communication (see Table) and concrete examples of potentially harmful communication and helpful alternatives. Participants indicated whether they perceived this situation as potentially harmful and reflected upon the examples provided. Data were analyzed quantitatively and qualitatively (content analysis).

Findings: The extent to which the 47 participating patients perceived the different situations as potentially harmful is shown in the Table. Preliminary qualitative results seem to indicate that bad news should not be delivered by telephone, but in person (or video-conference). In addition treatment changes (if really necessary) need to be explained very well.

Situation	Harmful N(%)
Communication by telephone/video	
Not checking whether information provided is remembered	38(81%)
Providing no space for patient response after delivering bad news	37(79%)
With videoconference: not checking whether you can continue talking if someone enters the room	32(68%)

Starting the conversation without checking it is a convenient time	27(57%)
Communication about (treatment) changes	
Not providing information about why the patient might not be involved in SDM during Covid-19	41(87%)
Not providing enough information about treatment changes	35(75%)

Discussion: Our results provide insight into which specific communication behaviors are deemed harmful by patients with advanced cancer in the context of Covid-19. These results can help to improve communication, patient-centered care and patient experiences. </div>

01.5

Perceived usefulness of ICT for consultation during the COVID-19 pandemic in France

Lead Presenter:

Julien Mancini, Institut Paoli-Calmettes, Aix-Marseille Univ, Inserm, IRD, France

Authors:

Rajae Touzani, Institut Paoli-Calmettes, Aix-Marseille Univ, Inserm, IRD, France

Marie Bannier, Institut Paoli-Calmettes, France

Lise Radoszycki, Carenity, France

Anne-Déborah Bouhnik, Institut Paoli-Calmettes, Aix-Marseille Univ, Inserm, IRD, France

Aline Sarradon-Eck, Institut Paoli-Calmettes, Aix-Marseille Univ, Inserm, IRD, France

Laurent Chiche, Hôpital Européen, France

Julien Mancini, Institut Paoli-Calmettes, Aix-Marseille Univ, Inserm, IRD, France

Background: In order to reduce the risk of COVID-19 infection, social distancing is promoted. For patients with chronic disease, healthcare providers' (HCPs) consultations are possible when needed but relatives are generally not allowed. With the current development of telehealth, video-conferencing or video-recording of consultations has been encouraged for relatives. Our aim was to study the perceived usefulness of such practices.

Methods: The data were collected through an online survey among volunteers from the French Carenity platform in June-July 2020. Sociodemographic characteristics including health literacy level ("help reading hospital materials", SILS) were collected. The perceived usefulness of video-conferencing or video-recording of consultations was measured with two ad hoc questions (from 1 'not useful at all' to 4 'very useful'). Similar questions explored usefulness of mobile apps for doctor appointment booking and to communicate patient-reported outcomes (PROs) to HCPs.

Findings: 519 patients with chronic disease and 24 relatives were surveyed. There did not differ regarding their perception of the usefulness of information and communication technologies (ICT).

The majority of patients considered video-conferencing (53.6%) or video-recording of visits (67.4%) useful. However it was perceived less useful than mobile apps for appointment booking (87.7%) or for PROs communication (82.3%). Problematic health literacy was associated with higher perceived usefulness of video-conferencing ($p=0.048$) or video-recording during consultations ($p=0.011$) but not with the usefulness of apps for appointment booking ($p=0.815$) or PROs communication ($p=0.469$).

Discussion: Despite they find the new possibilities to use apps for doctor appointment booking or for PROs communication more useful, the majority of patients with chronic diseases were interested in video-conferencing or video-recording during HCPs visits. Recording implies that relatives cannot influence the encounter, but patients judged it more useful, probably because it can also help themselves reminding the consultation content. Consistently low-literate participants were particularly interested in either video-conferencing or video-recording visits.

Oral Session 02 - Research on communication about difficult issues

02.1

The Effect of Prognostic Communication on Patient Outcomes in Palliative Cancer Care

Lead Presenter & Author:

Naomi van der Velden, Amsterdam UMC (locatie AMC), Netherlands

Background. While prognostic information is considered important for treatment decision-making, physicians struggle to communicate prognosis to advanced cancer patients. This systematic review aimed to offer up-to-date, evidence-based guidance on prognostic communication in palliative oncology.

Methods. PubMed and PsycInfo were searched until September 2019 for literature on the association between prognostic disclosure (strategies) and patient outcomes in palliative cancer care, and its moderators. Methodological quality was reported.

Findings. Eighteen studies were included. Concerning prognostic disclosure, results revealed a positive association with patients' prognostic awareness. Findings showed no or positive associations between disclosure and the physician-patient relationship or the discussion of care preferences. Evidence for an association with the documentation of care preferences or physical outcomes was lacking. Findings on the emotional consequences of prognostic disclosure were multifaceted. Concerning disclosure strategies, affective communication seemingly reduced physiological arousal and improved perceived physician's support. Affective and explicit communication showed no or beneficial effects on patients' psychological well-being and satisfaction. Communicating multiple survival scenarios improved prognostic understanding. Physicians displaying expertise, positivity and collaboration fostered hope. Evidence on demographic, clinical and personality factors moderating the effect of prognostic communication was weak.

Discussion. If preferred by patients, physicians could disclose prognosis using sensible strategies. Combining explicit and affective communication, multiple survival scenarios and expert, positive, collaborative behaviour likely benefits most patients. Still, more evidence is needed, and tailoring communication to individual patients is warranted. Future research should examine the effect of prognostic communication on psychological well-being over time and treatment decision-making, and focus on individualizing care.

Keywords. Advanced cancer, palliative care, prognosis, truth disclosure, physician-patient communication, patient outcomes.

02.2

Mental health staff and patients' perceptions of the risks and therapeutic potential of suicide talk

Lead Presenter & Author:

Sarah Peters, University of Manchester, United Kingdom

Background: Suicidal thoughts and behaviours are highly prevalent amongst individuals with mental health problems, and there is strong evidence of the therapeutic value of helping individuals to express and make sense of these distressing cognitions and experiences. However research also suggests that within routine mental health care settings where the focus is on identifying and assessing risks, the opportunities for therapeutic communication can be inadequate and dissatisfying. It remains unknown what staff and patients' experiences are of discussing suicide within routine mental health care, what they perceive to be the risks and benefits, and what barriers operate to prevent useful and safe communication about suicide thoughts and behaviours.

Methods: Patients with experience of suicidality (n=29) and staff working within community and in-patient mental health settings (n=39) took part in an interview or focus group. Data were subjected to thematic analysis.

Findings: Despite 'suicide risk assessment' being common within routine mental health care, 'suicide-talk' is viewed as a delicate topic and avoided. Staff feel inadequately equipped to initiate and respond to suicide-talk and fear causing harm to patients and the professional/personal consequences of this. In contrast, patients want to talk about suicidal thoughts and behaviours in order to understand and make sense of their existential crisis, however they mistrust staff and fear being judged.

Discussion: The organisational environment within mental health services operates to increase risk and distress by discouraging therapeutic communication and promoting beliefs that talk about suicide is risky. Staff require support and training to understand the benefits of 'suicide-talk' and to develop skills to enhance their practice.

02.3

The effects of parent involvement in communication about treatment at the NICU: A systematic review

Lead Presenter:

Nanon Labrie, Vrije Universiteit Amsterdam, Netherlands

Authors:

Nanon Labrie, Vrije Universiteit Amsterdam, Netherlands

Ramona Ludolph, University of Lugano, Switzerland

Nicole Van Veenendaal, OLVG, Netherlands

Johannes Ket, Vrije Universiteit Amsterdam, Netherlands

Anne Van Kempen, OLVG, Netherlands

Background: At the neonatal care unit (NICU), it is important that staff members involve parents in the care of their new-born child. Research shows that parent involvement is beneficial for infant and parent wellbeing, and essential to family-centered care. To date, ample studies have focused on ensuring parent participation in practical care-activities. However, a rigorous and conclusive overview of evidence pertaining to the role and effects of parent involvement in communication to achieve family-integrated care, is lacking.

Objectives: To systematic review the literature for evidence concerning the effects of parent involvement in communication about treatment of their infant(s) at NICUs (level 1-4) on parent-related outcomes.

Methods: Scientific databases (PubMed, Cochrane, PsycInfo, CINAHL, Scopus, Web of Science) were systematically searched for records about communication (interventions) in NICU contexts. 2903 Titles/abstracts were screened for relevance by two independent coders, based on predefined inclusion/exclusion criteria. Disagreements concerning eligibility were resolved through discussion. 168 full-text articles were subsequently screened for eligibility and subjected to quality appraisal.

Findings: Results suggest that staff-parent communication can affect various parent-related outcomes, including parental presence, involvement, knowledge, satisfaction, and stress. Yet, notably most studies are qualitative in nature – rendering conclusions about effects difficult. More so, studies focus almost exclusively on mothers' roles, as well as on 'difficult' and highly-structured conversations (e.g. end-of-life communication, ethical decision-making, discharge planning).

Implications: This review provides insights about the potential of communication to achieve better care at the NICU. It adds to conceptualizations and modeling of family-centered care. More so, the results offer a starting point for (re-)defining practical guidelines for staff-parent interaction at the NICU. Importantly, this review also lays bare a great need to include fathers' perspectives in research, as well as to focus on day-to-day staff-parent communication as a potential predictor for parents' perceptions and outcomes of NICU-care.

02.5

“You won’t even see the scar”- a qualitative study of risk communication prior to pediatric surgery

Lead Presenter:

Pia Henrika Kuhlmann, Department of Medicine Faculty of Health, Witten/Herdecke University, Germany

Authors:

Pia Henrika Kuhlmann, Department of Medicine Faculty of Health, Witten/Herdecke University, Germany

Martin W. Schnell, Faculty of Medicine, Witten/Herdecke University, Germany

Donna Luff, Department of Anesthesiology, Critical Care and Pain Medicine/Institute for Professionalism and Ethical Practice, Boston Children's Hospital, Harvard Medical School, United States

Craig W. Lillehei, Department of Surgery, Boston Children's Hospital, United States

Elaine C. Meyer, Department of Psychiatry, Harvard Medical School, United States

Thorsten Langer, Department of Medicine, Faculty of Health, Witten/Herdecke University, Germany

Background: Obtaining informed consent for routine procedures in pediatric surgery is a complex undertaking. Clinicians are challenged to balance sharing of risk information about rare complications while supporting families' autonomy to make an informed decision. Risks have to be mentioned and clinicians need to be sensitive to discern patients' and parents' preferences. This study aims to better understand how physicians integrate risk communication into preoperative conversations for routine procedures in pediatric surgery.

Methods: Grounded Theory (Corbin and Strauss) served as a methodological framework. 11 transcribed audio-recordings and 25 post-consultation questionnaires derived from a preexisting dataset of preoperative conversations in pediatric surgery collected in 2016 at one hospital in the US were analyzed. Cases included discussion of 9 routine surgeries (umbilical/inguinal hernia repair) and 2 surgeries of advanced complexity involving a total number of 41 individuals (surgeons, nurse practitioners, parents, children, medical interpreter).

Findings: Clinicians impart risk information smoothly by means of adaptable communicative strategies. The following strategies stood out particularly: the alternative expression of risk probabilities in non-numerical terms (e.g. sharing professional experience: “never had that happen”), depicting the situation of the procedure (e.g. emphasizing its normality through commonness: “it is probably the most common sort of day surgery [...]that we see.”), comparisons (e.g. classifying procedural risks: “In terms of all the procedures we do

R1

Two for one! Professional qualities development as a bonus in communication skills training

Lead Presenter & Author:

Marianne Brouwers, Radboudumc, Netherlands

Topic and purpose of discussion: Clinical communication skills training is about learning to ask the right questions, but implicitly teaches students about professional qualities as well. For example, teaching breaking bad news skills triggers learning on a personal level, such as honesty and patient-centeredness (Brouwers, 2020). However, we wonder if educators are aware of this phenomenon and how they address this in their teaching.

Therefore, we would like to take time to discuss this overlap of communication skills training and personal development. We would like to gather participants' experiences with this issue, identify potential problems or opportunities, exchange ideas and best-practices about how to use this in teaching.

Plan:

5 min: introduction (participants, method discussion)

20 min: identify recognition, identify problems and opportunities of issue through pyramid discussion (3 min individual thinking, 5 min discussion in duos, 10 min discussion in group of 4)

10 min: plenary discussion (result relating to available literature)

20 min: exchange ideas and best-practices how to use this phenomenon best through pyramid discussion (3 min individual thinking, 5 min discussion in duos, 10 min discussion in group of 4)

10 min: plenary discussion (results relating to available literature), how to proceed and wrap up

Outcomes hoped for from the discussion: We hope to raise awareness about this overlap, identify potential problems and opportunities, and that participants exchange ideas and best-practices how to deal with this issue in their own teaching. We also like to investigate whether there is a wider interest to form a new EACH group around this issue to help each other to maximize the results of this effect in teaching.

Organized by an already established or new group: see above.

Reference: Brouwers et al. The impact of early breaking bad news education: a qualitative study into students' self-reported take-home messages. Submitted.

Works in Progress Oral Session 01

WIP1.2

Empowering older people with multimorbidity to improve their communication with healthcare staff

Lead Presenter & Author:

Rebecca Goulding, The University of Manchester, United Kingdom

Background: Breakdowns in communication can threaten patient safety. Interventions to improve communication often focus on healthcare staff. However, important communication behaviours are predominantly patient-initiated. I aim to explore barriers to and enablers of safer interactions, and develop a patient-centred intervention for older people with multimorbidity; who are more likely to experience risks to patient safety.

Methods: Following a theory-, evidence- and person-based approach to intervention development, I conducted in-depth interviews with older people (65+) with multimorbidity, and clinical and administrative staff from UK General Practices. Interviews were analysed thematically in the context of behaviour change theory. Patients and staff then helped set objectives for and draft an intervention.

Preliminary findings: Patients reported sharing what is on their mind, stating preferences and asking for clarification during interactions. However, they were unlikely to mention the impact of their conditions, and may forget to raise some concerns. Patients wanted empathy and explanations, and encouragement to speak up. They expressed willingness to make use of materials to help them prepare for and communicate in interactions.

Preliminary implications of research: Older people with multimorbidity are open to learning better ways of communicating with healthcare staff. Understanding the barriers to communication for this patient population has informed the design of an intervention to improve communication and reduce risks to patient safety. This intervention is now being modified to optimise its usability and acceptability.

Request for feedback: I am an externally funded, final year Health Psychology PhD student. My supervisors have backgrounds in health psychology, health services research and clinical practice. I am also collaborating with experts in behaviour change and intervention development.

I would like to discuss how patients and healthcare staff can be persuaded to use interventions designed to improve communication, and how I can build on this work and influence education and policy.

WIP1.4

Barriers and Facilitators for Using Clinical Decision Support Systems: A Systematic Review

Lead Presenter:

Leonie Westerbeek, University of Amsterdam, Netherlands

Authors:

Leonie Westerbeek, University of Amsterdam, Netherlands

Kimberley Ploegmakers, Amsterdam UMC, Netherlands

Gert-Jan De Bruijn, University of Amsterdam, Netherlands

Annemiek Linn, University of Amsterdam, Netherlands

Julia Van Weert, University of Amsterdam, Netherlands

Nathalie Van der Velde, Amsterdam UMC, Netherlands

Henk Van Weert, Amsterdam UMC, Netherlands

Ameen Abu-Hanna, Amsterdam UMC, Netherlands

Stephanie Medlock, Amsterdam UMC, Netherlands

Presenter is a first year PhD candidate with four supervisors. The PhD project is funded externally.

Background: A Clinical Decision Support System (CDSS) analyzes medical data to aid clinicians' decision making processes (e.g. alerts based on guidelines, models, etc.). Unfortunately, the potential of CDSSs to improve healthcare quality does not guarantee its adoption by clinicians; the failure rate in CDSS uptake by clinicians is still over 50%. This review aims at identifying barriers and facilitators indicated by clinicians for using medication-related CDSSs. For organizing barriers and facilitators identified in the literature, the Human Organization Technology fit (HOT-fit) framework is used. HOT-fit is an evaluation model for health information systems, assessing seven different dimensions (e.g. system- and information quality).

Methods: With the assistance of a clinical librarian, we systematically searched MEDLINE and Scopus for literature published until July 2018. Original research reporting qualitative or survey studies gathering clinicians' opinions of medication-related CDSSs were included.

Preliminary Findings: After removing duplicates, 3388 abstracts were obtained for screening.

Subsequently, 103 full text articles were assessed for eligibility, resulting in a final set of 49 articles. The study is currently at the start of data extraction, meaning that preliminary results are not yet available.

Preliminary Implications: Results can inform improved CDSS design, to find ways of overcoming barriers and creating facilitators for clinicians to use CDSSs in their work routine, contributing to improved healthcare quality. Furthermore, we can identify which factors in HOT-fit seem particularly important to medication-related CDSS, and which are underrepresented in current research results.

Request for Feedback: Feedback about the suitability of the chosen framework for the results found in the review would be appreciated. Furthermore, feedback on how to communicate the results to clinicians effectively will make the results more valuable.

09:15 - 10:15

Networking

N1a

tEACH networking session - connect with the EACH Teaching committee

Lead Presenters:

Sandra Winterburn, Norwich Medical School, University of East Anglia, Norwich, United Kingdom

Jane Ege Møller, Aarhus University, Denmark

This networking session is aimed at anyone wishing to know more about the work of tEACH, the EACH teaching committee.

We will provide an overview of our current projects and through discussion with participants identify the key challenges for teachers in Healthcare communication going forward.

The aim is to facilitate closer collaboration and identify potential future workstreams and resources. Most importantly it gives teacher across Europe and beyond a chance to reflect and share common experiences. Everyone welcome.

N2a

VR-CoDES in online communication skills teaching (and training) - a tool for practicing emotional communication skills

Lead Presenter:

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

The session will include a brief overview of the VR-CoDES as a coding system, designed to detect patients' and providers' emotional expressions. Evidence of students' and health professionals' difficulties in answering emotional expressions set the stage for using VR-CoDES as a means to improve the ability to respond attentively and timely to emotions when they emerge during clinical interactions.

We will present our experience in the application of VR-CODES to teaching and training, with a focus on online classes, and introduce some tips and ideas to apply in practice.

N3a

Better Care through Better Policies: pEACH Networking session

Lead Presenters:

Sarah Bigi, Università Cattolica del Sacro Cuore, Milano, Italy

Christoph Schmotzer, Gesundheit Österreich GmbH, Austria

You should join the pEACH Networking session if you are a health policy expert, or want to be an expert, or want to influence policy changes & implementations.

We are a group of practitioners, researchers, educators and policy makers who are committed to:

- Ensuring high quality of healthcare for our communities by applying research regarding healthcare communication to policies and clinical practice
- Utilizing evidence to develop specific implementation models and policies that can effectively transform an organization's or country's structures and processes
- Developing a range of robust outcome measures that will show the impact of such initiatives and encourage investment in healthcare communication.

Within pEACH, we are working on a number of projects in order to improve and expand the expertise that we offer to the healthcare communication community.

Join the session to find out more and be part of the momentum to change the world for better patient care through better communication and better policies.

N4

Bridging the gap between healthcare communication teaching and research

Lead Presenters:

Alexia Papageorgiou, University of Nicosia Medical School, Cyprus
Calum McHale, University of St Andrews, School of Medicine, United Kingdom

If you are interested in the field of learning and teaching healthcare communication come and join us in this Special Interest Group. This group aims to bring together healthcare communication researchers, teachers with an interest in healthcare communication education and educational researchers. Our objectives are to promote international collaboration, exchange expertise and support healthcare communication education research and teaching within the EACH community. At this informal networking session, we aim to promote our SIG, expand our membership, and discuss how we can best achieve our objectives.

10:30 - 12:00

Symposia

SI

Conversation Analysis to analyse healthcare communication – from primary care to the operating table

Lead Presenters:

Chiara Jongerius, Amsterdam UMC, Netherlands
Clare Jackson, University of York, United Kingdom
Inge Stortenbeker, Radboud University, Netherlands
Mike Huiskes, Universtiy of Groningen, Netherlands

Authors:

Chiara Jongerius, Amsterdam UMC, Netherlands
Clare Jackson, University of York, United Kingdom
Inge Stortenbeker, Radboud University, Netherlands
Mike Huiskes, Universtiy of Groningen, Netherlands
Patrick Nieboer, University Medical Center Groningen, Netherlands

Rationale: Healthcare related communication is often complex and specific and each interactor has a delineated role. Conversation analysis (CA) can help to understand the means, procedures and methods that people use to structure social actions in natural spoken interactions. Finding its origin in sociology, it can provide in-depth and detailed insights into the characteristics of healthcare interactions, whether this is between patients and physicians or between healthcare providers. In this symposium, four studies will be presented using CA in various clinical settings (e.g., midwifery, orthopaedics), and based in various research methods (e.g. quantitative research, systematic review). The final discussion of this symposium focuses on how CA can be used for in-depth analysis in various settings and disciplines to better understand and improve communication practices in healthcare.

Managing decision making during childbirth: Childbirth is a site of longstanding debate about the erosion of choice by medicalisation of practice. However, little is known about how decision-making is managed in real-time during labour. Using conversation analysis of 37 video/audio recordings of intrapartum care in two UK midwifery-led units, we examine interactional practices of decision-making.

Communication skills of doctors in the operating room: Clinical workplaces bring physicians in training onto the main stage of learning; the place where they meet patients and supervisors. In earlier studies we analysed how residents shape (self-regulate) their learning strategies in the operating room (OR) and identified four strategies residents use to recruit expertise. In a follow-up study we analysed how supervisors regulate entrustment of autonomy (i.e., co-regulate learning). In this study we look at the

dynamics of learning in OR. We use conversation analysis to describe how supervisors and physicians in training construct learning in the moment-to-moment, daily practice of the OR.

Computer use in patient-physician conversations: Computer use, and in particular use of the Electronic Medical Record, can influence the communication process between physician and patients. This presentation will present a conversation analysis on how physicians' computer gazing behaviour (assessed using mobile eye tracking data of consultations) relates to their verbal communication. We show that physicians can switch their gaze towards the computer explicitly and implicitly. The latter can cause the conversation to pause. Patients, however, do not experience this as problematic, since they usually finish their sentences.

The role of language in consultations about medically unexplained symptoms: The absence of a specific underlying disease challenges patient-provider communication about medically unexplained symptoms (MUS). This systematic review synthesizes evidence from conversation and discourse analytic research about MUS consultations. We describe recurrent linguistic and interactional features, and provide a detailed understanding of the communicative challenges that patients and physicians face during these interactions.

Group discussion: Interactive group discussion will focus on generating ideas for advancing CA research in healthcare communication. Attendees will be invited to think critically about CA and its advantages and limitations compared to other research methods.

S5

Research evidence of telehealth and remote consultation: Lessons from COVID-19

Lead Presenters:

Anne Moorhead, University Ulster, Northern Ireland
Anita Laidlaw, University of St Andrews, United Kingdom

Discussion Panel:

Mairead Murphy, University of Bristol, United Kingdom
Janet Lefroy, Keele University, United Kingdom
Anne Moorhead, University Ulster, Northern Ireland
Anita Laidlaw, University of St Andrews, United Kingdom

The COVID-19 pandemic has altered healthcare delivery significantly. Remote consulting and telehealth have been promoted in many countries due to the potential to reduce unnecessary physical contact between healthcare practitioners and patients. These changes to healthcare delivery have now been sustained for a significant period of time as the pandemic has continued to dominate. Many of these changes were initially introduced at great speed and with a distinct focus on both patient and practitioner safety as the main driver. The upsurge in use of telehealth and remote consulting more frequently due to the COVID-19 pandemic does provide opportunity to research the impacts of this type of speedy and significant change on healthcare communication.

This symposium will address the following questions:

- What does research to date inform us about the healthcare communication impacts of changes in telehealth and remote consultations as a result of the COVID-19 pandemic?
- What lessons can we learn from this research in moving forward the field of healthcare communication?

We will hear evidence from healthcare communication researchers and educational researchers about the impact of the COVID-19 pandemic on healthcare communication, including teaching remote consultation skills to medical students, and rapid COVID-19 intelligence to improve primary care response. Discussion amongst panel members, including questions from the audience, will explore the lessons we can take from this work and directions for future research.

Workshops

W1

Training raters for Communication Assessment: Who, what, how and how much is needed?

Lead Presenters:

Geurt Essers, Huisartsopleiding Nederland, Netherlands
Claudia Kiessling, University Witten/Herdecke, Germany
Maria Magdalena Bujnowska-Fedak, Wroclaw Medical University, Poland
Noëlle Junod Perron, University of Geneva, Switzerland
Marcela Dohms, University of Sao Paulo, Brazil
Marc van Nuland, University of Leuven, Belgium

Authors:

Geurt Essers, Huisartsopleiding Nederland, Netherlands
Noëlle Junod Perron, University of Geneva, Switzerland
Marc van Nuland, University of Leuven, Belgium
Claudia Kiessling, University Witten/Herdecke, Germany
Maria Magdalena Bujnowska-Fedak, Wroclaw Medical University, Poland
Zoi Tsimtsiou, School of Medicine, Aristotle University of Thessaloniki, Greece
Ragnar Joakimsen, Norges Arktiske Universitet, Norway
Marcela Dohms, University of Sao Paulo, Brazil

Rationale: Both in OSCEs and in workplace communication assessment, there is a need for raters. However, raters tend to differ in their judgments: some appear to be strict, others lenient. The general aim of training raters is to minimize unwanted differences in assessing learner communication. This goes for both high stake assessments and for feedback in low stake assessment. In order to achieve a sufficiently high level of inter-rater reliability, raters need to have the same understanding of the framework and the skills that are being assessed. Training raters for communication assessment is often one of the final steps in the process.

Objectives: The objective of this workshop is to take the participants through the process of deciding how to train raters for communication assessment. After this workshop participants will be able to:

- Clarify what choices need to be made in rater training (OSCE and/or workplace assessment)
- Identify relevant approaches used to reduce variability in rating communication
- Consider opportunities for improvement of rater training for communication assessment in their own educational setting

Workshop / Course format and activities: In the workshop we present an overview of the relevant choices related to the learner, the framework, the case and the raters. Moreover, participants will experience going through several aspects of the process of rater training, and be able to discuss the topics that are relevant to their situation. In the workshop we will apply various didactic strategies such as plenary presentations, small group discussions, experiential sessions, and reflective moments. Educational materials will be shared, experienced and discussed with the participants.

W2

Writing tEACHing tip sheets on the spot: Creating and sharing workplace based expertise

Lead Presenters and Authors:

Jane Ege Møller, Aarhus University, Denmark and Co-Chair of the EACH Teaching Committee, tEACH
Lode Verreyen, Communication teacher, EACH Advisory Committee 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?

12:00 - 12:30

ePoster Exhibition

P1

Current implementation of OSCE in medical schools in Germany. Is there a standard?

Christian Brünahl, The German National Institute for state examinations in Medicine, Pharmacy and Psychotherapy (IMPP), Germany

Jana Jünger, The German National Institute for state examinations in Medicine, Pharmacy and Psychotherapy (IMPP), Germany

Background: To assess the practical skills of medical students, Objective Structured Clinical Skill Exams (OSCE) are often used at medical faculties in Germany. Although this is a common, well-evaluated and internationally widespread examination format, there are considerable differences in its implementation at German medical faculties.

Methods: We developed a standardized survey instrument to examine the implementation of OSCE at German medical faculties. The following areas are particularly relevant in this investigation: content and organizational implementation, curricular aspects and blueprint, personnel and number of students involved, quality assurance, ratings and feedback, technical implementation. The data are collected in semi-structured interviews, which are conducted both in a personal interview. The interview partners are the respective persons responsible for the specific areas of interest. We collect Data from 13 medical faculties in total. Every faculty has its own and from the other faculties different curriculum.

Findings: The first analysis showed that there are considerable differences in regards to OSCE implementation between the medical faculties. Both the content and organizational implementation, but also the technical aspects must be considered as tremendously heterogeneous. For example, at some locations OSCE are not yet used as an examination format at all, or up to almost every semester at a different location.

Discussion: The study results clearly show that the implementation of OSCE at German medical faculties is very heterogeneous. Common standards and quality characteristics therefore appear to be urgently needed. This would lead to an improvement in the opportunities for students to prepare for this examination and, ultimately, to an improvement in patient safety.

P2

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

Pia Drews, Medical Faculty of Rostock University, Germany

Verena Köckritz, Medical Faculty of Rostock University, Germany

Cadja Bachmann, Medical Faculty of Rostock University, Germany

Objective: Communication skills are essential for the clinical work of doctors. To gather more information on final year medical students' communication competencies, students of Rostock University, Germany, were asked to self-assess their communication skills in an online survey. This study is embedded in an international, student-led project.

Methods: Based on the validated German version of the Calgary-Cambridge-Guide for the medical interview and supplemented by other relevant communication skills (e.g. breaking bad news, written communication), the questionnaire comprised 51 communication skills to be rated in a 6-Point-Likert-Scale. It was sent to 433 final year medical students at Rostock University. 53 students filled in the entire questionnaire and 14 added optional free text comments.

Results: The response rate was 12.2 %. 71.1% were female and the average age was 27.3 years. Students' answers ranged from 6 (very confident) to 1 (not confident at all), means ranged from 5.9 to 3.0. On average, Rostock medical students feel very confident (means > 5.0) in: initiating the consultation, taking a general medical history (actual, past, family history), empathy, showing respect, nonverbal behavior and being non-judgemental. They feel less confident (means 5.0 - 4.1) in e.g. taking a psychosocial history, gathering patients' needs and concerns, encouraging to express emotions, informing about medication, giving information to relatives, and in inter- and intra-professional communication. Weakest skills (means 4.0-3.0) were stated in taking a sexual history, written communication/documentation, disclosing mistakes and breaking bad news. Free-text comments revealed that empathy and taking time were seen as most important in doctor-patient-communication.

Conclusion: On average, Rostock final year medical students self-assessed their communication skills as appropriate or high. Still, students obviously have deficiencies in certain communication skills that are relevant for clinical work. Further investigation is needed to evaluate the findings in larger cohorts and to objectify students' skills in summative assessments.

P3

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

Myriam Ghossein, University Of Balamand- Koura, Lebanon

Cadja Bachmann, Medical Faculty of Rostock University, 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.

P4

Assessment Facilitating Reflective Practice-based Learning for Clinical Educators in Health Training

Iben Højer Larsen, University College Northern Denmark, Denmark

Lone Meldgaard, University College Northern Denmark, Denmark

Lotte Fogh, University College Northern Denmark, Denmark

Michell Kannegaard Olesen, University College Northern Denmark, Denmark

Birgitte Tørring, University College Northern Denmark, Denmark

Background: Nearly half of all bachelor students' training activities in Danish health training programmes are conducted in clinical practice. Training is imparted by "clinical educators" (CE) having completed a statutory diploma programme (10 ECTS). CEs demonstrate their competences as clinical educators through written assignments, but find the exam form counterproductive to their learning process. To accommodate this frustration and to enhance their reflective competences, we created real supervision situations furthering reflective and experience-based learning – so-called reflective practice learning – and developed a new exam form affording the CEs an opportunity to demonstrate their competences as supervisors.

Methods: We designed a diploma programme encompassing training in didactic argumentation, planning and implementation of supervision situations. The programme uses video recording and peer-feedback. Assessment consists of 1. A written synopsis where students present a plan for a specific supervision situation based on the didactic model of relations by Hiim and Hippe; 2) Video recording of the supervision situation; and 3) An oral presentation and exam. Grading is based on the CE's supervision and

communication competences demonstrated during the supervision situation, and their ability to reflect on the situation.

Findings: Thirty CEs have completed the programme, achieving very impressive results. Qualitative evaluations were very positive. Both CEs and assessors stressed that the new method allowed CEs to demonstrate their competences as supervisors.

Discussion: Quality of communication in healthcare rests on the shoulders of competent healthcare professionals. The CE is an important stakeholder in training future healthcare professionals vested with strong communicative skills and relational competences. The use of video to elicit reflection is expected to enhance the CEs' capacity for self-reflection, communication and supervision, preparing them to teach bachelor students how they, in turn, may engage in conversations with patients and relatives.

P5

Students say yes to programmatic assessment of communication skills

Ellemieke Rasenberg, Radboudumc University Medical Center, Netherlands

Remco Haringhuizen, Radboudumc University Medical Center, Netherlands

Background: A group of BSc students enrolls in the third year of medical education, lacking education in clinical communication skills (CCS). Students attend a catch-up course in CCS, consisting of 17 classes during one semester. To promote feedback and formative assessment, we used programmatic assessment to evaluate their skills instead of the usual OSCE at the end. According to literature in medical education, the key problem with this concept might be the fact that the coach is also the assessor. We analyzed how these students perceived this potential role conflict.

Methods: Feedback from peers, teachers and simulated patients was used as data points, students' reflection on the cumulative feedback was assessed. In the week after the course and after getting their grades, students were asked to fill out an anonymous online survey and participated in focus group interviews. 12 out of 16 students completed the online survey, 12 students participated in the interviews.

Findings: Students unanimously state that this programmatic assessment course enables their CCS to be assessed in a meaningful way. Contrary to previous literature on this subject, having a teacher coaching and assessing at the same time was not seen as a problem in this group. Most of the students mention that this teacher knows them best and is therefore best equipped to assess their skills. Students define conditions a teacher should meet, of which the most important one is a safe learning environment. In this safe learning environment they were allowed, even encouraged, to make mistakes.

Discussion: These students are more positive than expected about the fact that the teacher in their programmatic assessment course is coach as well as assessor. We conclude that programmatic assessment is suitable for this course, provided that the teacher is able to create a safe learning environment.

P6

Metaphorical discourse of Portuguese healthcare professionals with patients with chronic conditions

Ana Filipa Cardoso, Health Sciences Research Unit: Nursing, Nursing School of Coimbra; School of Medicine, University of Porto, Portugal

Filipa Paraíso, School of Medicine, University of Porto; USF Santa Luzia, ACeS Tâmega III – Vale do Sousa Norte, Portugal

Matilde Agostinho Neto, School of Medicine, University of Porto; USF Casa dos Pescadores, ACeS Póvoa de Varzim e Vila do Conde, Portugal

Fernanda Lazzari Freitas, School of Medicine, University of Porto; Centro Hospitalar entre Douro e Vouga; Centro Hospitalar Póvoa do Varzim e Vila do Conde, Portugal

Petra Santos, School of Medicine, University of Porto; ACeS Tâmega II e Vale de Sousa Sul - Unidade de Saúde Familiar Tempo de Cuidar, Portugal

Frédéric Oliveira, School of Medicine, University of Porto; Centro Hospitalar Póvoa de Varzim-Vila do Conde, Portugal

Maria João Coelho, School of Medicine, University of Porto; ACeS Tâmega III – Vale do Sousa Norte, USF Freamunde, Portugal

Helena Felizardo, Health Sciences Research Unit: Nursing, Nursing School of Coimbra; School of Medicine, University of Porto, Portugal

Inês Rosendo, , Portugal

Dilermando Sobral, School of Medicine, University of Porto; USF Ramalde, ACES Porto Ocidental,

Isabel Taveira Gomes, School of Medicine, University of Porto, Portugal

Raquel Martins, School of Medicine, University of Porto; Instituto Português de Oncologia de Coimbra, Portugal

Raquel Pedrosa, School of Medicine, University of Porto; Centro Hospitalar Universitário São João, Portugal

Vanessa Garrido Pais, School of Medicine, University of Porto; Centro Hospitalar de Entre Douro e Vouga, Portugal

Ivone Castro-Vale, School of Medicine, University of Porto; i3S - Instituto de Investigação e Inovação em Saúde, Universidade do Porto, Portugal

Margarida Figueiredo-Braga, School of Medicine, University of Porto; i3S - Instituto de Investigação e Inovação em Saúde, Universidade do Porto, Portugal

Irene Carvalho, School of Medicine, University of Porto, Portugal

BACKGROUND: Healthcare professionals often use metaphors to communicate with patients with chronic conditions (PCC). However, metaphors can also have unintended or unexpected consequences. The goals of this study are to conduct a multicenter compilation of metaphors used by Portuguese healthcare professionals in their communication with PCC and to explore the healthcare professionals' perceptions of the effect of metaphors and their contribution to aspects such as patients' knowledge about the condition and adherence to treatment.

METHODS: Participants were registered nurses, medical doctors, and allied healthcare professionals with experience with PCC, recruited through a snowball sampling method. A questionnaire was developed and pretested with three healthcare professionals for assessment of semantic intelligibility, ambiguities and questions' adequacy. The questionnaire asks participants to describe metaphors that they use with patients. It additionally asked participants the reasons for their use and what are their perceptions of the effects of the metaphors on patients. Participants' discourses were transcribed and content analysis was performed.

FINDINGS: Participants use a set of metaphors to communicate with PCC. In several cases, participants started to use metaphors learned from others. They perceived metaphors as useful but some have proved less effective, and others were noticed to have clearly negative or ambiguous effects, leading to misunderstandings. These metaphors are presented.

DISCUSSION: From the point of view of healthcare professionals, metaphors can be used in clinical practice to improve lay people's understanding of their conditions. However, their use requires consideration for aspects such as metaphor type, patient's socio-cultural background, and specific condition. Future studies are needed to clarify the use of metaphors from the point of view of the actual PCC.

P7

Communication strategies for providing information in talks with patients: A systematic review

Julia Menichetti Delor, University of Oslo, Norway

Lene Kristine Juvet, Norwegian Institute of Public Health; Science Centre Health and Technology, University of South-Eastern Norway, Norway

Anneli Mellblom, Department of Behavioral Sciences in Medicine, University of Oslo; Regionsenter for barn og unges psykiske helse, Helseregion Øst og Sør, Norway

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

Hilde Eide, University of South-Eastern Norway, Norway

Arnstein Finset, University of Oslo, Norway
Pål Gulbrandsen, University of Oslo; Akershus University Hospital, Norway
Lena Heyn, University of South-Eastern Norway, Norway
Kristina Hopen Saltveit, University of Oslo, Norway
Hilde Strømme, University of Oslo, Norway
Vibeke Sundling, University of South-Eastern Norway, Norway
Eva Turk, University of South-Eastern Norway, Norway
Hanne C Lie, University of Oslo, Norway

Background: The issue of medical information provision has been explored in literature, tackled in teaching, and stressed by policies. Yet, it is one of the goals of healthcare that frequently is not achieved: patients' knowledge gaps are consistently reported. What pieces of the puzzle are we missing? Among the possible ones: (a) there is a preponderant focus on what information to provide rather than how to provide it, (b) on messages provided in a written or numeric format rather than within speech and with words.

We aim to fill these gaps by systematizing scientific knowledge on tested ways for doctors for delivering information whilst they talk with patients.

Methods: We have performed a systematic literature review. The search strategy included a combination of terms on "doctor-patient communication" and "information provision". Five pairs of researchers have independently screened articles: (a) testing ways to frame the information in speech, (b) testing a message provided by a doctor to improve a patient outcome, (c) with a control condition. We assessed the quality of included articles and summarized relevant aspects.

Findings: 8288 unique articles were screened, 34 were included. Most of articles were published in the last decade (n=15) and performed in USA (n=21). In 24 articles, the information framing strategy tested was mixed with others, and only in 10 articles it was possible to identify uniquely tested strategies. A wide range of framing strategies were observed, e.g. information structuring, optimistic/positive framing, narrative vs statistical evidence framing. High variability in patient-related outcomes was also observed, with information recall being the most frequently assessed.

Discussion: Findings from this review highlight the heterogeneous but growing body of literature on the topic. They may provide concrete indications for doctors and teachers about strategies that can be helpful to frame medical information in a way that improves patient outcomes.

P8

5 years national strategy for improving healthcare communication in Austria – A recap and outlook

Marlene Sator, Gesundheit Österreich GmbH, Austria
Peter Nowak, Gesundheit Österreich GmbH, Austria
Christoph Schmotzer, Gesundheit Österreich GmbH, Austria
Jürgen Soffried, Institut für Gesundheitsförderung und Prävention GmbH (IfGP), Austria

Background: Survey data show that the quality of patient-provider communication in Austria is below average within the EU. Despite efforts in research and teaching, communication skills have not found their way into everyday clinical practice. For Austria, a comprehensive national strategy for improving healthcare communication was developed and adopted within the framework of the Austrian National Health Target "Enhancing health literacy" in 2016. Based on this strategy, implementation projects with the aim of improving healthcare communication have been conducted in the last five years in different fields of action.

Methods: Following the four phases of the Public Health Action Cycle of assessment, policy development, implementation and evaluation, an interim evaluation after five years was conducted in form of a SWOT-analysis in order to identify facilitating and hindering factors, and directions on how to proceed in the next phase of implementation.

Findings: As facilitating factors for high quality and sustainable implementation of the policy have been identified: the implementation of a train the trainer-certificate-programme for communication skills training, a trainer network, a network of simulated patients, standards for certification, piloting of tools for patient empowerment and organizational development, integration of the topic in some national policy papers and legal acts, and international cooperation. Hindering factors are insufficient capacity in terms of resources, missing organisational structures and processes for managing trainings efficiently on a national basis, a high-threshold training offering, and lack of an appropriate marketing strategy for reaching specific target groups.

Discussion: Interventions for improving healthcare communication should not be limited to empowerment of individuals, but need to include organisational development, the development of a national training infrastructure and policy (legal) changes in the entire healthcare system. It seems crucial for the implementation of a national strategy to develop the necessary capacities simultaneously to be successful and sustainable.

P9

From Explaining Medical Documents to Elaborating on Therapy of Patients' in GP Practices

Katalin Fogarasi-Nuber, Semmelweis University Faculty of Medicine, Hungary

Renata Halasz, University of Pécs Medical School, Hungary

Csilla Egyed, University of Pécs Medical School, Hungary

Rita Kranicz, University of Pécs, Hungary

Aniko Hambuch, University of Pécs, Hungary

Background: Long-standing GP-patient relationship particularly determines the medical-communicative triad of "complaint-medical history-findings". In our presentation we focus on medical findings and investigate two related aspects. First, how medical findings manifest in conversation. Second, how linguistic results can be incorporated into medical education.

Methods: In the study, delivering diagnosis and explanations of therapy was examined from terminological and functional linguistic perspectives in 20 GP-patient dialogues. The "translation" of medical terms of the findings into lay language during the consultations was the subject of the terminological and concordance analyses, in parallel with this an interactional functional analysis of the sequential structure of diagnosis communication and the explanations of therapy was also carried out. Both analytical investigations aimed to identify typical steps or formulations that can be used in the training of future doctors. Based on these analyses, two pilot courses were launched for medical students in German and Hungarian to practise conversation in which patients can be delivered the diagnosis and the resulting therapeutic measures in a simple, understandable language.

Findings: The most outstanding anomalies related to the translation of medical terms into lay language which failed in 30 percent of the cases. Further results related to the interactional functional analysis revealed that frequency of diagnosis disclosure accounted for 16 percent, whereas 40 percent of explanations was linked to therapy. During course monitoring 80 percent of students reported in the input-feedback that they had difficulty with communicating diagnosis and treatment. In the output-feedback 90 percent found the course particularly useful.

Discussion: Both results and students' feedbacks suggest that delivering diagnosis and treatment in lay language should be more focused on in medical education. Development of teachable language tools and communication practises based on good terminological knowledge are required and seems to be essential for switching between professional and lay language use.

P10

Evidence and more: Guidance for health care professionals to meet cancer patients' information needs

Andrea Gaisser, German Cancer Research Center, Germany
Susanne Weg-Remers, German Cancer Research Center, Germany

Background: Despite ever increasing knowledge, only the lesser part of practice and guideline recommendations in oncology-care are grounded on high-level evidence, leaving a lot of uncertainty. Health care professionals (HCP) counselling cancer patients are often met with questions that lack clear answers or go beyond facts, posing communication challenges. Here, the cancer information service (CIS) offers support to patients as well as to HCP: Best available scientific evidence is translated into tailored comprehensive, comprehensible patient-centred information, not omitting areas of uncertainty and ambivalence nor often neglected patient needs. Since 1986, the CIS has answered – and documented - over 700.000 of individual inquiries, creating a wealth of experience regarding patients' information needs and concerns and ways to meet them.

Methods: Recently, the CIS has condensed this experience in a hand-book. The content is based on a ranking of inquiry topics and underlying concerns and on unmet needs, picking up especially on “difficult” questions and how to deal with them information- and communication-wise. Such topics are e.g. Why me, “The specialist”, How to decide? What if? Is there anything else? How long? Palliative care, CAM, (psycho-)social impact ... For each topic, facts and evidence are briefly summarized and put into context, patients' motives, psychological aspects, uncertainties and gaps pointed out, ways to communicate with patients about these issues are shown, further resources and contacts are provided.

Results and discussion: The content is meant to provide HCP with practical and actionable guidance and support for discussions with their patients and can also serve for teaching interventions tackling information sharing. It aims at furthering patient-centred information and communication and at helping to address “difficult” issues rather than avoiding them: Even where clear factual answers are lacking, there is always a way to provide patients with helpful information and guidance, relationship-building and support.

P11

What patients want to know, and what we actually tell them: the ABIDE project

Agnetha Fruijtier, Amsterdam UMC, Netherlands
Leonie Visser, Amsterdam UMC, Netherlands
Femke Bouwman, Amsterdam UMC, Netherlands
Rogier Lutz, Amsterdam UMC, Netherlands
Niki Schoonenboom, Spaarne Gasthuis, Netherlands
Kees Kalisvaart, Spaarne Gasthuis, Netherlands
Liesbeth Hempenius, Medical Center Leeuwarden, Netherlands
Gerwin Roks, ETZ Hospital, Netherlands
Leo Boelaarts, NoordWest Ziekenhuis Groep, Netherlands
Jules Claus, Tergooi Hospital, Netherlands
Mariska Kleijer, LangeLand Ziekenhuis, Netherlands
Marlijn de Beer, Reinier de Graaf Gasthuis, Netherlands
Wiesje van der Flier, Amsterdam UMC, Netherlands
Ellen Smets, Amsterdam UMC, Netherlands

BACKGROUND: We formerly identified 17 informational topics on which health care professionals, patients and care-partners agree that these should be discussed during diagnostic consultations in memory-clinics. In addition, 8 topics were identified as highly relevant by at least one, but not all three groups. Here, we studied to what degree these 25 informational topics are actually discussed during diagnostic consultations and at whose initiative, i.e., the clinician, the patient or the care-partner.

METHODS: Audio-recordings of pre- and post-test clinician-patient consultations of 71 patients (age 70 ± 10 (M \pm SD), range 43-90, female 32/71(45%)), seen by 32 clinicians (age 43 ± 12 (M \pm SD), range 25-66, female 11/32(34%)), were collected in eight memory-clinics and independently content-coded by two coders. The

coding scheme encompassed the 25 informational topics, grouped into 4 categories; (i) diagnostic testing, (ii) test results, (iii) diagnosis and prognosis, and (iv) practical implications.

FINDINGS: Many topics were discussed frequently, though individual topics ranged from being discussed with 2/71 (3%) to 70/71 (99%) of the patients. On average, 12 (SD=4) of the 25 topics were discussed per patient, during the diagnostic process. Topics in the category 'diagnosis and prognosis' were discussed least frequently. Patients and/or care-partners rarely initiated discussion of a topic (topic initiated by clinician: 90%), but when they did, the topic was most often one of the least frequently addressed topics.

DISCUSSION: We found most topics to be addressed quite frequently by clinicians in memory-clinics. Nevertheless, we observed considerable variation when looking at individual topics. Discussion of diagnostic or prognostic information was relatively limited, while patients and care-partners consider this topic highly relevant, as substantiated by initiating discussion on these topics. Hence, this information should receive more attention in clinical practice. In addition, providing the topic list to patients prior to their visit could allow them to better prepare and stimulate active participation.

P14

Development of an intervention to improve personalized information provision of treatment outcomes

Lois F. van de Water, Amsterdam University Medical Center, Netherlands

Héctor G. van den Boorn, Amsterdam University Medical Center, Netherlands

Florian Hoxha, Amsterdam University Medical Center, Netherlands

Inge Henselmans, Amsterdam University Medical Center, Netherlands

Mart Calff, Amsterdam University Medical Center, Netherlands

Hanneke W.M. van Laarhoven, Amsterdam University Medical Center, Netherlands

Ellen M.A. Smets, Amsterdam University Medical Center, Netherlands

Background: With the increasing use of shared decision making (SDM), cancer patients play a larger and more important role in the decision-making process. To be able to make well-informed decisions, patients need to be adequately informed about treatment options and their outcomes. The aim of this study is to contribute to evidence-based and personalized information about outcomes of treatment, attuned to patients' information needs. To this end, we developed a communication intervention to train clinicians in providing personalized and tailored information about treatment outcomes. A supporting web-interface was developed to facilitate evidence based information giving.

Methods: A communication skills training was developed based on specified learning objectives, literature and expert opinions. An accompanying web-interface, to be used during the consultation, was developed to facilitate personalized information provision for cancer patients, using esophagogastric cancer as a typical example. Both the training and web-interface were tested in several rounds, including focus groups, semi-structured interviews, think-aloud sessions, patient consultations and a pilot. Patients, both real (8) and simulated (8), patient advocates (6), oncologists (8) and risk communication experts (4) participated in this process.

Findings: The communication skills training consisted of a blended learning for clinicians comprised of an e-learning, two face-to-face sessions and a booster session. The online web-interface contained personalized prediction models and data from meta-analyses concerning survival, treatment side effects/complications and quality of life. The treatment outcomes were visualized in a patient-friendly manner using pictographs, and bar and line graphs. Adjustments to improve both training and tool were made according to feedback from all testing rounds.

Discussion: The communication training and web-interface could play an important role in informing patients in a better way about treatment outcomes. An ongoing clinical trial investigates the impact of the training and tool in clinical practice on outcome provision to patients (SOURCE, NCT04232735).

P15

Augmentative and alternative communication (AAC): how can collaboration in AAC care be improved?

Sarah Anna Katharina Uthoff, Carl von Ossietzky University Oldenburg, Germany
Anna Zinkevich, Carl von Ossietzky University Oldenburg, Germany
Lena Ansmann, Carl von Ossietzky University Oldenburg, Germany

Background: The service delivery of augmentative and alternative communication (AAC) to people without natural speech involves a wide range of stakeholders such as physicians, informal caregivers and teachers. Outcomes of AAC care strongly depend on the collaboration between the stakeholders. Since AAC care in Germany and many other countries is not standardized or highly regulated stakeholders do not sufficiently interact. This results in a heterogeneous and insufficient use of AAC systems. A new service delivery is being tested, in which the involved stakeholders are coordinated by an AAC counseling center through case management. This study examines whether collaboration and communication between stakeholders are influenced by the new service delivery from the stakeholders' perspective.

Methods: In a process evaluation seven semi-structured focus group interviews with n= 31 participants of the new service delivery (AAC consultants; formal and informal caregivers) were conducted. The transcripts were analyzed by structured qualitative content analysis.

Findings: Overall, the stakeholders experienced that collaboration has improved through the new service delivery. Since AAC counseling centers organized care and coordinated collaboration and communication between stakeholders, closer contacts have been established e.g. between parents and teachers or speech therapists and teachers. Improved communication was regarded to also have improved AAC utilization, since AAC systems are increasingly used by stakeholders in a unified way.

Discussion: The relevance of good collaboration between stakeholders for adequate implementation of AAC was confirmed by the results. The new service delivery has increased communication between stakeholders, especially by coordinating care through case management by the counseling centers. The extent to which this form of care can be integrated into standard care needs to be investigated in further research.

P16

Interprofessional consultations on complementary and integrative health care needs

Cornelia Mahler, University Hospital and Faculty of Medicine Tuebingen, Germany
Jan Valentini, University Hospital and Faculty of Medicine Tuebingen, Germany
Regina Stolz, University Hospital and Faculty of Medicine Tuebingen, Germany
Laura Bertram, University Hospital and Faculty of Medicine Tuebingen, Germany
Nadja Klafke, University Hospital Heidelberg, Germany
Markus Horneber, Paracelsus Medical University, Klinikum Nuernberg, Germany
Stefanie Joos, University Hospital and Faculty of Medicine Tuebingen, Germany

Background: The interest of cancer patients in complementary and integrative health care (CIH) approaches is widespread with up to 80% of patients complementing their treatment, many without informing or consulting their health care provider. This shows a need for evidence-based interprofessional approaches on CIH. Positive outcomes have been found for structured patient consultations on CIH by physicians and on complementary nursing interventions. Interprofessional collaborative patient-centred practice has also shown to improve teamwork, patient safety and staff satisfaction. Within the project CCC-Integrativ a complex intervention consisting of interprofessional patient consultation alongside evidence-based information and selected CIH procedures are being developed and will be evaluated in a health services research study in four Comprehensive Cancer Centres (CCC) in Germany. Aim is to evaluate if interprofessional consultations improve patient activation and patients' confidence in contributing to their health.

Method: In a controlled implementation study trained physicians and nurses will conduct a tailored intervention consisting of three consultations over a period of three months, with at least one interprofessional consultation, the first face-to-face. Patients diagnosed within the past six months will be included in the intervention group (2000; n=500 per CCC). The control group is recruited before beginning of the intervention. Primary outcome is patient activation measured with the Patient Activation Measure (PAM-13). Secondary outcomes such as quality of life, self-efficacy, clinical parameters are collected with validated questionnaires. Training sessions for the consulting team will take place from February till September accompanied by interprofessional team building activities. Data collection for the control group will begin in April 2020, the interprofessional consultations in October 2020.

Results: Concepts for training program and interprofessional consultation will be presented along with evaluation of the training program.

Discussion: The results hope to demonstrate how interprofessional consultations may be implemented and conducted in the field of CIH.

P17

Motivational Interviewing in Return to Work after Work Disability : a RCT

Charlotte Vanovenberghe, KULeuven/UGhent, Belgium

Background: Work disability is a major rising problem in European countries (Edwards & Greasley, 2010). When being work disabled in Belgium, criteria to receive a replacement income are examined by the social security physician. A changing society and an increase of mental illnesses led to a need from shift from a biomedical to a biopsychosocial framework. Literature in return to work (RTW) suggests motivation is an important facilitator or barrier to RTW. Motivational Interviewing (MI) has proven to be scientifically relevant in other domains (education, sports, addiction,...). The research on MI in RTW is scarce. Our main hypothesis is that the implementation of MI instead of the consult as usual can lead to better RTW rates, a better quality of motivation, a more positive attitude towards work and a better quality of life.

Method: RCT: only one MI conversation (15-30minutes) will be compared to the consult as usual (CAU). There will be 150 participants in each group. Participants were recruited from the Alliance of Christian Sickness funds in Belgium. They could fill in a questionnaire and informed consent prior to being assigned to the CAU or MI (random, by a computer system). After 1 week (T1) and 3 months (T2) subjects are being retested. Difference in RTW rates are being compared 6 months after the intervention. Cox regression analysis and t-tests will be performed.

Results: Final data will be available by June 2020. Preliminary data show us that people have taken more steps in searching professional or health care, they feel more confident in general and they report a better perspective on short-term RTW.

Discussion: MI seems to have an impact on RTW attitude, we also expect differences in duration of work disability (provided June 2020)

P18

Does a Virtual Patient Consultation on C-19 help patient provider communication breaking bad news?

Teresa Pawlikowska, RCSI University of Medicine and Health Sciences, United Kingdom

Caroline Delany, RCSI, Ireland

Brian Harnedy, RCSI, Ireland

Declan Dagger, Empower The User, Ireland

Background: The C-19 pandemic has affected vast numbers of patients, relatives, and health care workers: many need to break bad news fast.

The challenges:

- Loved-one/Carer remote from hospital
- Verbals and non-verbals affected by PPE and remote connection via phone, I-pad etc.
- No personal continuity with patient
- Often news of transfer to ITU and sudden deterioration

We know:

- Health care providers often avoid discussing difficult topics related to life expectancy
- Active use of communication skills may help approach difficult topics in the consultations, achieve more control of difficult situations
- Practical issues:
- Staff redeployment
- Retirees may not have recent communication skills training,
- Newly qualified recruits will not have much clinical experience.
- Emotionally demanding consultations, can cause mental distress.
- So practice and feedback would be helpful in supporting remote communication in context.
- A systematic review found optimal training could be achieved with a relatively short educational intervention which encompassed role-play and feedback, (Berkhof 2016.)

Methods

- Rapidly upskilling people with a virtual patient built on a game platform, the participant plays the doctor
- Confidential, real time.
- Amalgamation of the Cambridge Calgary Guide (Silverman 2013) and the SPIKEs protocol for BBNews (Baile 2003).
- Best practice Patient centred approach,
- Active learning, role play and feedback.

Outcomes (N=33)

- Gender: 70 % (23) female, 30% (7) male
- Profession: doctor 21 nurse 2 other 10
- Role: Academic/Clin 30% (10) FAM Med 24% (8) Hospital 27 % (9) Student 6 % (2)
- Years since qualified: >10 48%(16) >5 18%(6) <5 18%(6) student 15%(5)
- How often do you BBNews: Month: 36%(12) Week 1-2: 18% (6)>2 week: 6% (2)
- Apply learning to job : 67% (22)

Evaluation

- Content was engaging 94% (31)
- Realistic 91% (30)
- Likely to recommend 85% (28)

Conclusions

- “Excellent experience and painfully realistic scenario”
- A C-19 Virtual patient shows promise in supporting health care professionals to ‘break bad news ‘remotely.

P19

Mental Health of South African Healthcare Workers During the COVID-19 Pandemic

Jennifer Watermeyer, University of the Witwatersrand, Health Communication Research Unit, South Africa

Sumaya Laher, University of the Witwatersrand, South Africa

Kate Cockcroft, University of the Witwatersrand, South Africa

Sahba Besharati, University of the Witwatersrand, South Africa

Nabeelah Bemath, University of the Witwatersrand, South Africa

Tasneen Hassen, University of the Witwatersrand, South Africa

Background: Little is known about the impact of COVID-19 on the mental health of healthcare workers (HCWs) particularly in developing countries like South Africa where there are significant disparities between public and private healthcare systems with both experiencing resource shortages. We conducted a study exploring mental health amongst HCWs in this context, to determine the levels of psychological health, resilience and coping amongst HCWs during the pandemic, explore HCWs' support mechanisms at work and at home, and examine the qualitative experiences of HCWs working during COVID-19.

Methods: We used a survey design/ nonexperimental, correlational study with a questionnaire which included scales to measure levels of depression, anxiety, burnout, resilience and coping mechanisms, as well as open-ended questions for understanding the general experiences and support mechanisms. Our sample included 450 HCWs from various health sectors during lockdown Level 3 in South Africa, around the time of the pandemic peak. Data was analysed using descriptive statistics and thematic analysis.

Results: Findings indicated elevated anxiety and burnout levels. HCWs commonly made use of approach coping styles including acceptance, planning, and active coping. Qualitative findings related to themes of uncertainty and stress in the workplace during COVID-19, workload-related pressures (either an increase or decrease depending on work context), and the need for psychosocial support for all HCWs rather than just for front-line workers. Some HCWs discussed how the sudden move to telehealth had brought challenges for communicating online and a loss of connection with patients.

Discussion: These findings have the potential to inform the development of contextually relevant approaches to support the mental health needs of HCWs during and after the pandemic. In particular, further research is needed to help HCWs with the communicative challenges of telehealth, and workplaces need to actively offer psychological support to all HCWs.

P20

An analysis on health information seeking behaviour in patients with Covid-19 in Romania

Bogdan Baciu, University of Bucharest, Romania

This study looks at the specificity of information seeking behaviour displayed by patients from different age groups in Romania and how they used the different available information channels during the COVID-19 healthcare crisis. Starting from recent COVID-19 literature and available data on media consumption in Romania, we conducted in-depth interviews with patients to find out if the situation in Romania corresponds with the updates on the channel complementary theory (Dutta-Bergman, 2004), published by Rains and Ruppel (2012), given the fact that they narrowed the research to the healthcare environment. We have identified some differences between the studies on media consumption in times of crisis and the known HISB when looking at Romanian data from the interviews, mainly due to the specificities of how the crisis was handled by the Romanian authorities.

This research was based on a qualitative study using in-depth interviews with 22 participants, randomly selected from different regions of the countries and evenly split in age groups. The main objective was to discover the participants' information seeking behaviour and which information channels they used during the COVID-19 crisis in Romania (March-October 2020).

To mention some results, the complementary characteristics of the channel's theory were valid when talking about participants from the older age groups, mostly regarding the anonymity – accessibility pair. We have proved that different age groups behave differently when looking on their HISB. The fact that in times of crisis, social media usage increases is only valid for younger patients, not also for older ones, but still, the traditional media consumption increased a lot during the Covid-19 crisis in Romania also in case of youngsters, that needed a new and more official and trusted information channel.

P21

Compression between physicians and families' knowledge for Hand Hygiene in prevention of COVID-19

Manasik Hasaan, Hamad medical corporation, Qatar
Samar Magboul, Hamad Medical Corporation, Qatar
Ahmed Khalil, hamad medical corporation, Qatar
Abeer mohamed, Hamad Medical Corporation, Qatar
Eman Maslamani, SIDRA medicine, Qatar

Background: Since Coronavirus Disease 2019 (COVID-19) infection has been considered as a pandemic by the World Health Organization (WHO) in February 2020, many health care organizations and facilities have extended their efforts to conduct studies about preventing its transmission among the general population and health care providers. Our aim is to study the perception of parents and doctor to hand hygiene in preventing the transmission of COVID-19 infection

Methods: A prospective cross sectional study with a total of 209 participants were enrolled and were asked to fill a paper-based survey during April 2020. The number of participants were 50 doctors, 40 nurses, 18 other health-allied staff and 50 of patients' parents. Different educational levels ranging from people not completing high school to others who finished high education and living status taken into consideration assessing the number of household living with each participant

Results: After assessing the general knowledge of the participants for hand hygiene, it found that 84% of the parents believe that they know what does that mean, compared to 100% of doctors (p-value 0.002). Only 52% of the parents are doing hand hygiene according to the 5-moments of hand hygiene requirement, after handshakes and opening doors or touching any surface and after coming back home, compared to 72% of the participated doctors (0.036). 82% of the parents' beliefs that proper hand hygiene would prevent transmission of COVID-19 infection compared to 90% of doctors [p-value 0.05]

Discussion and Conclusions: Social media is having a great impact on the general population awareness towards preventing the spread of COVID-19 infection. Future plan is to ameliorate efforts in using social media in order to ensure that the proper and correct measures are received by the general population towards prevention of spread of COVID-19 infection.

P22

Pharmaceutical Sciences' Alumni would value Intercultural Competences in the curriculum of Pharmacy.

Marie-Rose Blokzijl, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Netherlands
Aukje Mantel - Teeuwisse, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Netherlands

Background: In September 2017 Pharmaceutical Sciences participated in the ICUU-project (Intercultural Competences Utrecht University), focusing on Intercultural Competences for students, teachers and staff. One of the subprojects was a survey among alumni of Pharmaceutical Sciences to determine the importance and need of Intercultural Competences in the curriculum. Differences in cultural background between the patient and healthcare-provider easily lead to misunderstandings and less optimal care. Therefore, a course in intercultural competences could be developed.

Method: An invitation was sent to Pharmaceutical Sciences alumni who obtained a Bachelor's or Master's degree between 2010 and 2018. In total 48 respondents completed the survey. The questions and statements were based on the four IC-aspects of the model of the Council of Europe: values, skills, attitudes and knowledge. The survey consisted of open and multiple-choice questions about their study-program and their current work-environment.

Findings: The majority (90%) mentioned there was no attention to Intercultural Competences in their program. The alumni (17%) would advise to implement all four competencies in the curriculum. To be more specific, 27% mentioned 'knowledge' as the most important.

From the alumni that now work in an environment (46%) where they use and need Intercultural Competences, 48% felt they missed knowledge in their education and 14% missed all four competencies.

Therefore a new elective course 'Intercultural Communication in Healthcare' starts in February 2020 with 26 students and focuses on (knowledge about) Intercultural Communication within healthcare and increases students' intercultural sensitivity and competences.

Discussion: This survey was valuable to evaluate the curriculum, despite the limited response. It's clear that there is a need for Intercultural Competences. The respondents could be biased, because of their interest or background in Intercultural Competences.

After evaluating the course, we also discuss if a single course is the most adequate. The ICUU-project already provides in intercultural-training for teachers.

P23

A non-native layman's perspective on medical encounters with a language barrier

Karolien Aelbrecht, Ghent University, Belgium

Background: The number of immigrants is rising at a good pace, resulting in a multicultural and diverse society. For the local healthcare system, the growing diversity of patient populations has many implications and entails various challenges, of which the language barrier is one of the most challenging obstacles. One way to bridge language barriers is using interpreters. Current literature, however, about the use of different types of interpreters presents an ambiguous picture and reveals gaps concerning non-natives' experiences with interpreters in healthcare. Therefore, in this study, we aimed to explore the perspective of non-native lay people on medical encounters with a language barrier.

Methods: Six focus group discussions were held. The basis for the discussions were videotaped, intercultural medical encounters that varied in both language and type of interpreter. The discussions were analyzed using a thematic approach.

Findings: All participants agreed that it is impossible to do a consultation well without any shared language. Participants agreed that both doctor and patient need to make an effort to understand each other. The type of interpreter used during an encounter mostly depends on the reason for encounter. According to the participants, professional interpreters give the most guarantees for a successful transmission of the message and is preferred by participants in case of severe illnesses and when privacy is important. Informal interpreters (e.g. family) are still more asked to interpret because of availability, speaking the patient's dialect and understanding the (cultural) context. Unknown informal interpreters are an option in case there is no other alternative. In situations where no interpreter can be present, a digital translation tool (e.g. google translate) is found to be a good solution.

P26

Emotional Behavioural Problems in youths with T1 Diabetes: Self, parents & Physician's perspective

Ana Lúcia Covinhas, Portuguese Diabetes Association, Portugal

Luisa Barros, University of Lisbon., Portugal

João Raposo, APDP- Diabetes Portugal, Portugal

Objectives: This study aimed to explore the agreement between youth and their parents' report of the patient's emotional and behavioural problems, and the consistency of these evaluations with the physician's estimations regarding these problems.

Methods: A sample of 62 youths (aged 8-18y, M=13.23; SD=2.39) diagnosed with T1DM >1 y (M=72 m; SD=43.71), 62 parents and 6 physicians were recruited at our Clinic. Children filled out the Strengths and Difficulties Questionnaire (SDQ) Self Report and parents the SDQ Parent Report; physicians answered a

questionnaire assessing their clinical estimation of the youths' emotional and behavioural problems. Demographic data and A1c values were collected.

Results: Parents and children's self-evaluation of the child's emotional and behavioural problems were highly consistent, with children and parents evaluation significantly correlated (SDQ Total $r=.427$; $p<0,01$; Intern $r=.265$; $p<0,05$; Ext $r=.564$; $p<0,01$) and showing no significant differences SDQ Total $t(61)= 1.438$; n.s; Intern $t(61)=1.421$; n.s; Ext $t(61)=.845$; n.s. The child's evaluation of internalizing problems ($r=.304$; $p<0,05$), behaviour problems ($r=.304$; $p<0,05$), peer problems ($r=.289$; $p<0,05$) and prosocial behaviour ($r=.251$; $p<0,05$) was associated with A1c values, while parent's evaluation was not. Physicians estimated more youth's behavioural and emotional problems for patients with higher levels of A1c ($X^2=3.645$; $p<0,05$), with important divergences between parent and child reports and the physician's estimations.

Conclusions: Parents and their children had similar perceptions, but youth were more sensitive to metabolic control variations. Physicians associated children's problems with higher A1c, probably because their primary therapeutic focus is Diabetes control, but they may underestimate emotional and behavioural problems in youths with good metabolic control. Comprehensive assessment of the youths' diabetes status should include validated measures for more accuracy and unambiguous communication when addressing therapeutic interventions.

P27

Psychosocial impact on parents receiving newborn screening results and parent-physician concordance

Marco Bani, University of Milano - Bicocca, Italy

Serena Gasperini, Paediatric Department, Fondazione Monza e Brianza per il Bambino e la sua Mamma, ASST Monza, Italy

Serena Motta, Paediatric Department, Fondazione Monza e Brianza per il Bambino e la sua Mamma, ASST Monza, Italy

Valentina Batistella, Paediatric Department, Fondazione Monza e Brianza per il Bambino e la sua Mamma, ASST Monza, Italy

Francesca Nichelli, Paediatric Department, Fondazione Monza e Brianza per il Bambino e la sua Mamma, ASST Monza, Italy

Francesca Menni, Pediatric Department, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, University of Milan, Italy

Francesca Furlan, Pediatric Department, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, University of Milan, Italy

Graziella Cefalo, Paediatric Department, ASST Santi Paolo e Carlo, University of Milan, Italy

Sabrina Paci, Paediatric Department, ASST Santi Paolo e Carlo, University of Milan, Italy

Giuseppe Banderali, Paediatric Department, ASST Santi Paolo e Carlo, University of Milan, Italy

Paola Marchisio, Pediatric Department, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, University of Milan, Italy

Andrea Biondi, Department of Medicine and Surgery, University of Milano – Bicocca, Italy

Maria Grazia Strepparava, Department of Medicine and Surgery, University of Milano – Bicocca, Italy

Background: Newborn screening (NBS) is a widely successful public health intervention. For this reason, NBS is mandatory in many countries all around the world, and in Italy starting from 2016 has been extended to 40 genetic and metabolic diseases.

In Italy, parents receive the first information from the Hospital (by telephone) and then a second more detailed communication (and a psychoeducational intervention), during the medical visit at Center for Metabolic Diseases that will follow them in the periodic follow-up.

Methods: As part of a wider in-progress longitudinal study on the impact of positivity to NBS, eighty couples that received a positive result were approached after the first scheduled visit Center for Metabolic Diseases (1) to assess the level of distress, quality of life and perceived level of severity of the newborn condition by

parents (2) to compare the severity perceived by mothers and fathers (3) to assess the concordance between parents and doctor's perception of severity.

The Emotion thermometers, General Health Questionnaire-12, Impact of Event Scale - revides were completed independently by mothers and fathers; two items measured the perceived severity and control on the health of the baby. Doctors independently assessed the expected level of severity.

Results: More than 80% of parents reported a level of distress above the clinical cut-off, and more than 70% report a traumatic impact of the communication of positivity. No difference emerges between mothers and fathers. Nearly 60% of parents overestimate the level of severity of the baby condition.

Discussion: The physicians play a key role in the communication of positivity (that for some parents will be confirmed while for others will be a false positive) and should discuss the parent's perception of severity. Psychological assessment should be recommended for all parents, and support should be provided to those that express a greater need.

P28

Living with Multiple Sclerosis in young adulthood: patients' beliefs and psychological reactions

Valeria Donisi, University of Verona, Italy

Isolde Martina Busch, University of Verona, Italy

Francesca Gobbin, University of Verona, Italy

Lidia Del Piccolo, University of Verona, Italy

Annamaria Ghellere, University of Verona, Italy

Maria Angela Mazzi, University of Verona, Italy

Federico Schena, University of Verona, Italy

Alberto Gajofatto, University of Verona, Italy

Michela Rimondini, University of Verona, Italy

Background: The first years after being diagnosed with a chronic illness as multiple sclerosis (MS) are particularly distressing in terms of psychological adjustment. How patients perceive chronicity, illness, symptoms and treatments is highly related to their resilient attitude and more in general to their psychological wellbeing. However, there is only scant research about resilience and illness perception in young patients newly diagnosed with MS. Using a preliminary sample of participants from a multidisciplinary study (BPS-ARMS), we aimed to describe psychological reactions of young adults with MS in terms of resilience and illness perception in the aftermath of the diagnosis.

Methods: With the recruitment phase ongoing, preliminary results are based on the first 16 young patients (63% women; mean age 33 years) newly diagnosed with MS (mean EDSS 1.4). Resilience and illness perception were self-reported using the Italian version of the Connor-Davison Resilience Scale and the Brief Illness Perception Questionnaire, respectively.

Findings: The mean total score for resilience was 58.9 (SD=15.9), resulting in lower values compared to both the general population and patients with MS. As regards illness perception, high variability across the patients emerged in each of the 8 illness representation items, with a median of 6 for emotional response and illness coherence, 5.5 for concern and personal control and 4 for identity.

Discussion: Resilience competences and illness perception seem to require particular attention in our preliminary sample of young patients with MS. Adopting a biopsychosocial model, healthcare professionals should explore patients' resilience and their cognitive and emotional illness representation during the clinical encounter. A better awareness of the relevance of psychosocial factors among healthcare professionals and an integrated multidisciplinary approach are needed to foster the promotion of a more functional illness perception and adjustment competences, starting already when young patients are newly diagnosed with MS.

P29

Relationship between cognitive and behavioural empathy in medical students – an exploratory study

Christina Cronauer, Geneva Faculty of Medicine, Switzerland
Margaret Gerbase, Geneva Faculty of Medicine,
Anne Baroffio, Geneva Faculty of Medicine, Switzerland
Noelle Junod Perron, Geneva Faculty of Medicine, Switzerland

Background: There is little consensus on definitions of empathy but it is commonly agreed that cognitive, affective and behavioural elements play a role in the empathic process. The aim of the study was to explore the relationship between cognitive and behavioural empathy among medical students.

Methods: A selection of 4th year medical students who scored high or low on the self-reported Jefferson Scale of Empathy (JSE - cognitive empathy) were discretely videotaped while conducting the history taking phase of a clinical encounter with an incognito standardized during their primary care clerkship. Students' behavioral empathy was measured using codes from the Verona Coding Definitions of Emotional Sequences: student talk in reaction to patients' cues and concerns including opening space vs reducing space, exploration or acknowledgement of the emotional (affect) or factual component (content) of cues and concerns.

Findings: 14 students completed the JSE score and conducted the history taking phase: group A (n=8) with a low JSE score (M=96.75, SD=10.29) and group B (n=6) with a high JSE score (M=121.33, SD=2.94). Patients expressed a mean of 1.75 concerns and 4.75 cues per encounter in group A and 1.67 concerns and 9 cues per encounter in group B. Group B did not respond more empathically to patients' cues and concerns in comparison to group A: they did not open more space in reaction to patients' cues and concerns (B 58% vs A 63%) and did not explore or acknowledge more often the emotional part nor the factual content of patients' cues (content: B 30% vs A 37%; affect B 23% vs A 37%).

Conclusion:

This exploratory study suggests that there is no relationship between cognitive empathy and behavioral empathy among medical students. A replication with a larger sample is needed to confirm these results.

P30

Curriculum Development, VR technology and empathetic communication skills in health care teaching

Alexia Papageorgiou, University of Nicosia Medical School, Cyprus
Julia Leinweber, Evangelische Hochschule, Germany
Constantina Constantinou, University of Nicosia Medical School, Cyprus
Ourania Kolokotroni, University of Nicosia Medical School, Cyprus

Background: EmpathyInHealth is an Erasmus + funded project that started on 1/9/2019 and is expected to finish on 31-08-2022. The main outcome of the project is to develop an empathy curriculum for future health care professionals using VR technology. The curriculum will be developed with synergies between four European Universities (Cyprus, Greece, Germany and Belgium) and three private sector enterprises (two from Cyprus and one from Greece).

Methods: The curriculum development process of the project will involve identifying training needs through participatory action research with focus groups of undergraduate health care students (medicine, mid-wifery, physiotherapy), health care professionals from the corresponding disciplines, VET students and patients. A total of 9 focus groups will take place in Cyprus, Greece and Germany. The focus groups will also identify scenarios that will be converted into VR videos and will be used as educational materials along with other classroom based materials such as PowerPoint presentations, videos, role play scenarios, exercises etc. By the end of the project, all materials will be ISO certified and piloted.

Findings: In this poster, we will present the results of four focus groups that will take place in Germany and Cyprus respectively. The focus groups will take place in March 2020. The data will be transcribed verbatim and will be analysed using content analysis by end of April 2020.

Discussion: The findings of the project will improve the quality of clinical communication curricula in undergraduate health care education since it will provide tools and techniques for integration of empathetic communication in teaching, a skill that is not officially included in current curricula and is very important for both the students and their patients. The project results will be uploaded on the project website so that other higher education institutions and non-profit educational providers can have access to them.

P31

Does the physical therapist communication needs to be adapted for patients with low health literacy?

Wim van lankveld, HAN University of Applied Sciences, Netherlands

Ellis van der Scheer, HAN University of Applied Sciences., Netherlands

Geert Rutten, HAN University of Applied Sciences., Netherlands

J.Bart Staal, HAN University of Applied Sciences., Netherlands

Background: In physical therapy, communication has an impact on treatment outcome. However, it is unclear whether communication should be adapted in physical therapy treatment for patients with low health literacy. The purpose of this project is to determine what constitutes dysfunctional physical therapy communication in this patient group.

Methods: Two focus group interviews were held with experts (n = 5) and low literate patients (n = 5) to determine how physical therapist (PT) communication needs to be adapted for patients with low health literacy. The expert group included health professionals, researchers and a public health service professional experienced in health illiteracy. To determine frequency of dysfunctional (negative) communications, first consultations of patients with musculoskeletal pain were audio recorded and coded using a previously validated codebook. Patient's treatment expectations and anxiety were assessed prior and after the consultation.

Findings: Focus groups identified five themes: low literacy recognition, fear, communication, relationship, and use of aiding tools. Both groups concluded that PT's do not recognize health illiteracy. Patients mentioned fear of being unmasked. Experts were in favor of questionnaires to assess low health illiteracy, but patients not. A total of 58 first visits of patients to the PT were included (low literacy n = 18). Preliminary language analyses based on the first 25 consultations from 10 different PT's (1053 individual quotes) showed 34% positive message content versus 29% negative content. PT approached patients predominantly (72%). PT's rarely summarized, or used teach back method.

Conclusion: PT do not recognize low literacy, and PT frequently used negative message content. Further results on the difference between low literacy and normal literacy patients, and on the relationship between communication and patient anxiety will be presented. As a next step, an intervention will be developed to improve physical therapist communication skills. The effect of intervention on treatment outcome will be studied.

P32

Fit in Gesundheitsfragen – Fit in Health Issues: A project to enhance health literacy in adolescents

Julia Geulen, Deutsches Krebsforschungszentrum, Germany

Andrea Gaiser, Deutsches Krebsforschungszentrum, Heidelberg, Germany

Verena Braun, Helmholtz Zentrum München, Deutsches Forschungszentrum für Gesundheit und Umwelt, Germany

Karen Herold, Deutsches Krebsforschungszentrum, Heidelberg, Germany

Ulrike Koller, Helmholtz Zentrum München, Deutsches Forschungszentrum für Gesundheit und Umwelt, Germany

Andrea Penzkofer, Deutsches Krebsforschungszentrum, Heidelberg, Germany

Katrin Platzer, Deutsches Krebsforschungszentrum Heidelberg, Germany

Birgit Siepman, Helmholtz Zentrum München, Deutsches Forschungszentrum für Gesundheit und Umwelt,

Simone Zetzl, Deutsches Krebsforschungszentrum, Heidelberg, Germany

Susanne Weg-Remers, Deutsches Krebsforschungszentrum, Heidelberg, Germany

Background More than half of the German population (54.3 %) have limited or inadequate health literacy (HL) (Schaeffer et al. 2017). This is particularly true for the elderly, chronically ill and those with low socio-economic status. Among those aged 15-29, 47% show significant HL deficiencies. Health policy has declared the enhancement of HL in the public an important societal goal. "Fit in Health Issues" -, a joint project with funding from the Helmholtz Association, aims to improve HL in adolescents.

Methods Focused on two major common diseases - cancer and diabetes - the project targets secondary school students and their teachers as mediators. Based on results of focus groups with teachers and an evaluation of curricula, evidence-based education materials on etiology, prevention, diagnosis and therapy of cancer and diabetes, on the structure of the health care system and on media skills are developed in a collaboration of trained teachers, communication specialists and scientists. All materials, including e-learning and interactive modules, are adapted to current curricula of the German Federal States and tailored to age and educational level of students. They will be made available on the project website and educational servers. To enhance their evidence-based health knowledge, advanced-training workshops for teachers are designed and conducted at training academies in several Federal States of Germany. Evaluation includes measurement of output and outcome indicators.

Findings As of January 2020, 47 teachers have participated in four pilot workshops in Bavaria and Rhineland-Palatinate. Most of them rated the contents and the course materials finalized so far as useful, easy to understand and relevant for their classes.

Discussion After implementation, evaluation will tackle to what extent the program can enhance adolescents' health literacy. Successful evaluation provided, it can serve as a model to be adapted for education about other common diseases.

P33

Health literacy and information seeking of family caregivers of persons with spinal cord injury

Nicola Diviani, Swiss Paraplegic Research / University of Lucerne, Switzerland

Claudia Zanini, Swiss Paraplegic Research / University of Lucerne, Switzerland

Rebecca Jaks, Swiss Paraplegic Research, Switzerland

Mirjam Brach, Swiss Paraplegic Research / University of Lucerne, Switzerland

Armin Gemperli, Swiss Paraplegic Research / University of Lucerne, Switzerland

Sara Rubinelli, Swiss Paraplegic Research / University of Lucerne, Switzerland

Background: Caregiving is a multifaceted activity requiring knowledge and skills, especially in case of complex chronic conditions involving multiple morbidities and self-management requirements. Informal caregivers, however, often do not have a specific preparation to support their loved ones in activities of daily living as well as in nursing tasks. To face the multiple demands of their role, caregivers need, among other, information about the health conditions of the care receiver, about their symptoms and existing treatments, about available services, and about financial aspects. Additionally, they need to be able to understand, appraise, and apply health information in order to participate in decision-making, organize and coordinate care, and communicate with healthcare professionals. This set of skills is referred to as health literacy. This study aims at examining information seeking behavior and health literacy of caregivers of individuals living with spinal cord injury (SCI) in Switzerland and their impact on the caregiving experience.

Methods: Nationwide survey of family caregivers of people with SCI. Caregivers aged 18+ who assisted with activities of daily living were included. Self-reported information seeking behavior, including topics, preferred sources, and health literacy were assessed and analyzed.

Findings: Caregivers reported using information on different topics and coming from different sources. Health professionals were the most trusted source of information. Among information-seekers, higher health literacy levels were shown to be associated with lower subjective caregiver burden and, in turn, with higher caregivers' satisfaction with own health.

Discussion: In order for information to improve the caregiving experience, caregivers need health literacy skills to make sense of it. Building health literacy is a promising approach to support caregivers in their activities, reduce their subjective burden, and even to improve their health. Interventions should consider involving health professionals, as the most trusted source of information, and address both health-related and more practical issues.

P34

Health literacy and psychological empowerment of T2DM patients using insulin

Marta Csabai, University of Szeged, Hungary
Orsolya Papp-Zipernovszky, University of Szeged, Hungary
Andrea Klinovszky, University of Szeged, Hungary
Norbert Buzas, University of Szeged, Hungary

Background and Aim: In 2017 International Diabetes Federation estimated the incidence of diabetes in Europe for 19.4%, while in Hungary it reached 9.5% in 2018. The success of care can be approached from many psychological aspects. In this paper we focus on the effects of self-perceived and declarative health literacy and psychological empowerment of the patients. There is agreement in the literature considering the importance of these theoretical constructs, however, it is rather disputed whether an adequate level of health literacy is the precondition for diabetes empowerment. The Health Empowerment Model (HEM) by Schulz and Nakamoto claims health literacy and psychological empowerment to be independent constructs, that determine health outcomes.

Methods: In our cross/sectional observational study we measured the attitude of T2DM patients toward insuline treatment, their cooperation with doctors, their health literacy, their psychological empowerment and their willingness to use new technologies. In our paper we analyse the correlation between the health literacy (BHLS, DKT2 tests) and the psychological empowerment tests (adapted from Schulz and Nakamoto, 2013) of 75 T2DM patients in light of their subjectively rated health status.

Findings: Subjective health status correlated significantly both with BHLS scores ($\rho(73) = -0.323^{**}$) and psychological empowerment ($\rho(73) = 0.453^{**}$), and showed a tendency in its association with the knowledge about diabetes (DKT2) ($\rho(73)_{DKT2} = 0.226$; $p = 0.051$). Nevertheless, in linear regression analysis subjective health status was only determined significantly by psychological empowerment ($\beta = 0.381^{**}$). Partially supporting HEM, the knowledge about diabetes and psychological empowerment are independent constructs, whereas self-perceived health literacy (BHLS) showed a weak correlation with psychological empowerment ($\rho(73)_{Chew} = -0.372^{**}$).

Conclusion: The subjective health status of T2DM patients is only determined significantly by psychological empowerment. This result highlights the importance of getting to know the meaning of the diabetes for the patients as well as their coping capacities.

P35

A new take on bystander training

Maranda Ward, The George Washington University, United States

Background: The senior leaders in an academic medical center communicated their strategic commitment to advancing racial equity. They tapped the Office of Diversity and Inclusion to lead an Antiracism Coalition (ARC) comprised of a 16-member steering committee that represents varied discipline-specific and stakeholder-specific domains. One of the core domains includes the training, development, and evaluation (TDE). This subgroup is tasked with developing trainings. One such training is a bystander training for all hospital and research personnel.

Methods: TDE designed a 60-minute bystander webinar to add to the ongoing ARC training series. The training expands beyond speaking up against microaggressions and racial bias in interpersonal conversations to include how to speak up during admission, promotion, curriculum, and scholarship committee and research team meetings. Specifically, attendees identify how criteria, standards, and policies are not race neutral and systemically exclude Black, indigenous, people of color. A posttest survey link was sent to all attendees to ask about their bystander capacity building needs.

Findings: Preliminary data indicate that this is a much needed, welcomed, and timely discussion. Respondents are now aware of how racial bias is routinized using a racial equity impact assessment yet require additional support on how to decolonize program policies, curriculum, and research designs.

Discussion: We aim to replicate and scale this training as part of a larger train-the-trainer antiracism curriculum that gets deployed across the medical enterprise.

P36

Coordinated cooperation or inappropriate intrusion? Interruptions and gender in general practice.

Ilona Plug, Radboud University Nijmegen; Radboudumc, Netherlands

Sandra Van Dulmen, Radboudumc, Netherlands

Wyke Stommel, Radboud University Nijmegen, Netherlands

Tim Olde Hartman, Radboudumc, Netherlands

Enny Das, Radboud University Nijmegen, Netherlands

Background: Interruptions are often negatively associated with the exertion of power and breaking into the other's conversational turn, as typically done by male physicians during medical interactions with their patients. However, interruptions actually characterise interactions as a joint activity. The present study aims to examine how and when physicians and patients in different gender dyad compositions use various forms and functions of interruptions in interactions in general practice, and how interruption patterns relate to patient outcomes such as satisfaction and anxiety.

Methods: We conducted a systematic and detailed quantitative analysis of interruptions in 80 consultation interactions between Dutch general practitioners and patients with common somatic symptoms. All four gender dyad compositions were included in the data set. A codebook and coding scheme were developed and tested to code general practitioners' and patients' cooperative and intrusive interruptions during the phases of problem presentation, anamnesis, diagnosis and treatment. Additionally, the context and form of the interruptions were coded as well.

Findings: An initial analysis of the first 20 consultations suggests that most interruptions are cooperative, e.g., providing assistance or asking for clarification, which is in contrast with the idea of interruptions as intrusive acts. Patients were found to use more intrusive interruptions than general practitioners, in particular to show disagreement or to take over the floor. Furthermore, the form and function of the interruptions were found to differ depending on speaker's medical role, speaker's gender, gender dyad composition, and consultation phase.

Discussion: The study adds to existing literature and knowledge for general practice by focusing on (1) various forms and functions of cooperative and intrusive interruptions, (2) speaker's role and speaker's gender, (3) two important phases of the consultation, and (4) the association between interruption patterns and relevant patient outcomes. We are looking forward to present our complete study at ICCH 2021.

P37

Addressing ethnicity in nursing education

Annegrethe Nielsen, University College Copenhagen, Denmark
Kathrine Hoffmann Pii, University College Copenhagen, Denmark

Background: Ethnic inequality in health is a societal problem requiring attention in health education. Future professionals need knowledge about and competencies to handle health inequality related to ethnic minority status. However, ethnicity is a difficult issue to address in nursing clinical practice and education in Denmark, despite increasing ethnic diversity in health care and among nursing students.

Method: We explore possibilities and barriers for enhancing cultural competencies in nursing education by drawing on data from focus group discussions with students with ethnic minority background.

Findings: All students felt that their background provided them with a sensitivity towards cultural differences and competence to handle situations where ethnicity matter. In clinical practice, their language skills and cultural insights were perceived as beneficial by colleagues and they were often assigned to care for ethnic minority patients. However, they experienced that their professional role was challenged due to certain expectations from both patients and colleagues bound to their ethnic background. In an educational context, students did not experience that their cultural competencies were recognized or employed.

Discussion: The issue of ethnicity is sparsely addressed in education and beset with perplexity due to its political connotations and conceptual confusion. The increasing ethnic diversity in health education has the potential to support students' knowledge, awareness, reflectivity, and sensitivity of the meaning of own and others ethnicity and cultural background, but reluctance to address these issues is a central challenge. Nursing education must thus undertake responsibility to address ethnicity and its consequence in healthcare. Teachers should facilitate dialogue between students and make use of the ethnic diversity among students. Education institutions should provide opportunity for all nursing students to reflect on own ethnicity and culture and the consequences for nursing thus help students to take on the responsibility to change healthcare in the future.

P38

Between decline and plasticity: stigma narratives in dementia health communication

Giulia Frezza, University of Amsterdam, Netherlands

Background: Dementia-related stigma is concern number one for people living with dementia (PWD) and caregivers (Alzheimer Report 2012). Metaphor use entails negative consequences with PWD turned into 'vegetables', 'shells', and 'zombies'. We aim to investigate the role that two major dementia metaphorical narratives, 'decline' (going down equals going bad – negative) and plasticity (keep up – positive), play in dementia-related stigma to outline potential negative and positive factors involved in dementia health-care communication.

Methods: We did a qualitative analysis of academic articles. We searched for dementia-related stigma articles in the Web of Science core collection database and analysed 35 articles. We identified: the stigma type (public, family, professional, self, affiliate); stigma subjects (PWD, family, health professionals HP) and stigma holders (public, PWD, family, HP). Next, we checked how the main issues associated with stigma related to the decline narrative and/or to the plasticity narrative, according to the different people involved.

Findings: The decline narrative is dominant, focusing on dementia as 'ageing', 'loss', 'degradation', 'diminishing', 'labelling', 'burden', 'hopeless', 'pity', 'avoidance', and 'withdrawal'. This is the traditional cultural framing of dementia with the narrative of 'further deterioration' of PWD's life trajectory involving

every agent in the stigmatization process (PWD, family, public, HP). The plasticity narrative focuses on 'renovation', 'action', 'exercising', PWD's active role and involvement with society in a 'dementia friendly society'. This marks two main views in dementia healthcare communication: PWD's hopeless decline vs potential for change and improvement.

Discussion: Many entangled factors (such as age, place, gender, beliefs, education) of stigma subjects and stigma holders contribute to dementia stigmatizing narratives with repercussions on healthcare equality, delaying diagnosis and social isolation. Dementia healthcare needs to pay attention to individual potential stigmatizing factors in communication and work is needed to change the cultural dominating and stigmatizing narrative of dementia.

P39

Do individuals with chronic diseases perceive contradictory information about their medication?

Beatriz Santos, School of Pharmaceutical Sciences / University of Geneva, Switzerland

Elisabeth Van Gessel, Interprofessional simulation center / University of Geneva, Switzerland

Katherine Blondon, University Hospitals of Geneva, Switzerland

Marie P. Schneider, School of Pharmaceutical Sciences / University of Geneva, Switzerland

Background: As the number of individuals with multiple chronic diseases rises so does the need to visit various healthcare professionals, which exposes a person to a larger risk of contradictory information on treatments. As shown in the literature, the prevalence of conflicting information is high but largely variable depending on the population studied. Our objective is to investigate the epidemiology of medication contradictions as perceived by individuals with chronic diseases and their impact on their medicine self-management and care trajectory. The secondary objective aims at analyzing to which extent interprofessional collaboration may contribute to support more concerted information on prescriptions.

Methods: This is a quanti-quali mix-method. We enrolled participants with \geq one prescribed medicine for \geq 6 months, and have visited \geq two prescribers in the past 3 months. Participants were asked to fill in a survey on perceived contradictions (types, sources, and impact), sociodemographic and clinical data. Those who described perceived contradictions in the survey were invited to participate in a single 20-to-60-minute face-to-face audiotaped interview, which aimed to further explore their perceptions of the described contradictions, their impact on patient care and approaches to prevent and limit future events.

Preliminary findings: From March 2019 to February 2020, 405 participants completed the survey, 15 of which participated in the interviews. The survey showed that 50% of participants perceived at least one conflicting information about their medicines whereas qualitative analysis showed that most feel that the healthcare professionals lack time and give insufficient information, with GP's, specialized physicians and pharmacists being the main sources of conflicting information. Discussion: First results show that half of the individuals with chronic diseases do perceive conflicting information about their medicines. On-going analysis will inform to what extent it affects patients' trust and pathways through the health care system.

P40

Doctors' and older patients' reasons to use a clinical decision support system and patient portal

Kelly De Wildt, University of Amsterdam, Netherlands

Kim Ploegmakers, Amsterdam UMC,

Stephanie Medlock, Amsterdam UMC,

Nathalie van der Velde, Amsterdam UMC,

Julia van Weert, University of Amsterdam, Netherlands

Background: Medication is one of the most important cause of falls in older patients. Clinical decision support systems (CDSSs) and patient portals have the potential to improve the efficiency and effectiveness of medication reviews. However, the adoption of these is still low. Many developers focus too much on the

functional features and advanced techniques rather than the barriers and facilitators for end-users. Consequently, low usage, adherence rates and resistance have occurred. Thus, to elicit substantial effects, end-users must be thoroughly considered. As part of the ADFICE_IT study, in which a CDSS and a patient portal are being developed to assist older patients and providers in joint medication management around fall risk increasing medication, we aimed to explore potential barriers and facilitators for the use of these systems Europe-wide.

Methods: An online survey was distributed in 11 European countries among 124 older patients (mean age: 77.8 years) and 624 European physicians who care for older fallers, of whom 69% were geriatricians.

Results: For patients, costs (54%) and privacy issues (50%) were the most important barriers for using the patient portal. User-friendliness (51%), recommendation by doctors (40%) and the ability to share information with the doctor (34%) were the most important preferences. Main barriers by physicians were: technical issues (61%), requiring a reason when overriding an alert (54%) and unclear advice (48%). The most important facilitators were if the system is: beneficial to patient care (61%), user friendly (60%) and fits into the workflow (53%). It should also be noted that, throughout our analysis, differences between countries appeared.

Conclusion: We identified barriers and facilitators for the use and adoption of a CDSS and a patient portal in eleven different countries. In doing so, we gained an understanding how to improve the reach and effectiveness of CDSSs and patient portals in Europe.

P41

The role of information-seeking activity on medication adherence during chronic illness

Kadi Lubi, Tallinn Health Care College, Estonia

Ain Raal, University of Tartu, Estonia

Pille Taba, University of Tartu, Estonia

Background: Chronic illness requires adherence to the treatment regimen and patients sufficiently equipped with illness-related information make more informed decisions. We have been previously shown on Parkinson's disease patients that there is a relationship between general and illness-related information-seeking activity. In the present research, we aim to test whether this is applicable also for other chronic conditions and whether higher levels of information-seeking activity (i.e. also potentially higher level of being well-informed) is related to better adherence to the treatment of the existing chronic condition(s).

Methods: 454 hypertension, type 2 diabetes and Parkinson's disease patients were recruited to a quantitative survey. Participants filled the electronic questionnaire in web-platform. For statistical analysis, SPSS version 25 was used. Three aggregated variables were calculated to evaluate information-seeking activity for general and illness-related information and adherence. The information-seeking activity was calculated based on the variety of sources used. This study was granted ethical approval from the Research Ethics Committee of the University of Tartu.

Findings: Our data did not support the link between activity in information-seeking and better medication adherence. However, the findings confirmed earlier findings that there is a relationship between general and illness-related information-seeking activity indicating that in planning chronic illness communication, previous information-seeking habits should be considered. In later phases of the disease, patient organisations become more important as an information source.

Discussion: In chronic illness communication, it is necessary to take into account existing information-seeking habits of a person as these define the activity in illness-related information-seeking. However, the findings indicate that information alone (i.e. its availability and accessibility) or willingness to be well-informed does not ensure adherence with the assigned treatment.

P43

Interprofessional Education for Medicine and Pharmacy Students: A Pre and Post Study

Laura Sahm, University College Cork, Ireland
Sinead Murphy, University College Cork, Ireland
Elaine Walsh, University College Cork, Ireland

Background: Interprofessional education (IPE) occurs when students from two or more professions learn from, with and about each other. Research has shown that collaborative practice can decrease the rate of clinical errors thus improving patient care and safety. **Aim:** To investigate the effect of an interprofessional education session on the scores obtained using the Interdisciplinary Education Perception Scale (IPES).

Methods: Medical and Pharmacy students enrolled in Year 3 of academic years 2016/17, 2017/18 and 2018/19 took part in a 3-hour IPE session, facilitated by a GP and a Pharmacist, which consisted of: lecture on IPE, overview of prescription legislation, causes of medication error. Following this, students were divided up into mixed professional small groups and reviewed case studies in break out rooms for 45 minutes. Upon return there was a facilitated discussion examination of the medication errors and discussion around how these could be mitigated. Students completed the IPES before and after the session and rated their confidence in medication history taking as well as the usefulness of the session.

Findings: A total of 347 participants (65.8% medical, 63.5% female) took part. In response to the statement; "Individuals in my profession are able to work closely with individuals in other professions", those who chose "strongly agree" increased from 37.6% (n=129) pre, to 45.5% (n=142) post. The number of students who felt they were "very confident" in identifying errors when taking a medication history increased from 7.6% (n=26) (pre) to 15.1% (n = 51) (post). The majority (72.7%, n=245) of participants found the interprofessional education session "useful" or "very useful".

Discussion: Complex medication issues can be best addressed by interprofessional teams. This initiative represents a low stakes environment, in which medical and pharmacy students can collaborate. Training these future healthcare providers to work together may result in improved outcomes for patients.

P44

Patient Empowerment as basis for equality in the patient-doctor relationship

Edgard Eeckman, VUB/Vrije Universiteit Brussel-Free University of Brussels, Belgium

The patient-doctor relationship is generally considered to be a power relationship with a power balance tilting in the direction of the doctor. But what does power mean in the relationship? Do patients resist their dependence and if yes, how? Based on the "resource dependence theory" (Emerson, 1962), rarely applied in healthcare, three basic levels of Patient Empowerment in the patient-doctor relationship are identified and the concept is concretized. This result is based on a study examining if the internet as a source of health information is giving patients more power in their relationship to their general practitioner (GP). The theory defines social power over actor B by actor A as the dependence of actor B on the resources of actor A. The dependence on a resource is directly influenced by the value and the availability of the resource for actor B and by the concepts of perceived risk, uncertainty, perceived severity and trust, and in an indirect way by the charisma and legitimate authority of actor A. Resources of dependence and resistance on the macro-, meso- and micro-level are considered. A mixed research approach has been taken: an online survey towards healthy people and patients followed by the analysis of 24 patient-GP consultations and ethnographic follow-up interviews with the 24 patients and the 7 GP's participating in the consultations, 3 group discussions with patients and persons considering themselves healthy and 2 discussion with groups of GP's. The study concludes that, despite the internet as a source of healthcare information, the power balance between patient and doctor remains asymmetric but that exercising power by one of them is to the good of neither of them, amongst others because they are mutually dependent. The study lays the basis for Patient Empowerment as the foundation for equality in the patient-doctor relationship.

P45

A cross contextual adaptation and validation of an observation tool for need-supportive consultation

Joyce Kors, AmsterdamUMC, Faculty of Medicine Vrije Universiteit, Netherlands

Veerle Duprez, University Centre for Nursing and Midwifery, Faculty of Medicine and Health Sciences, Ghent University, Belgium

Linda Martin, Amsterdam UMC, VU Medical Center, Midwifery Science, Netherlands

Corine Verhoeve, Amsterdam UMC, VU Medical Center, Midwifery Science, Netherlands

Ann Van Hecke, University Centre for Nursing and Midwifery, Faculty of Medicine and Health Sciences, Ghent University, Belgium

Saskia Peerdeman, Amsterdam UMC, Faculty of Medicine Vrije Universiteit, Netherlands

Background: Obstetric care professionals endorse empowerment and facilitating of patients to make their own choices. According the Self-Determination Theory professionals can facilitate patients' autonomous decision-making by fulfilling their basic psychological needs.

Based on this theory Ghent University developed an observation tool for scoring the level of need-support provided by professionals in chronic care. Insight in the way (future) professionals facilitate autonomous decision-making enables them to improve their communication style.

Aim of this study was to perform a first-qualitative-step of a cross contextual adaptation and validation process to make the tool useful for obstetric care.

Methods: The Qualitative adaptation and validation process of the tool consisted of four steps: 1) translation of the original tool to the field of obstetrics by two auteurs independently; 2) discussing the two translated versions to reach consensus resulting in one final observation tool for obstetrics; 3) comparison of the original and translated version, and assessment of usability by seven obstetric-, communication- and SDT-experts; 4) assessment of conceptual equivalencies through an expert on need support.

Findings: All items used in the original observation tool were deemed relevant for use in obstetric care. However, four items were rephrased to improve clarity and experts stressed the need to include an item about stimulating patients to organize support by important others. All examples needed adaptation to make them recognizable for professionals in the contexts of obstetric care.

Discussion: The findings of this adaptation and qualitative validation process are promising; the original observation tool seemed quit universal in nature and therefor with only some minor adjustments – mainly by adding context specific examples – we were able to adapt and validate the tool for use in another field in this case obstetrics. To confirm these findings the next step is to perform an quantitative validation of the observation tool.

P46

What do they know, think and do? Assessing competencies of HCPs in caring for parents with cancer

Lene Marie Johannsen, University Medical Center Hamburg-Eppendorf, Germany

Laura Inhestern, University Medical Center Hamburg-Eppendorf, Germany

Wiebke Frerichs, University Medical Center Hamburg-Eppendorf, Germany

Corinna Bergelt, University Medical Center Hamburg-Eppendorf, Germany

Background: In cancer care, both cancer patients with minor children and healthcare professionals (HCPs) are often uncertain whether and how to communicate child- and family-related issues. Therefore, we developed a training for HCPs to enhance their competencies in caring for affected parents. To evaluate the training, we aimed to develop an instrument assessing competencies of HCPs specifically with regard to child- and family-related issues in cancer care before, after and 3 months after the training. Concerning

Kirkpatrick's model of evaluation, the instrument measures knowledge (Level 2: Learning) as well as behavior and attitudes (Level 3: behavior).

Methods: The instrument comprises written clinical case vignettes using situational judgement test (SJT) methodology. Intended outcomes are: (1) the transfer of knowledge regarding child- and family-related topics, (2) behavioral tendencies of HCPs in dealing with cancer parents and (3) attitudes of HCPs regarding the relevance of integrating child- and family-related topics. In the development process, various subject matter experts were involved to build up realistic and challenging scenarios. These were tested in cognitive interviews with n=6 HCPs (e.g. regarding authenticity, comprehensibility and level of difficulty).

Findings: In total, we developed six different but similar constructed vignettes (two vignettes per point of measurement). The sex of the ill parent, the age of the children and the type of cancer are varying between the vignettes. Instead of presenting the scenario all at once, we decided upon a growing character of the vignettes with step-by-step information for the participant. Cognitive interviews indicate the vignettes' adequacy and authenticity.

Discussion: The developed instrument intends to measure behaviors, attitudes and knowledge of HCPs in dealing with cancer parents. In the context of the evaluation of the training, we aim to test the instrument's sensitivity to change by analyzing pre-, post- and follow-up results.

P47

What type 2 diabetes people what people think about nurse's skills for self-care

Ana Filipa Cardoso, Nursing School of Coimbra, Portugal

Helena Felizardo, Health Sciences Research Unit: Nursing, Nursing School of Coimbra, Portugal

Daniela Cardoso, Health Sciences Research Unit: Nursing, Nursing School of Coimbra, Portugal

Luis Loureiro, Health Sciences Research Unit: Nursing, Nursing School of Coimbra, Portugal

António Salgueiro Amaral, Health Sciences Research Unit: Nursing, Nursing School of Coimbra, Portugal

Carlos Fontes-Ribeiro, Faculdade de Medicina da Universidade de Coimbra, Portugal

Paulo Pina Queirós, Health Sciences Research Unit: Nursing, Nursing School of Coimbra, Portugal

Background: The interaction between nurses and type 2 diabetes people is a core element of self-care ability.

Aim: To understand the perceptions of type 2 diabetes people about the skills that nurses must have to help them with self-care ability in the primary healthcare context.

Methods: Descriptive study with a qualitative approach. Nine participants were selected by rational selection. Interviews were used to collect data in health care contexts. Theoretical saturation was used as a criterion to stop data collection. Quality criteria (credibility, transferability, dependability, and confirmability) were considered. Content analyses were used.

Findings: Three categories emerged: Therapeutic Education; Communication and Interpersonal Relationship and Professional Responsibility. The category Therapeutic Education gather indicators that reflect the professional elements of the nurses' informational practice with an emphasis on information provision. The category Communication and Interpersonal Relationship gather indicators that emphasize the attributes that nurses must have to create healthy relationships such as treat the patients as human beings and not as numbers or making them feel understood. The Professional Responsibility category depicts attributes that highlight the ethical and deontological background of nurses such as honesty, affection, availability, or truthfulness.

Discussion: The way that the person-nurse relationship is built; the way that information is shared and the way that nurses use their ethical background are significant elements to enable type 2 diabetes persons to self-care.

P48

The role of primary health care to support self-management for patients with multimorbidity

Joel Freilich, Karolinska Institutet, Sweden

Maria Flink, Karolinska Institutet, Sweden

Mirjam Ekstedt, Karolinska Institutet, Sweden

Gunnar Nilsson, Karolinska Institutet, Sweden

Background: Multimorbidity is the co-existence of two or more chronic conditions within an individual. It is present in most patients over 65 years, increases with age, and is associated with decreased quality of life, functional decline and increased healthcare utilization. In Sweden, people with multimorbidity account for 50% of total healthcare costs, but still, most part of care is done by patients and their relatives. Despite primary health care's (PHC) unique position as possible providers of the holistic and continual care recommended for this group of patients, there is a lack of knowledge of how this support should be conducted. The aim of the study is to explore how PHC professionals support self-management for patients with multimorbidity, from the perspectives of professionals, patients and relatives.

Methods: For this qualitative study both focus group interviews with physicians and registered nurses (RNs) in PHC, and in-depth interviews with patients, relatives and RNs were performed, in total 44 participants. The study was performed in both urban and rural areas of Sweden between April 2018 and October 2019. Data was analyzed using content analysis.

Findings: The main theme was "Trusting relationship in PHC enables individualized support for patients with multimorbidity and favors a mutual agreement on who is in control." The results showed that PHC professionals both supported patient self-management in the clinical encounters – and this was facilitated by a trusting relationship - and functioned as knowledge translators for patients between levels of care. Two shifting perspectives of both professionals and patients on responsibility emerged: either professionals considered that they were responsible for having control over patient disease or they perceived their role as supporting patients to take the lead in their self-management.

Discussion : The preliminary conclusion is that both patients and professionals have shifting perspectives on responsibility that needs to be acknowledged in the encounters.

P49

Clinical communication: do patients' and doctors' points of view go together?

Filipa Ramalho Silva, Matosinhos Local Health Unit, Portugal

Vanessa Garrido Pais, Hospital Center of Entre Douro e Vouga, Portugal

Dilermando Sobral, Family Healthcare Unit of Ramalde, Portugal

Isabel Taveira Gomes, University and Hospital Center of Porto, Portugal

Margarida Figueiredo Braga, School of Medicine, University of Porto, Portugal

Susana Almeida, Oporto Oncology Institute, Portugal

Irene Carvalho, School of Medicine, University of Porto, Portugal

Background: An effective doctor-patient communication is a well-studied contributor to perceived satisfaction among both doctors and patients, and better health outcomes. For this to be achieved, doctors and patients need to share an understanding about the pillars that sustain effective clinical communication, and their expectations need to be matched and put into practice.

The goals of this study are to compare physicians and patients' views regarding the aspects of doctor-patient communication that they consider important, and to assess those that, from the point of view of patients, are used by their physicians in the medical encounter.

Methods: Participants were 147 patients and 20 physicians from a general hospital. All participants responded to the Communication Assessment Tool (CAT) regarding how important they consider the communication aspects to be, in the context of their doctor-patient interactions (from "little" to "very")

important). Frequency and percentage of “very important” responses were compared between patients and physicians. Additional comparisons were conducted with what patients reported actually experiencing in the appointment with their physicians, for the same CAT items (rated from “poor” to “excellent”).

Findings: All communication aspects received more than 84% “very important” responses from patients, whereas for physicians, “very important” responses ranged from 30% to 100%. Discrepancies between patients and physicians were observed for several aspects (including items 6, 10 and 12). Both patients and physicians considered item 1 as very important, yet patients rated it as one of the aspects that physicians did the least in the appointment.

Discussion: Communication aspects in a general hospital setting are considered as very important by patients and less so by physicians. Patients and physicians generally agree about the aspects that are most and least important, though with some discrepancies. Room for improvement exists for a greater match as well as for physicians' actual communication skills.

P50

Do shared decision making measures reflect key elements of shared decision making? A content review

Marleen Kunneman, LUMC (NL) / Mayo Clinic (US), Netherlands

Inge Henselmans, Amsterdam University Medical Center, University of Amsterdam, Netherlands

Fania Gartner, Leiden University Medical Center, Netherlands

Hanna Bomhof-Roordink, Leiden University Medical Center, Netherlands

Arwen Pieterse, Leiden University Medical Center, Netherlands

Background: A recent review showed an overall lack of evidence for the psychometric quality of shared decision making (SDM) measures. The authors therefore recommend to select SDM measures for studies or evaluation based on their content. The aim of this study was to determine whether the items of existing SDM observer-based coding schemes assess four key elements of SDM.

Methods: Items of SDM coding schemes were extracted and categorized. In addition to the four SDM elements (Fostering choice awareness, Informing about options, Discussing patient preferences, and Making a decision), we created (sub)categories inductively as needed. Two researchers categorized items independently and in duplicate. Discrepancies were discussed and solved in consensus. A third researcher checked all final categorizations and again, discrepancies were solved in consensus.

Findings: We included 12 original observer-based coding schemes in this analysis. Coding schemes contained between 3 and 70 items (Median=10, Sum=194 items). Five of 12 coding schemes (DSAT, DAS-O, OPTION5, OPTION12, Mappin'SDM) assessed all four SDM elements. Seven schemes did not measure Fostering choice awareness, and three did not measure Discussing patient preferences. Seventy of 194 items (36%) could not be classified into one of the four SDM elements. Items assessing the four SDM elements most often assessed Informing about options (N=57/124, 46%).

Discussion: Extant SDM coding schemes often do not assess all four elements seen as central to SDM, and have a strong focus on information provision while other crucial elements of SDM, such as fostering choice awareness and discussing patient preferences, are underrepresented. We need to be cautious in reporting and interpreting scores of SDM coding schemes, as high scores do not necessarily mean more SDM. We recommend researchers to present scores of individual items or SDM elements, to uncover effects that are diluted in the total scale scores.

P51

A scoping review of patient-related characteristics and the occurrence of shared decision making

Sascha Keij, Leiden University Medical Center, Netherlands

Marleen Kunneman, 1. Leiden University Medical Center; 2. Mayo Clinic,

Joyce de Boer, Leiden University Medical Center, Netherlands

Saida Moaddine, Leiden University Medical Center, Netherlands
Anne Stiggelbout, Leiden University Medical Center, Netherlands
Arwen Pieterse, Leiden University Medical Center, Netherlands

Introduction. Not all patients may be ready for shared decision making (SDM) in a given situation. In this scoping review we aim to identify what patient-related characteristics have been reported to be associated with the occurrence of SDM about treatment.

Methods. We searched for literature in six databases (PubMed, MEDLINE, Embase, Web of Science, COCHRANE Library, and PsycInfo; from inception until March 2019). Two researchers independently performed title/abstract and full-text screening. Discrepancies were discussed until consensus was reached. We included empirical, peer-reviewed articles that focused on treatment decisions in adult patients, and that assessed (quantitative studies) or focused on (qualitative studies) associations between patient-related characteristics and SDM. One researcher extracted data and a second checked it. We are currently finalizing the data synthesis.

Findings. The search yielded 5289 hits. After title/abstract screening, 679 articles remained for full-text screening, and 106 articles were retained (quantitative n=56, qualitative n=50). Multiple categories of patient characteristics were identified in the quantitative studies: 1) background characteristics (e.g., gender), 2) disease and decision characteristics (e.g., symptom severity), 3) preferences (e.g., for autonomy), 4) psychological, disease-related characteristics (e.g., adjustment), 5) general psychological characteristics (e.g., anxiety), and 6) clinician-patient relationship (e.g., trust). Many characteristics showed an unclear relationship with the occurrence of SDM. For example, for female gender positive, negative, and non-significant association were seen. Additional categories, e.g., self-awareness, were identified in the qualitative studies.

Discussion. A large variety of patient-related characteristics have been studied, but for many of these the association remains unclear. The results will help us in clarifying the concept of patient readiness for SDM.

P53

Development of a 3-aspects-model for the teaching of shared decision making in veterinary medicine

Catherine Delguste, Université de Liège, Belgium
Kevin Goffart, Université de Liège, Belgium
Véronique Jans, Université de Liège, Belgium
Joachim Sferrazza, Université de Liège, Belgium
Tiber Manfredini, Université de Liège, Belgium
Vinciane Toppets, Université de Liège, Belgium

In veterinary medicine like in other medical professions, construction of a shared decision with animal owners is of paramount importance to ensure treatment observance and medical goals achievement, as well as client satisfaction. Our experience with the well-known Calgary-Cambridge model, when teaching communication in interdisciplinary team of veterinarians and psychologists, led us to develop a new, less linear model, including hierarchy between concepts and elements of clinical reasoning, called the “prism model”. We experienced that a focus on three main aspects of this model could lead to effective learning of the shared decision making process. The first aspect, called « I collect, and we tune », aims at getting in touch in the typically triangular relationship, and collecting relevant data about the animal, the context, and the owner (including the human-animal bond, the owner state of mind, and with a particular focus on the owner issues) for further attention and integration throughout the consultation (tuning process). The second aspect, called « I inform, and we problematize », aims at explaining the medical aspects of the situation, and defining together what is the problem that both want to be solved, and how serious and how urgent it is. The third aspect, called « we decide, and I accompany », aims at building the shared decision, based on the two previous aspects, as well as building the auspicious context for this decision to be effectively applied. Each step deliberately relies on an individual « task » of the vet and on a relation-based

action of the « vet-owner team ». During role-plays debriefings, it appears that students easily apply this 3-aspects-model, and that adequate appropriation of the tuning process is the most challenging for them.

P54

Resistance and ignorance? Another perspective on refraining breast cancer screening

Kadi Lubi, Tallinn Health Care College, Estonia

Marilyn Koor, National Institute of Health Development, Estonia

Irma Nool, Tallinn Health Care College, Estonia

Mare Tupits, Tallinn Health Care College, Estonia

Silja Mets-Oja, Tallinn Health Care College, Estonia

Taisi Kõiv, Estonian Health Insurance Fund, Estonia

Background: Breast cancer is the most common form of cancer for women in the world. Despite the promotion of breast cancer screening programs, there were only 6 countries in 2016 in EU reaching the recommended target of 70-75% of invited participants. The aim of the research was to examine the reasons why a relatively big number of women refrain from taking part in the breast cancer screening procedure. The research investigates whether and how existing habits might influence breast cancer screening related decision-making and what kind of breast cancer screening related health communicative problems women might perceive in developing their participation decision.

Methods: Data was collected with semi-structured in-depth interviews among nine Estonian women who have received the invitation but have not participated during the procedure. Study participants were found via comfort- and snowball-sampling methods. Interviews lasted 20-60 minutes, were audio-recorded and transcribed verbatim. Interviews were read by all of the authors after which thematic textual analysis was performed. This study was granted ethical approval from Tallinn Medical Research Ethics Committee.

Findings: The findings revealed that habitual (i.e. existing, routine and unconscious ways of visiting and communicating with physicians), practical (i.e. everyday aspects and arrangements) and emotional (i.e. different (health) beliefs, fears and cognitive aspects) reasons rather than resistance or low level of awareness might affect women's final decision to refrain from breast cancer screening. In communicative messages, women did not recognise themselves as the target group of the message.

Discussion: The decision to participate or not during breast cancer screening forms as a result of different reasons. Existing communication has not addressed sufficiently the arguments to the whole range of the target group. Future communication about breast cancer screening should address those different reasons and women in different age groups more precisely to increase the participation rate.

P55

Breaking bad news in cancer care: preferences of patients, family caregivers and general public in Ethiopia

Aynalem Abraha, Addis Ababa School of Medicine, Ethiopia

Rune Andersson, University of Gothenburg, Sweden

Christian Munthe, University of Gothenburg, Sweden

Barbro Linderholm, Institute of Clinical Sciences, Department of Oncology, the Sahlgrenska Academy, Sweden

Nataliya Berbyuk Lindstrom, Department of Applied Information Technology, University of Gothenburg, Sweden

Objective: This study explores the preferences of cancer patients, family caregivers, and the general public regarding breaking bad news in an Ethiopian oncology setting.

Methods: The research was conducted at Tikur Anbessa (Black Lion) Specialized Hospital. The sample consists of patients with a confirmed cancer diagnosis, their family caregivers, and representatives from the general public with 150 subjects per cohort. Comparative cross-sectional study design and a multivariable analysis was used.

Results: The patients would like to be informed, which contradicts the perceptions of family caregivers. This creates an ethical dilemma for staff in terms of how much they involve their patients in clinical decision-making. The patients also indicate that information not to be withheld from them. In contrast, the general public prefer information about poor life expectancy to be communicated to family only, which may reflect widespread public perception of cancer as a deadly disease.

Conclusion: The findings indicate the complexity of communication concerning breaking bad news in oncology care in Ethiopia. It requires oncologists to probe patient attitudes before information disclosure in order to find a balance between involving patients in communication at the same time as keeping a constructive alliance with family caregivers.

P56

Transfer of communication teachers' skills from university to the workplace – does it happen?

Jane Ege Møller, Aarhus University, Denmark

Louise Binow Kjær, Aarhus University, Denmark

Emma Helledie, Aarhus University Hospital, Denmark

Lone Folmer Nielsen, Aarhus University, Denmark

Bente Vigh Malling, Aarhus University, Denmark

Background: Studies show that clinical communication skills learned in the classroom do not transfer easily into clinical practice, because they are not reinforced in the workplace. One reason for this 'gap' is lack of faculty training. As part of the clinical communication skills program for medical students at Aarhus University, Denmark, approximately one hundred doctors were trained to teach classroom courses. This seems like a golden opportunity for utilizing these university teachers' competencies in the workplace. This study explored what opportunities and barriers exist for transfer of such teaching skills?

Methods: We used Exploratory Sequential Design comprising a survey questionnaire, and semi-structured individual interviews with undergraduate teachers and department educational leaders. Questionnaire data were analysed descriptively and interviews through thematic analysis.

Findings: 34 % answered the questionnaire (45/134). We conducted seven qualitative interviews. Most respondents (80%) reported that they used their skills when communicating with patients, however only approximately 40 % used their teaching skills in the workplace. A majority of the teachers who did not use their skills, expressed that the thought had never occurred to them, nor was it requested by management or colleagues.

When workplace teaching took place, it was most often random informal bedside teaching of junior colleagues /students. Formal teaching was rare and short one-off sessions. Barriers for teaching in the workplace were: 1) challenge to teach colleagues as communication relates to identity, 2) hierarchical structures, 3) no request from colleagues or management, and 4) departments prioritizing biomedical topics.

Discussion: Despite occasionally informal training, transfer of the teachers' competencies only took place to a limited degree. Inherent workplace structures and department culture barriers exist which prevent the full utilization of these teaching skills, both because the individual teacher does not see this as an opportunity for him/herself and because management does not explicitly request it.

P57

Training in communication for veterinary students at the University of Liege, Belgium

Vinciane Toppets, Université de Liège, Belgium

Kevin Goffart, Université de Liège, Belgium
Véronique Jans, Université de Liège, Belgium
Joachim Sferrazza, Université de Liège, Belgium
Tiber Manfredini, Université de Liège, Belgium
Catherine Delguste, Université de Liège, Belgium

It is now well established that veterinary students, as other healthcare professionals, need a curricular training in communication for the promotion of both animal health, and professional welfare. Since 2015, such a training has been developed at the Faculty of veterinary Medicine of the University of Liege, Belgium. Due to high number of students, limited educational resources, and limited availability in the curriculum for new activities, this training consists so far in five sessions of three hours each, in year 5 (on 6), by groups of maximum 12 students. It aims at students sensitization to the importance of shared decisions making, and of reflexivity in their practice.

The training has the particularity to have been developed, and to be co-animated (on days 2 and 4), by both veterinarians and psychologists. The sessions are organised on the basis of role-plays followed by debriefings of gradually increasing complexity, as follows :

- Day 1 : co-construction of the theoretical model (« prism model »), based on a first role-play
- Day 2 : « routine » consultations with a standardized owner
- Day 3 : more difficult consultations chosen by the students among a pool of topics, where also owners are students
- Day 4 : « complex » consultations with a standardized owner
- Day 5 : redaction and discussion of a learning report

An assessment is made by anonymous survey at the end of the training. Results reveal that a large majority of students find it (very) interesting (97,8%), (very) useful for their future activity (98,9%), and that they think it leads to a satisfactory progression in their ability to manage a consultation (89,4%). The co-animation is pointed out as the greatest strenght of the activity, and its « isolation » in the curriculum as the main weakness.

P58

The use of Virtual Reality in communication teaching for students: Changing perspectives

Mrs Marit, marit.rensink@radboudumc.nl, Radboudumc Health Academy

Mr Jos, jos.velers@radboudumc.nl, Radboudumc Health Academy

Dr Marianne, Marianne.Brouwers@radboudumc.nl, Department of Primary and Community Care

Health care professionals and students are not always aware of the effects of their communication behavior towards a patient: the words they use, the silences in their communication or their body language. When a doctor becomes patient, it changes the ways in which physicians practiced medicine (Wilson 2008). Therefore, we developed a Virtual Reality film called 'Changing perspectives' which allows health care professional to experience a patients view. The film is used in medical education in small group sessions. Students watch the film and discuss afterwards what they have experienced in the role of the patient and what this means for their future interaction with the patient. The advantages of VR are that you can create an artificial world which appeals to real emotions. The viewer watches in 360 degrees, which makes it as if you are really part of the film.

In this workshop participants will experience what the advantages and pitfalls of VR in communication teaching can be.

- They can experience the effects of a VR film by watching our film 'Changing perspectives'.
- We share the experience we have with VR in communication teaching.
- In a small group participants can practice with filming in VR and we let them design an idea for their own film script.

- We share our tips and tricks on the technical aspects of making a VR film with a relatively small budget.

During this workshop we use worksheet where they can fill in the knowledge, tips, tricks and other outcomes in a mind map to take home.

14:15 - 14:45

Plenary

P1b

Developing successful educational programmes: ensuring communication topics resonate with healthcare professionals' perceived needs, not just what educators believe important

Presenter:

Professor Dame Lesley Fallowfield, Professor of Psycho Oncology, University of Sussex

Recognition that communication with patients and their families is a core clinical skill has led to much more skills training in medical curricula. Unfortunately reports show patients still receive inadequate and poor communication. Much of the training provided is too short, happens primarily at undergraduate level, focusses on topics deemed important by the educators and utilizes methods that are unlikely to enhance skills that will endure and transfer into a clinical setting. The treatment landscape in cancer has changed dramatically with new diagnostics, surgical and radio-therapeutic procedures and systemic treatments. Such advances mean that many more patients may be cured or can live longer with better lives, but discussing their treatment options and likely therapeutic aims can be extremely challenging. Even senior HCPs say that they need help when discussing the complexity of modern treatment namely the many sad, bad but often just plain difficult issues that arise. Nevertheless a brief perusal of the communication skills literature reveals a preponderance still of courses and workshops entitled 'Breaking Bad News.' These may be facilitator led and use role-play between participants themselves or with simulated patients who then provide feedback. Often the workshop groups can be too large for participants to receive much meaningful feedback, and the standard of both facilitators and actors variable. Frequently the scenarios that are used fulfill the roles that patient simulators have rehearsed which may be inauthentic or inappropriate for the group.

Over the past 30 years my team have produced a large number of different evidence-based and scientifically evaluated communication skills programs adapted initially from methods first described by Mack Lipkin and colleagues. Essentially if HCPs are to become more patient-centered, then the educational programmes need to employ more learner-centred techniques. Our materials and educational processes deal with those areas cited by the HCPs themselves as addressing their most pressing needs; these include talking about: – randomised clinical trials of cancer treatment, early phase trials, metastatic bone disease, agreeing treatment plans with colleagues in multi-disciplinary teams and more recently, talking about risk and uncertainty in the context of gene-expression profiling tests and genetic testing. Content of these programmes emanates from discussion first with HCPs and patients, delivered then by melding personal awareness, knowledge acquisition and behavioural skills, elements required to enhance learners' self-confidence and competence. Following positive workshop evaluation most materials are offered free of charge to educators prepared to attend facilitator training programmes. If the content of these educational initiatives is shown to improve skills attracting CPD points and that they match the perceived needs of HCPs, then participation in workshops by even senior doctors and nurses is not problematic.

15:00 - 16:30

Symposia

S2

Emotion and the Training of Physicians: Innovations to Meet the Needs of Today's Clinicians

Lead Presenters:

Rachel Schwartz, Stanford University School of Medicine, United States

Valeria Donisi, University of Verona, Italy

Lidia Del Piccolo, University of Verona, Italy

Marianne Schmid Mast, University of Lausanne, Switzerland

Arnstein Finset, University of Oslo, Norway

Authors:

Lidia Del Piccolo, University of Verona, Italy

Valeria Donisi, University of Verona, Italy

Stefano Ardenghi, University of Milano - Bicocca, Italy

Maria Angela Mazzi, University of Verona, Italy

Olivia Purnima Danzi, University of Verona, Italy

Michela Rimondini, University of Verona, Italy

Cinzia Perlini, University of Verona, Italy

Valerio Salvarani, University of Milano - Bicocca, Italy

Giulia Rampoldi, University of Milano - Bicocca, Italy

Maria Grazia Strepparava, University of Milano - Bicocca & San Gerardo Hospital, Italy

Rachel Schwartz, Stanford University School of Medicine, United States

Lars Osterberg, Stanford University School of Medicine, United States

Judith A. Hall, Northeastern University, United States

Marianne Schmid Mast, University of Lausanne, Switzerland

Valérie Carrard, University Hospital of Lausanne, Switzerland

Céline Bourquin, University Hospital of Lausanne, Switzerland

Sandy Orsini, University Hospital of Lausanne, Switzerland

Alexandre Berney, University Hospital of Lausanne, Switzerland

Arnstein Finset, University of Oslo, Norway

Knut Ørnes Brodahl, University of Oslo and University of Stavanger, Norway

Despite emotions being an inextricable part of the medical encounter and a potent influence on patient outcomes and provider wellness, medical curricula do not focus sufficiently on training emotion recognition, management, and communication strategies to help physicians cope with their own and their patients' emotions. This symposium highlights research and training that can contribute to physicians' ability to navigate emotion in clinical encounters.

Presentation 1: Valeria Donisi and Lidia Del Piccolo will present findings from the EMOTY-COM study which explores the association between empathy, emotional intelligence, attachment style. Second-year medical students attended a doctor-patient communication course at one of two schools of Medicine and Surgery in northern Italy (Milano and Verona). Empathy, emotional intelligence, and attachment style were self-evaluated using a battery of questionnaires. The results are expected to offer a better understanding of the links among these emotion-relevant traits and of the relation between these personal psychological features and the achievement of doctor-patient communication skills. Dr. Del Piccolo has longstanding experience in analyzing and teaching interaction related to emotional issues during clinical encounters.

Presentation 2: Rachel Schwartz will describe a survey of 103 physicians across four specialties in the USA to identify challenges and gaps in training that affect physicians' ability to confidently navigate emotion in clinical encounters. Physicians were asked what emotion training they received and what barriers they perceived in addressing emotion in clinical encounters; they also described personal experiences of

challenges and successes in emotion handling. Results revealed need for training in emotion management for specific patient populations; need for communication protocols in response to emotionally triggered patients and when medical judgment clashes with patient desires; and challenges of navigating system barriers (e.g., time constraints, patient frustration over system shortcomings). Dr. Schwartz's expertise is in nonverbal communication of emotion in patients with impaired affect, and she has developed evidence-based workshops for clinicians on best practices for navigating emotion in clinical encounters. Dr. Schwartz is currently co-editing a medical education textbook volume on emotion in clinical encounters (in which the other panelists have contributed chapters) that will be published this summer.

Presentation 3: Marianne Schmid Mast will discuss the value of new technologies such as virtual reality in communication skills training. The speaker's team developed a virtual reality tool to train how to communicate bad news to patients. They will present qualitative data from several focus groups of medical students who explored the utility of the program. Results show that the program not only enables technical communication skills training but mostly self-observation and self-reflection on one's communication. The virtual patient training is perceived as a relatively stress-free setting enabling students to reflect and experiment with how to understand how to deal with emotionally laden topics. Students report appreciating the opportunity to observe their verbal and nonverbal behavior and to manage their emotional reaction or pauses and silences in a medical encounter. Dr. Schmid Mast has a longstanding research activity on physician-patient interaction as well as a well-developed program of research on the use of virtual reality for training communication.

Presentation 4: Arnstein Finset will present a model of emotional communication in medical consultations as a series of sequences more or less characterized by interactive alignment and reciprocity: a build-up phase, expression of and responses to cues and concerns, and finally a wind-up phase. He will present findings from a qualitative study of medical students' consultations with simulated patients, showing how the sequence often is interrupted by a quick return to history taking. Finally, Dr. Finset will briefly introduce principles for training clinicians to respond to patients' emotions, based on research combining the Verona Coding Definitions of Emotional Sequences (VR-CoDES) and Conversation Analysis. Students are trained to identify cues and concerns, to respond with an explicit reference to patient emotion, and to provide room for further disclosure. Dr. Finset has conducted research on emotions in the doctor-patient relationship and has extensive experience in communication skills training for medical students and physicians.

Workshops

W4

"Playing" with Interprofessional Communication: Using a Fictional Scenario Game to Practice Communication Skills

Lead Presenters:

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

Corissa Lotta, University of Wisconsin, United States

Roberta Rusch, University of Wisconsin, United States

Beth Martin, University of Wisconsin School of Pharmacy, United States

Julie Astrella, University of Wisconsin School of Nursing, United States

Authors:

Ruthanne Chun, University of Wisconsin School of Veterinary Medicine, United States

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

Julie Astrella, University of Wisconsin School of Nursing, United States

Beth Martin, University of Wisconsin School of Pharmacy, United States

Corissa Lotta, University of Wisconsin, United States

Roberta Rusch, University of Wisconsin, United States

Shelly Wissink, University of Wisconsin, United States

Rationale: In healthcare communication, we often focus on the one on one relationships between patients and clinicians. Healthcare, however, is a team endeavor with many players and relationships. Medical professionals learn their crafts in separate institutions with sometimes very different training methods and philosophies. When it comes to communication skills, the overlap is greater than the differences. We have created learning experiences for our students in Nursing, Medicine, Occupational Therapy, Physical Therapy, and Pharmacy to work together while learning foundational interprofessional communication skills. We developed a simulation based on the premise of a Zombie Apocalypse to pull together skills taught, including core communication skills as outlined by Motivational interviewing (OARS), giving and receiving feedback effectively, and a mnemonic for empathic statements (NURSE). The use of a fictional scenario and fantasy ailment allows the learner to focus on practicing communication skills and relationship centered care without the concurrent stress of needing to understand pathophysiology, pharmacology or epidemiology. The scenario is also meant to be engaging and fun for the learner, as opposed to the more traditional role play with standardized patients that may be perceived as forced or awkward.

Learning Objectives:

- Apply foundational patient-clinician communication skills to interprofessional colleagues.
- Use methods adapted from table-top gaming to simulate a crisis for learners to work through.
- Adapt the game to other environments.

W5

What to Say: Tools for Responding to Patient-Initiated Identity-Based Harrassment

Lead Presenters and Authors:

Nkanyezi Ferguson, University of Iowa Carver College of Medicine, United States

Destinee Gwee, University of Iowa Carver College of Medicine, United States

Nicole Del Castillo, University of Iowa Carver College of Medicine, United States

Rationale: Harassment based on identity (race, ethnicity, gender, etc) is highly prevalent during medical training, and patients are a common source. Forms of harassment from patients can range from rude and disruptive behavior with inappropriate comments, or innuendos to more egregious verbal and physical abuse. As frontline workers, medical learners are in uniquely vulnerable positions and more likely to be targets of patient harassment. Harassment negatively affects learners' mental health, work performance, and ability to provide optimal patient care. Training on communication skills and strategies for addressing harassment from patients is lacking. A proactive and intentional approach is needed to ensure that medical learners and supervisors are adequately prepared to respond to harassment.

Learning objectives:

1. Define and recognize the various forms of patient-initiated identity-based harassment.
2. Discuss the prevalence and impact of patient-initiated identity-based harassment
3. Identify barriers to responding to and reporting patient harassment.
4. Practice 3 practical strategies for responding to harassment from patients.
5. Describe the role of supervisors and colleagues in monitoring and responding to identity-based harassment by patients.

Teaching methods: This session will use a variety of methods to actively engage participants. Brief didactics will provide background information on key concepts regarding identity-based harassment including definitions, prevalence, impact on learners and approaches to responding. Interactive audience discussion and reflections on trigger videos and learner comments will allow sharing of experiences and barriers in responding to harassment. In small groups, participants will practice skills in responding to identity-based harassment scenarios and debrief in small and large group discussions. Participants will be encouraged to reflect on how similar sessions could be implemented in their own institutions.

W6

Communication challenges during Covid19: Core communication skills for Telehealth and Masked encounters

Lead Presenters and Authors:

Eva Doherty, RCSI University of Medicine and Health Sciences, Ireland

Peter Gillen, RCSI University of Medicine and Health Sciences, Ireland

Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States

Muneera Kapadia, University of Iowa Carver College of Medicine, United States

Kelly Skelly, Clinical Professor of Family Medicine, University of Iowa, USA

As a result of the Covid19 pandemic, health care providers have increasingly had to adapt to new challenges in communicating with patients. For a variety of reasons, there has been an exponential increase in the use of telehealth in the form of video and phone consultations between clinicians and patients. In addition, as a way to decrease the spread of the virus, all health care providers and patients began wearing personal protective equipment (PPE), most prominently masks, during in person healthcare encounters. These circumstances have required providers and patients to adapt to these changed circumstances. Telehealth and PPE require that clinicians in particular adapt and develop specific skills to make sure communication continues to be effective during these encounters. The purpose of this workshop is to interactively explore the communication challenges Telehealth and PPE raise and the core skills that can enhance these encounters to help support quality healthcare, communication and clinician-patient relationships.

As a result of this workshop, participants will be able to:

- Describe common challenges in communication during telehealth and masked consultations.
- Identify core communication skills and their adaptations that can enhance these encounters.
- Adapt new and known communication skills to telehealth and masked encounters.

This workshop will be highly interactive and will include reflection, discussion, demonstrations and practice. Participants will have the opportunity to explore how these communication skills can be applied within their own institutional settings.

16:30 - 17:00

ePoster Exhibition

Please see abstracts on pages 16-51.

17:15 - 18:15

Oral session 03 - Teaching and training

03.1

Use of Teledentistry to Teach and Assess 'Teach Back' and Communication Skills to Dental Students

Lead Presenter:

Laura Dempster, University of Toronto, Faculty of Dentistry, Canada

Authors:

Laura Dempster, University of Toronto, Faculty of Dentistry, Canada

Tamara Harth, Sunnybrook Health Science Centre, Canada

Martha Clarke, University of Toronto, Faculty of Dentistry, Canada
Homam Albaghdadi, University of Toronto, Faculty of Dentistry, Canada
Chris Swayze, University of Toronto, Faculty of Dentistry, Canada

Background: Teledentistry is a relatively new initiative in dentistry. It has gained greater awareness during the pandemic because of the need to provide patient care remotely. It involves the assessment, triage and provision of selected dental treatment using information and communication technologies. This year's shift to online learning resulted in a teledentistry design to teach communication skills to our students. Educational objectives include student experience in addressing challenging scenarios with standardized patients (SPs), self-assessment of communication skills strengths and weaknesses, and providing feedback to classmates.

Methods: 2nd year students (4/group) were randomly assigned roles as dentist or observer and participated in four different communication scenarios. The dentists' use of 'teach back' methods was evaluated to ensure SP understanding of information presented. Observing faculty, SPs, and peers assessed the dentists' ability to create a patient-friendly environment, prioritize information, use plain language, use reinforcement, and check for understanding. Dentists also reflected on their learning and why this was important to their professional development.

Findings: 96 students participated (100% response). Preliminary data evaluation identifies dentists' strengths as creating a positive environment (50-78%), speaking at a moderate pace (66-72%) and taking responsibility that the message was clear (54-69%). Areas needing improvement were dentists' ability to use plain language (4-14%), reinforcement (7-15%), and to check for understanding of the message (4-11%). Faculty and SPs raters scored the dentist lower than peers. Dentists' self-assessment reported the sessions as valuable, noting use of the online format did not significantly diminish their experience communicating with the patient.

Discussion: Teaching communication skills virtually using a teledentistry format was well received by students. They reported it to be an effective learning experience with direct application to patient care. Students felt the remote contact was not detrimental in establishing a relationship with their patient although acknowledged a preference for in-person care.

03.2

A simulated based intervention for pediatric communication skills teaching and child health literacy

Lead Presenter:

Clare Sullivan, RCSI, Ireland

Authors:

Clare Sullivan, RCSI, Ireland

Claire Mulhall, RCSI, Ireland

Claire Condron, RCSI, Ireland

Maria Kelly, RCSI, Ireland

Daire O'Leary, RCSI, Ireland

Effective communication plays an essential role in the care of children. To be effective communicators, medical students must understand the skills needed to communicate with children and have an opportunity to practice in a setting that does not interfere with patient care. Experiential learning has been shown to be the most effective method of communication skills training. Theories on the delivery of health education to children have identified that children have informed views and are active in their own health behaviours. Therefore, it is important that healthcare providers have the necessary skills to engage, inform and promote positive health behaviours in children. Delivered during the 2019/2020 academic year, RCSI Dublin medical students in their penultimate year were given the opportunity to run health workshops with primary school children and practice paediatric medical history taking from simulated parents (SPs). This is

a mixed methods study. Quantitative data concerning medical student learning was collected from SP encounter checklists completed by faculty, the student and the SP. A pre and post questionnaire was completed by the medical students at the start and end of the week also. Qualitative data concerning medical students' perspectives of the workshops and SP encounters was collected through focus groups. Quantitative data concerning children's learning and perceptions was collected through a health literacy assessment completed at the start of the year and at the end of the year as well as feedback forms completed by the children after each workshop. The data is providing insight into the effectiveness of simulation-based education for pediatric communication skills teaching and the impact it has on child health literacy. This information is helping us to ascertain the most appropriate tools for paediatric communication skills teaching.

03.3

Competencies for Spoken Communication in Healthcare: Development of a Framework and Pilot Study

Lead Presenter:

Trisha Greenhalgh, University of Oxford, United Kingdom

Authors:

Trisha Greenhalgh, University of Oxford, United Kingdom

Siobhan O'Donnell, Health Education England, United Kingdom

Mark Hellaby, Manchester University NHS Foundation Trust, United Kingdom

Bryn Baxendale, Nottingham University Hospital, United Kingdom

Adam Cook, NHS Improvement, United Kingdom

Pramod Luthra, Health Education England, United Kingdom

Priscilla McGuire, Greater Huddersfield Clinical Commissioning Group, United Kingdom

Celia Roberts, Kings College London (Emerita), United Kingdom

Joan Russell, NHS Improvement, United Kingdom

Lorna Wilkinson, Salisbury NHS Foundation Trust, United Kingdom

Background: As part of a wider initiative (led by NHS Improvement and Health Education England) to improve spoken communication in the UK National Health Service in potentially safety-critical situations, we sought to develop and pilot a set of competencies for guiding and assessing spoken communication in healthcare staff and students.

Methods: We reviewed the literature to identify communication competency frameworks for students and practitioners in health professions. We drew on examples of spoken communication problems identified from various sources (including national safety alerts, complaints, and published research studies), and on data from focus groups and workshops with 150 staff and patients. We produced a 39-item draft competency framework by analysing and synthesising these sources. We piloted the competencies in a range of teaching, training and assessment settings in academic and clinical settings, and refined them in response to feedback.

Results: The competency framework covered six communication domains:

- The communication environment (e.g. 'Manages time constraints and interruptions appropriately, taking account of context');
- Information exchange (e.g. 'Provides information clearly and succinctly, using words and phrases that the other person is likely to understand');
- Attitude and listening (e.g. 'Listens actively and attentively to the patient's needs, questions and concerns');
- Aligning and responding (e.g. 'As a conversation unfolds, acknowledges and responds to both verbal and non-verbal cues about the other person's emotional state');
- Creating the preconditions for effective team communication (e.g. 'Empowers other staff, especially more junior team members, to communicate in safety-critical situations');

- Communicating with specific groups (e.g. 'Shows understanding of, and respect for, the patient's cultural and religious beliefs, practices and language').

Conclusion: Spoken communication is a social act that includes, but goes beyond, information exchange. The contextual, attitudinal and intersubjective dimensions of spoken communication can be defined, measured, and used both formatively and summatively.

03.4

Can a teaching session impact medical students' confidence in meeting the needs of LGBTQ+ patients?

Lead Presenter:

Isobel Edwards, University of Cambridge, United Kingdom

Authors:

Isobel Edwards, University of Cambridge, United Kingdom

Debbie Critoph, University of Cambridge Clinical School, United Kingdom

Stephanie Smith, University of Cambridge Clinical School, United Kingdom

Chloe Gamlin, University of Cambridge, United Kingdom

Anne Swift, University of Cambridge, United Kingdom

Background: Despite recent social progress, LGBTQ+ people face significant health disparities compared to the general population including higher rates of depression and anxiety, alcohol use and smoking. 13% of LGBTQ+ people have directly experienced discrimination from healthcare staff, with 23% having witnessed negative or discriminatory remarks. The UK Government's LGBT Action Plan prioritises health professional education in seeking to reduce these inequalities.

Students, recent alumni and faculty worked together to co-produce teaching within our traditional, six-year medical course in the east of England. We developed a whole cohort (N=270) session for Year 5 (second clinical year) students.

Objectives:

- To improve confidence in communicating with LGBTQ+ patients;
- To address and challenge unhelpful beliefs and attitudes regarding LGBTQ+ people;
- To create opportunities for students to interact with LGBTQ+ people

Methods: The four hour session included a plenary large group interactive lecture, <s>s</s>mall group discussions with LGBTQ+ volunteers and an LGBTQ+ staff and patient panel discussion.

Students were surveyed before the teaching, immediately afterwards and at 90 days to assess the impact of teaching on confidence and attitudes.

Findings Results demonstrate improvement in students' confidence in asking about gender history, names and pronouns, and improved understanding of how to meet the health needs of LGBTQ+ patients.

Discussion: Poor communication with LGBTQ+ people contributes to poor health outcomes for this population. This work demonstrates that it is possible to improve medical student confidence and knowledge of LGBTQ+ health issues through a short educational intervention. Student feedback highlights the importance of student input to planning and delivery of teaching, and of involving the LGBTQ+ community. These principles could be applied to multiple healthcare training programmes and settings to achieve improved communication and knowledge across the workforce. Through sharing our work, we hope to enable more institutions to introduce this valuable teaching to the benefit of their students and minority patients.

03.5

Behind the mask: emotion recognition in healthcare students

Lead Presenter:

Marco Bani, School of Medicine and Surgery - University of Milano - Bicocca, Italy

Authors:

Marco Bani, School of Medicine and Surgery - University of Milano - Bicocca, Italy

Selena Russo, School of Medicine and Surgery - University of Milano - Bicocca, Italy

Stefano Ardenghi, School of Medicine and Surgery - University of Milano - Bicocca, Italy

Giulia Rampoldi, School of Medicine and Surgery - University of Milano - Bicocca - IT12621570154, Italy

Virginia Wickline, Department of Psychology, Georgia Southern University - Armstrong Campus, United States

Michael Woodcock, Department of Psychology, Georgia Southern University - Armstrong Campus, United States

Stephen Nowicki Jr., Department of Psychology, Emory University, United States

Mariagrazia Stephen, School of Medicine and Surgery - University of Milano - Bicocca, Italy

Background: The current widespread and compelled usage of facemasks may have a deep impact in healthcare and educational contexts where relational and communicational dimensions are essential to the process of care and teaching. Nevertheless, little is known about the effect of facemask wearing on emotion recognition.

In a cross-sectional study, we assessed the impact of facemasks on emotion recognition in healthcare students of a North Italian University.

Methods: As part of an in progress study, out of the 1572 medical and nursing student invited to take part to the study, 208 completed the study survey. Participants were randomly assigned to a masked vs unmasked version of the widely used and standardized emotion recognition task (DANVA2) that presents 24 faces expressing four emotions (happiness, fear, anger, sadness) with high and low intensity.

Findings: A statistically significant higher number of errors in the masked (9.6 ± 2.21) vs unmasked condition (4.96 ± 2.78) ($t(206) = -13.25$, $p \leq .001$) was found. A significant difference for happy ($t(206) = -13.2$, $p \leq .001$), sad ($t(206) = -4.54$, $p \leq .001$) and angry ($t(206) = -12.05$, $p \leq .001$) faces but not for fearful ($t(206) = -1.5$, $p = .134$ ns) faces was found between conditions. When gender type of course (medical vs nursing) and year of course were examined, no difference has been found.

Discussion: Teaching communication in the healthcare context must be adapted to the new situation that requires the universal use of facemask. The higher risk of misinterpretation of facial emotion can cause severe problems in terms of doctor-patient communication and intra/interprofessional communication.

Healthcare teachers and students should be trained to express and recognize emotions in masked conditions.

Oral Session 04 - Shared Decision Making

04.1

What is a Decision in Shared Decision Making?

Lead Presenter:

Ian Hargraves, Mayo Clinic, United States

Authors:

Ian Hargraves, Mayo Clinic, United States

Marleen Kunneman, Mayo Clinic, United States

Victor Montori, Mayo Clinic, United States

Juan Brito, Mayo Clinic, United States

Sarah Brand-McCarthy, Mayo Clinic, United States

Background: A decision is a central part of shared decision making SDM yet relatively little attention has been given to what a decision is in the context of SDM.

Models of SDM have largely focused on the roles and activities of involving patients in SDM. In contrast, the Purposeful SDM schema, recently published in PEC, conceptualizes SDM as largely determined by different kinds of patient problems. These problems require patients and clinicians to use different methods to make decisions together. This suggests that different kinds of conclusions/decisions may be reached through these processes.

Method: We used the methods of SDM identified in Purposeful SDM: Weighing alternatives, negotiating intra or interpersonal conflict, problem solving problematic situations, and developing insight into existential significance as a basis for conceptualizing what a decision might be in each instance. These conceptualizations were reflected upon from a clinical perspective to examine their pertinence to the kinds of patient problems that require shared decisions to be made. Refinement continued until the investigators agreed that conceptual clarity and clinical relevance had been achieved.

Results: We found variation in what a decision is across the different methods and problems of Purposeful SDM. Depending on the situation a decision is a:

- selection of an alternative
- agreement that reconciles intra or interpersonal conflict
- plan that resolves a problem
- insight into what should be done

Discussion: Literature indicates a mismatch between patients' and clinicians' perceptions of whether a decision was made and what those decisions are in clinical interactions. Variation in what kind of thing a decision is according to what kind of problem is being addressed may exacerbate this issue. Clinical, conceptual, and methodical clarity about what kind of a decision is being pursued in which circumstances may inform SDM intervention development, training, and evaluation.

04.2

Shared Decision Making for Stroke Prevention in Atrial Fibrillation: A Randomized Clinical Trial

Lead Presenter:

Marleen Kunneman, LUMC (NL) / Mayo Clinic (US), Netherlands

Authors:

Marleen Kunneman, LUMC (NL) / Mayo Clinic (US), Netherlands

Megan Branda, Mayo Clinic, United States

Ian Hargraves, Mayo Clinic, United States

Angela Sivly, Mayo Clinic, United States

Alexander Lee, Mayo Clinic, United States

Haeshik Gorr, Hennepin County Medical Center, United States

Bruce Burnett, Park Nicollet Health Services, United States

Takeki Suzuki, University of Mississippi Medical Center, United States

Elizabeth Jackson, University of Alabama at Birmingham, United States

Erik Hess, University of Alabama at Birmingham, United States

Mark Linzer, Hennepin County Medical Center, United States

Sarah Brand-McCarthy, Mayo Clinic, United States

Juan Pablo Brito, Mayo Clinic, United States

Peter Noseworthy, Mayo Clinic, United States

Victor Montori, Mayo Clinic, United States

Background: Although guidelines promote shared decision making (SDM), the effectiveness of SDM interventions for anticoagulation in patients with atrial fibrillation (AF) remains unclear. We assessed the

extent to which using an SDM tool promotes high-quality SDM and impacts anticoagulation decisions in patients with AF.

Methods: In this multicenter encounter-randomized trial, we included patients with nonvalvular AF considering starting/reviewing anticoagulation, and their clinicians. We compared usual care with or without ANTICOAGULATION CHOICE, an SDM conversation tool for use during the clinical encounter that presents individualized risk estimates and compares anticoagulation options across patient important issues. We assessed participant-reported quality of SDM (quality of communication, patient knowledge, accuracy of patient estimates of their stroke risk, decisional conflict, satisfaction), decisions made, encounter duration, and observer-based clinician involvement of patients (OPTION12-scale).

Findings: We enrolled 922 encounters (463 randomized to intervention, 459 to usual care). Participants in both arms reported near-optimal communication quality, knowledge, and decisional conflict. Patients in the intervention arm estimated their stroke risks more accurately (17.5% vs. 4.6%, OR 4.7, 95% CI 2.8, 7.9). While 90% of patients were similarly satisfied across trial arms, clinicians were more satisfied after SDM encounters (88% vs. 62%, OR 7.1, 95% CI 4.6, 10.9). Almost all patients chose to start/continue using an anticoagulant. OPTION12-scores were higher in the intervention arm (33 vs. 29 points of 100, adjusted mean difference 4.2 95% CI 2.8, 5.6). There was no between-arm difference in encounter duration (32 vs. 31 minutes (SD 16 vs 17), mean difference 1.1, 95% -0.3, 2.5).

Discussion: Use of an SDM tool improved some measures of SDM quality and clinician satisfaction, with no significant effect on treatment decisions or encounter duration. These results should calibrate expectations as to what could be accomplished by implementing SDM tools about anticoagulation in the care of patients with AF.

04.3

Nothing as practical as a good theory: Theory of Reasoned Goal Pursuit and Shared Decision Making

Lead Presenter:

Kai Wehkamp, University Hospital Schleswig-Holstein, Campus Kiel, Germany

Authors:

Kai Wehkamp, University Hospital Schleswig-Holstein, Campus Kiel, Germany

Fülöp Scheibler, University Hospital Schleswig-Holstein, Germany

Christine Kuch, University Hospital Schleswig-Holstein, Germany

Jens Ulrich Rueffer, Take Part Media, Germany

Friedemann Geiger, University Hospital Schleswig-Holstein, Germany

Background: Shared decision making (SDM) is widely accepted as the gold standard of how patients should be integrated into medical decisions. However, although there is a strong call for the implementation of SDM into healthcare systems, so far, most initiatives fail to get out on a larger scale and change the behavior of health care professionals (HCP) towards integrating SDM sustainably. Hitherto, the predominant model to explain the necessary aspects of behavior change of HCP towards SDM is the Theory of Planned Behavior (TPB). It links behavior with intentions and the influence of attitude, subjective norm and perceived behavioral control. Recently the novel Theory of Reasoned Goal Pursuit (TRGP) was proposed, integrating the TPB with the Goal System's Theory (GST). We hypothesized, that the TRGP is more viable for the hinderances and achievements of a large German implementation program for SDM.

Methods: First, typical barriers and solutions, as well as feedback of HCP within a large-scale SDM implementation program at the University Hospital Schleswig-Holstein, were collected and additionally enriched with the results of pertinent literature on SDM implementation. Second, the TRGP and the TPB were applied to this information to analyze and compare the extent of its respective explanatory and expedient capability.

Findings: The TRGP seemed superior to explain typical hindrances and achievements compared to the TPB. It also helps to refine further implementation strategies. This will be illustrated by examples of our project.

Discussion: The TRGP postulates that the premises for behavior change are attitudes that are strongly moderated by frank and hidden goals. Hence, it explains, why despite a generally positive attitude towards SDM it is so difficult to implement SDM in HCP's communication routine. It seems likely, that within the heterogeneous group of HCPs goals play a very important role that should be given increased attention.

04.4

Decision Making Beyond Decision Making

Lead Presenter:

Ana Carvajal de la Torre, Universidad Francisco de Vitoria, Spain

Authors:

Ana Carvajal de la Torre, Universidad Francisco de Vitoria, Spain

Valeria Pacheco Huergo, Institut Catalá de la Salut, Spain

Roger Ruiz Moral, Universidad Francisco de Vitoria, Spain

Presenter Early Career Status: First year of PhD. This work is part of my research project. I am working with a mentor - PhD director, who is co-author of this work along with another co-author.

I have received a PhD scholarship to fund part of this work, from a national Physicians association.

Background: Studies measuring Shared-Decision-Making in doctor-patient encounters often find how difficult it is for clinicians to fulfill SDM criteria, even paying attention to patient questions and concerns. During consultations where decisions are taken, patients often express spontaneous ideas that can go unnoticed for the physicians; sometimes these expressions do not fall into categories studied by observers, who might focus attention only on the "observable" decision-making process.

Our hypothesis is that those expressions could give clues about a decision-making process happening beyond the consultation; they are expressions of patients worries or concerns, thoughts shared with relatives, friends; ideas influenced from the news or media; happening before, after or during one given consultation. If detected and managed by the physician, those clues could give rise to physician interventions that better help patients in decision making.

Methods: In parallel to a research in which we are adapting and validating the Observer Option 5 scale into Spanish (120 real videotaped consultations) a qualitative study is conducted to identify and categorize those expressions ("verbal clues"). Observers will focus on patient expressions that could indicate that "something is happening" and cannot be explained or categorized under the OO5 five scale items. These expressions, if present, might be subtle to detect in the form of silences, questions, interruptions, interferences, expressions of intention or denials.

Two trained observers will:

- Detect and describe such expressions.
- Make a thematic analysis to identify themes or recurrent topics
- Categorize types of expressions.

Preliminary Findings & Implications For Research: Implications: Unveiling unnoticed expressions from patients related to their decision-making process could help in having a broader understanding of SDM; it could help to improve / redesign interventions and methods to measure it.

At the time of the Conference, we expect to have a clear description, initial categorization of findings.

Discussion, Request For Feedback: We would like to receive feedback on:

- Significance and importance of our findings: Are they relevant enough to be taken into account in future research?

- Is the categorization proposed useful or significant?
- How can we describe methods to detect verbal clues in SDM?

04.5

Successful implementation of communication training for all health professionals in a large hospital

Lead Presenter:

Jette Ammentorp, University of Southern Denmark, Denmark

Authors:

Jette Ammentorp, University of Southern Denmark, Denmark

Maiken Wolderslund, University of Southern Denmark, Denmark

Poul-Erik Kofoed, University of Southern Denmark / Lillebaelt Hospital, Denmark

Background: As part of the evaluation of a large-scale communication program based on the Calgary-Cambridge Guide the current study aimed to investigate the impact of a 3-day communication skills course on health professionals' self-efficacy and on their perception of the importance of the micro-skills taught.

Methods: The communication program based on the Calgary Cambridge Guide and a Train the Trainer concept was implemented at a large regional Danish hospital (Lillebaelt Hospital) from January 2012 to March 2018. In a pre-post-intervention design including 1,647 health professionals the SE-12 questionnaire was used to measure changes in self-efficacy at item level and as an overall sum-score. Every self-efficacy item was followed by an item on experienced importance.

Findings: Based on a response rate for each questionnaire from 83% at Q1(before), to 81% at Q2 (just after), and 80% at Q3 (6 months after), the results showed an overall significant increase in self-efficacy by 12.45 points from Q1 to Q2 and a statistically significant, although small, decrease in self-efficacy score by 2.06 points from Q2 to Q3 for all health professionals. The micro-skills showing the greatest increase in experienced importance were 'make an agenda', 'clarify what the patient knows' and 'structure the conversation'.

Discussion: This study demonstrated, that communication skills programs based on the Calgary-Cambridge Guide can be implemented broadly in clinical practice and still obtain the same outcomes as shown in smaller and more controlled studies. Future studies could focus on the optimal framework for ensuring adaptation of the skills in daily practice and of maintaining the skills over time.

Roundtables

R2

Publishing in communication: meet the Editors

Facilitator(s):

Lorraine Noble, UCL, UCL Medical School, United Kingdom

Shakaib Rehman, University of Arizona College of Medicine-Phoenix, USA

Speaker(s):

Arnstein Finset, Editor-in-Chief, Patient Education and Counseling, Norway

Thanakorn Jirasevijinda, Journal of Communication in Healthcare, United States

The target audience will be: researchers, educators, practitioners and policy makers in healthcare communication, ranging from experienced authors to early career researchers. This session will acknowledge the diversity of those seeking to publish their work, and will include tips for authors from under-represented groups and countries. The session will consider fundamental elements to consider when preparing your work for submission, as well as providing insight into how journals identify up-and-

coming research trends and advances in healthcare communication. This will provide a unique forum to interact with scientific journal editors, ask face-to-face questions about publishing, and network with colleagues who are developing work for publication.

R3

Early career information exchange

Lead Presenters:

Mollie Ruben, University of Maine, United States
Julia Amann, ETH Zürich, Switzerland

The yEACH networking session aims to provide an exchange platform for early-career researchers, educators and clinicians interested in health communication. We will introduce the yEACH committee and its goals, share an overview of past and future activities, and engage participants to determine what kind of support would be most valuable to early-career individuals. There will also be ample opportunities for networking. A particular focus of this session will be on discussing common challenges early-career researchers face as a result of the ongoing pandemic and to share promising mitigation strategies.

18:30 - 19:30

Networking

N1b

tEACH networking session - connect with the EACH Teaching committee

Lead Presenters:

Sandra Winterburn, Norwich Medical School, University of East Anglia, Norwich, United Kingdom
Jane Ege Møller, Aarhus University, Denmark

This networking session is aimed at anyone wishing to know more about the work of tEACH, the EACH teaching committee.

We will provide an overview of our current projects and through discussion with participants identify the key challenges for teachers in Healthcare communication going forward.

The aim is to facilitate closer collaboration and identify potential future workstreams and resources. Most importantly it gives teacher across Europe and beyond a chance to reflect and share common experiences. Everyone welcome.

N2b

VR-CoDES in online communication skills teaching (and training) - a tool for practicing emotional communication skills

Lead Presenter:

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

The session will include a brief overview of the VR-CoDES as a coding system, designed to detect patients' and providers' emotional expressions. Evidence of students' and health professionals' difficulties in answering emotional expressions set the stage for using VR-CoDES as a means to improve the ability to respond attentively and timely to emotions when they emerge during clinical interactions.

We will present our experience in the application of VR-CODES to teaching and training, with a focus on online classes, and introduce some tips and ideas to apply in practice.

N5a

Toward linguistic and culturally competent healthcare communication: barriers and solutions

Lead Presenters:

Barbara Schouten, Amsterdam School of Communication (ASCoR), University of Amsterdam, the Netherlands

Carmen Pena Diaz, Universidad de Alcalá, Spain

The overarching goal of this network session is to introduce the Special Interest Group Language and cultural discordance in healthcare communication and to foster further collaborations and partnerships in this field. Due to increasing migration flows, multilingualism and multiculturalism have become part of everyday healthcare practice. A growing body of research has indicated that this comes with its own set of challenges regarding adequate healthcare communication, among which the lack of professional interpreters available to mitigate the language barrier during healthcare encounters, culture-related differences in communication about health and illness, and a lack of policy and guidelines to support healthcare providers in adequately communicating with migrant patients who have low language proficiency in the host' countries dominant language. As a result, health inequalities for these patients persist and solutions are urgently needed to enhance their quality of care.

During this network session, we specifically aim to:

- Share experiences with researchers and practitioners working in the field of multilingual and multicultural healthcare communication;
- Identify common barriers and feasible solutions to enhancing healthcare communication with low language proficient migrant patient groups;
- Foster further collaborations between researchers and practitioners working in this field.

N6

Opportunity for conference attendees to network on their own topic of choice

Lead Presenters:

Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States and President of EACH Lode Verreyen, Communication teacher, EACH Advisory Committee Chair, tEACH subgroup on Workplace Based Communication

During this session attendees will be invited to suggest a topic of interest that they would like to discuss with other attendees. The most popular topics will be included in these open networking sessions.

FRIDAY 16 APRIL 2021

07:00 - 07:30

Plenary

P2a

Emotions as a clinical tool

Presenter:

Lidia Del Piccolo, Professor of Clinical Psychology at the Medical University of Verona, Italy

It is generally recognised that in health consultations patients' expressions of emotion need to be identified and responded to. However, grasping and handling the complexity of emotional communication is not an easy task. Emotional expressions in medical settings are often ambiguous and elusive. Clinicians may respond in a variety of ways. They may miss the point, detect but choose to ignore or divert attention, minimise or respond with empathy. In any case, the way they choose to manage emotions affects the general atmosphere of the consultation and a detailed analysis of emotional talk contributes to better understand the quality of health-provider –patient interaction.

A number of existing coding systems included coding categories aimed to describe and analyse the exchanges about patients' worries and other feelings in clinician-patient encounters. Among these the Verona Coding Definitions of Emotional Sequences (VR-CoDES) pointed to the methodological choice that emotional communication should be analysed in terms of ongoing sequences of talk-in-interaction, which includes a basic triad of an eliciting event, an emotional expression by the patient and the immediate response by the clinician. The effort to operationalise this sequence contributed to elucidate how to recognise feelings explicitly and non-explicitly expressed and allowed to apply the concept both to research and clinical teaching. As far as regards research, VR-CoDES has been applied in more than 70 research studies, whose results will be briefly summarised during the plenary. When applied in education/training, VR-CoDES contributed to help clinicians to become more alert to patient's subtle expressions and to pay attention on how to grasp them, increasing their ability to detect important affective information and to be more self-aware, which in turn contribute to improve clinical and self-reflective competences. Based on this the role of emotions as clinical tools will be elucidated as the final part of this plenary speech

07:45 - 09:15

Symposium

S3

Making it happen: implementation frameworks and intervention guidelines for healthcare communication

Lead Presenters and Authors:

Sarah Bigi, Università Cattolica del Sacro Cuore, Milano, Italy

Conor Gilligan, University of Newcastle, Australia

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

Edgard Eckman, Free University of Brussels, Belgium

Shakaib Rehman, University of Arizona College of Medicine-Phoenix, USA

Guendalina Graffigna, Università Cattolica del Sacro Cuore, Italy

Despite decades of research in health communication showing significant impact of patient-centred communication on health outcomes, the transfer of such knowledge into clinical practice is still more the

exception than the rule. Patients, clinicians and healthcare personnel continue to suffer from difficult communication and relationships in clinical contexts.

pEACH is the subcommittee of EACH that aims to identify and promote effective pathways for the translation of research evidence on health communication into health care teaching, practice and policy.

Through this symposium, pEACH representatives will discuss: 1. The challenges encountered in efforts to implement effective healthcare communication; and 2. Potentially relevant areas for future effective implementation efforts. At the end of the symposium, we expect to arrive at the identification of relevant new lines of action for pEACH, a more fine-grained definition of what is meant by 'implementation framework' and 'implementation processes', and to attract new members to contribute to pEACH's objectives.

The symposium will be structured as follows;

- The Chairperson will present the current pEACH implementation framework, described from the perspective of its ongoing activities;
- Speaker 1 will present the 'Evidence snapshots' project, aimed at creating a collection of ready to use syntheses of existing evidence on specific topics, relevant to the implementation of effective communication in healthcare;
- Speaker 2 will present the 'Lessons from implementation' project, aimed at collecting experiences and identifying the main facilitators and barriers for the implementation process of large scale communication training programs;
- Speaker 3 will present the 'Policy documents' project, aimed at collecting a significant sample of relevant policy documents addressing issues related to the implementation of effective communication in healthcare. Based on this collection, the project will develop guidelines for EACH to be able to respond to such documents and produce its own;
- Speaker 4 will introduce a success story of implementing policy related to telehealth, a newer communication model in healthcare, as an example of getting a policy approved by the USA Congress and signed by the President to implement telehealth laws and regulations and how communication skills are relevant in achieving not only policy, but also implementing policy; and
- Speaker 5 will discuss the topic of consumer engagement, another area that can have a certain significance in relation to implementation processes of effective communication in healthcare.

pEACH members involved in each of these topics will be present in the public and will contribute with specific input during the discussion that will be opened after each presentation. At the end of all presentations, a wider discussion will be opened inviting comments and input from all participants.

Workshops

W7

Various working-formats in medical education with simulated patients.

Lead Presenters and Authors:

Ellemieke Rasenberg, Radboudumc, Netherlands

Evelien Plattel, Radboudumc, Netherlands

Ietske Siemann, Radboudumc, Netherlands

Rationale: Working with simulated patients (SP's) is a widely accepted way to teach students clinical communication skills. Different educational purposes may demand different formats. For example, when the aim is to prepare students for real patient encounters, the carousel model with role rotation is a good option. The start-stop method can be used in different settings, like when teaching students certain communication skills such as asking open-ended questions or being understanding. For the effectiveness of a training program it's good to explore different SP-working-formats. In this workshop we will collect, share and demonstrate several working-formats that can be used teaching students clinical communication skills.

Learning Objectives: After this session you are able to

- Tell your colleagues about a number of working-formats to use SP's.
- Argue when a certain format is a valuable addition in your program
- Implement a new format in your program.

Teaching methods:

Introduction (presentation)	5 min
Small group discussion (thinking-exchange-sharing)	15 min
After a few minutes of individual thinking, participants exchange the working-formats they know to "use" simulated patients in their clinical communication skills program in small groups	
Sharing results	20 min
Demonstration:	40 min
We will demonstrate 2 formats "using" a simulated patient. Participants are invited to join as "students"	
Wrap up and evaluation	10 min

Evaluation of outcomes for participants: Every participant shares 1 intention how to integrate a new format in his clinical communications skills program on a digital post in Padlet. We will take a picture and within 6 weeks they receive an email with this photo and the presentation and take home messages of this session.

W8

Teaching Conflict Resolution Skills to Inter-professional Teams

Lead Presenter:

Eva Doherty, RCSI University of Medicine and Health Sciences, Ireland

Authors:

Eva Doherty, RCSI University of Medicine and Health Sciences, Ireland
Dara O'Keefe, RCSI University of Medicine and Health Sciences, Ireland

Rationale: Conflict amongst health professionals working in inter-professional teams in the hospital is a known patient safety issue and a source of stress and burnout for the professional. Teaching conflict resolution skills is challenging as it can be difficult to generate role-play scenarios which safely trigger the learner's heightened emotion whilst simultaneously providing the opportunity to practice the relevant communication skills to resolve the 'conflict'.

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

- Analyse the issues associated with teaching learners conflict resolution skills for use with colleagues in the workplace
- Evaluate a number of experiential activities and a didactic presentation which can be used to teach conflict resolution skills including a role-play which triggers genuine emotions
- Select the components of the teaching plan presented to design a session to suit the needs of their learners

Teaching Methods: Following introductions and identifying participant objectives, an icebreaker exercise designed to show how differing perspectives can lead to conflict will be demonstrated. A discussion session will follow focussing on a short talk with video presentation of the Harvard model of negotiation, the role of emotional intelligence and recognition of the common manipulation tricks which can escalate conflict. Participants will then be divided into pairs to practice a negotiation skill based on an inoffensive scenario about which participants will genuinely have opposing views. Finally the plenary session will facilitate participants to reflect on the take home points and the facilitator will share formative teaching experiences to facilitate a discussion.

Evaluation of Outcomes: Participants will be asked to write down one take home point which they can implement in their teaching. These commitments will be sent to participants by post six weeks following the workshop.

W9

Overcoming Resistance in Communication Skills Learners

Lead Presenters and Authors:

Anna Sonkina, CHAIKA Clinics Moscow, Russia

Maria Magdalena Bujnowska-Fedak, Department of Family Medicine, Poland

Rationale: One of the difficulties that many communication skills teachers face is resistance in learners. Reasons for resistance can be numerous: an overall disbelief in the value of communication for clinical practice, a generally paternalistic attitude towards patients, a lack of trust towards the facilitator and/or the methods etc. Some countries (ex., Eastern Europe) or teaching contexts (ex., practicing clinicians) may present more resistant learners than others. However even when they are rare having just one “difficult” learner in the group can create a huge challenge for everyone: the learner him/herself, the whole group and the facilitator.

Effective strategies for dealing with resistant learners and for maximizing their learning have been described but are difficult to implement and might need reminding and reinforcement.

Learning Objectives:

- 1) To identify resistant learners and understand the nature of their resistance
- 2) To understand and use effective strategies for maximizing learning in resistant participants such as creating a supportive environment, adherence to a skills (as opposed to attitudes) based approach, the accepting response, referring to outcomes as a way of finding common ground
- 3) To identify personal goals for further learning on the topic

Teaching Methods:

- 1) Small group discussions:
 - participants’ agendas for the workshop
 - sharing experience and notions of different “types” of resistant learners
 - working out list or model of possible strategies based on prior knowledge in the group
- 2) Fish-bowl demonstration:
 - of small-group teaching session
 - showing difficult behaviors from resistant learners and skills that can be used to respond to them
- 3) Interactive lecture

Evaluation of outcomes:

- 1) Written evaluation form
- 2) Plans (written) to implement new strategies in the near future

09:30 - 10:30

Networking

N5b

Toward linguistic and culturally competent healthcare communication: barriers and solutions

Lead Presenters:

Raquel Lazaro, Universidad de Alcalá, Spain
Carmen Pena Diaz, Universidad de Alcalá, Spain

The overarching goal of this network session is to introduce the Special Interest Group Language and cultural discordance in healthcare communication and to foster further collaborations and partnerships in this field. Due to increasing migration flows, multilingualism and multiculturalism have become part of everyday healthcare practice. A growing body of research has indicated that this comes with its own set of challenges regarding adequate healthcare communication, among which the lack of professional interpreters available to mitigate the language barrier during healthcare encounters, culture-related differences in communication about health and illness, and a lack of policy and guidelines to support healthcare providers in adequately communicating with migrant patients who have low language proficiency in the host' countries dominant language. As a result, health inequalities for these patients persist and solutions are urgently needed to enhance their quality of care.

During this network session, we specifically aim to:

- Share experiences with researchers and practitioners working in the field of multilingual and multicultural healthcare communication;
- Identify common barriers and feasible solutions to enhancing healthcare communication with low language proficient migrant patient groups;
- Foster further collaborations between researchers and practitioners working in this field.

N7

rEACH networking session: A peer-review platform to support research within EACH

Lead Presenters:

Calum McHale, University of St Andrews, School of Medicine, United Kingdom
Julia Amann, ETH Zurich, Switzerland
Leonie Visser, Amsterdam UMC, Netherlands

This session will offer participants the opportunity to network with current members of the rEACH committee and other EACH members with an interest in research in an interactive and task-focused format. rEACH is currently exploring the development of a peer-review platform where EACH members can connect to provide and receive feedback on discreet pieces of work. The aims of this session are to establish the need for a dedicated peer-review platform within EACH and determine how this would practically function. Using an interactive and dynamic format, participants will work together to provide feedback on the proposed peer-review platform and have the opportunity to connect with fellow participants.

N8a

Launching the Special Interest Group on Nurses' Communication: Come be involved!

Lead Presenters:

Debra Kerr, Deakin University, Australia
Annegrethe Nielsen, University College Copenhagen, Denmark

To launch the nursing special interest group which is aimed at establishing an international and diverse community of nurse educators around the world

Our aim is to foster a robust international and diverse community of teachers and researchers to optimise nurses' communication and its teaching around the world. If you are curious about that and /or like-minded and want to join us on this adventure, we welcome you to come and have a chat with us. Strength in numbers and all that! Come and hear why we came together and what we have done so far. Let's chat and plan our future together! In this informal forum, you will connect with others interested in advancing

nurse-specific communication. We want to hear from you about how we can best support and learn from each other. We want to come away with a clear plan of action to help us move forward, inspire and innovate. Come help us launch the nursing special interest group!

N9

Opportunity for conference attendees to network on their own topic of choice

Lead Presenter:

Lode Verreyen, Communication teacher, EACH Advisory Committee Chair, tEACH subgroup on Workplace Based Communication

During this session attendees will be invited to suggest a topic of interest that they would like to discuss with other attendees. The most popular topics will be included in these open networking sessions.

10:45 - 11:45

Oral Session 05 - Research on assessing communication

05.1

How do doctors organise the consultation? A new method for visualising consultation structure

Lead Presenter:

Lorraine Noble, UCL, United Kingdom

Authors:

Gianpaolo Manalastas, UCL, United Kingdom

Lorraine Noble, UCL, United Kingdom

Rowena Viney, UCL, United Kingdom

Ann Griffin, UCL, United Kingdom

Background: Clear communication in the medical consultation is key to promoting patient agency. Various international educational models of the consultation recommend doctors create an organised consultation structure and share this with patients. However, little recent research has systematically examined how doctors organise their consultations in practice. This project aimed to develop an innovative methodology for visualising consultation structure, to explore how doctors' observed behaviour aligns with educational blueprints.

Methods: The project analysed verbatim transcripts of 154 recorded simulated consultations from 78 doctors sitting two stations of a postgraduate examination. Phases of the consultation were identified by two independent raters using the 73 communication process skills of the Calgary-Cambridge Guide to the Medical Interview. Each transcript was converted into a diagram comprising up to six consultation phases: Initiating, Gathering Information, Summary, Explanation, Planning and Closing. Consultation structure was compared between two examination stations ('History-taking' and 'Communication skills and ethics').

Findings: The method successfully identified consultation structure: all elements of the doctor-patient talk were classified into phases using the Calgary-Cambridge Guide. While consultations broadly followed the expected chronological sequence, many included at least one phase out of chronological order (55%, 84/154). One or more phases were frequently omitted (75%, 116/154), most commonly Closing and Summary, and intertwined phases were also seen (42%, 64/154). Greatest variability was seen in the station focusing on explanation and planning tasks, although structure varied across all consultations.

Discussion: Under controlled, time limited conditions, doctors created variable consultation structures, relating to the priority tasks signalled by the examination station titles. Consultation structure was

therefore broadly unpredictable, frequently omitting the phase in which the doctor and patient consolidate an agreed plan. The findings have implications for patient agency, in terms of patients being aware of how the consultation will develop and patient involvement in contributing to the structure itself.

05.2

Information provision and affective communication during palliative care consultations

Lead Presenter:

Janneke Noordman, Nivel, Netherlands

Authors:

Janneke Noordman, Nivel, Netherlands

Lotte Schulze, Nivel, Netherlands

Ruud Roodbeen, Nivel, Netherlands

Gudule Boland, Pharos, Netherlands

Liesbeth van Vliet, Leiden University, Netherlands

Maria van den Muijsenbergh, pharos; radboudumc, Netherlands

Sandra van Dulmen, Nivel; Radboudumc, Netherlands

Background: During palliative care consultations between healthcare providers (HCPs) and patients with limited health literacy (LHL) clear information provision and affective communication are important for the understanding of patients' illness, treatment options, health consequences and emotional distress.

The aim of the study is twofold: 1) to develop an observational coding scheme to capture information provision and affective communication in palliative care, 2) to explore the information provision and affective communication between HCPs and LHL-patients in palliative care consultations.

Methods: Palliative care consultations between LHL-patients and HCPs were video-recorded in 2018 at four hospitals in the Netherlands. As no validated observation scheme existed in this setting, a new scheme was created to capture information provision (7 items) and affective communication (5 items) by HCPs. Relevant segments of the observations were selected and written out to support the coding scheme. All consultations were coded by one observer, a second observer coded 25% of the consultations independently. A good inter observer reliability was reached.

Findings: 17 HCPs and 40 patients participated; 40 consultations were video-recorded. HCPs showed a lot of information provision, spread out over 7 items. Among all items, the provision of information about treatment options was mentioned most often and the assessment of patients' understanding of their disease least often. The patients' prognosis was not mentioned during half of the consultations. With respect to affective communication most of the HCPs did provide support to their patients, but did not provide hope, reassurance, (sense of) understanding or appreciation.

Discussion: Although HCPs provided a lot of information it is questionable if the quality and amount of information was appropriate and adapted to their LHL-patients. Especially, since most HCPs did not check patient's understanding. Affective communication by HCPs could be improved, especially given the palliative setting.

05.3

Mini-AFTERc: A brief telephone counselling intervention for fear of cancer recurrence

Lead Presenter:

Calum McHale, University of St Andrews, School of Medicine, United Kingdom

Authors:

Calum McHale, University of St Andrews, School of Medicine, United Kingdom

Susanne Cruickshank, University of Stirling, United Kingdom
Claire Torrens, University of Stirling, United Kingdom
Deborah Fenlon, Swansea University, United Kingdom
Jo Armes, University of Surrey, United Kingdom
Elsbeth Banks, Independent Cancer Patients' Voice, United Kingdom
Tom Kelsey, University of St Andrews, School of Computer Science, United Kingdom
Gerry Humphris, University of St Andrews, School of Medicine, United Kingdom

Background: Fear of cancer recurrence (FCR) is defined as “fear, worry, or concern relating to the possibility that cancer will come back or progress”. FCR is prevalent among breast cancer survivors. FCR levels are associated with poorer mental health and quality of life. Mini-AFTERc is a brief (30-minute) structured telephone counselling intervention which intends to normalise FCR by focusing on excessive self-examination behaviours and incorrect beliefs about cancer. This pilot trial aimed to investigate the acceptability of the Mini-AFTERc intervention to breast cancer nurses and patients and determine the practicability of conducting a large-scale randomised controlled trial of the Mini-AFTERc intervention.

Methods: A controlled trial design of was implemented across 5 breast cancer centres in NHS Scotland. Patients who had completed primary breast cancer treatment were consented and screened for ‘moderate’ levels of FCR. Trained breast care nurses delivered Mini-AFTERc to patients at 3 centres in addition to routine follow-up care (intervention centres) and 2 centres deliver routine follow-up care alone (control centres). Patients’ FCR levels were measured at 2, 4 and 12 weeks following intervention or 3, 5 and 13 weeks following consent the control group.

Findings: Preliminary results from feasibility work with 16 patients at one breast cancer centre showed that it was feasible for breast care nurses to implement Mini-AFTERc into current practice with a high degree of fidelity. Participants showed a significant decrease in recurrence fears at follow-up (effect size = 0.8; P = .03). Data collection for the pilot trial is ongoing and results will be finalised by August 2020.

Discussion: The results of this pilot trial will provide evidence for the acceptability and efficacy of the Mini-AFTERc intervention and the feasibility of integrating it into current cancer care. Findings will form the basis for implementation of a large-scale randomised controlled trial.

Oral Session 06 - COVID-19 knowledge translation and mass media

06.1

Health communication on Instagram: influencers and knowledge dissemination strategies

Lead Presenter & Author:

Sara Rubinelli, University of Lucerne, Switzerland

Background. Social media are a main channel of health information for patients and consumers. Health information published on social media can easily reach people. Accessing and sharing information on social media is relatively easy. Yet, despite the advancement of the branch of science dissemination, scientists and practitioners perceive several barriers in actively engaging on social media, thus limiting the presentation of evidence-based knowledge that cannot otherwise be easily accessed by lay-audiences. Focusing on Instagram, the objective of this contribution is to illustrate how to use this channel for education and information on health.

Methods. A narrative content analysis of the strategies of communication of 10 most successful science influencers on Instagram, anchored in the science of persuasion, behavior change and marketing.

Findings. The results of this analysis focus on 1) the characteristics of Instagram influencers, 2) the strategies of communication that they apply and, 3) the cognitive and behavioral aspects that impact on how people engage and pay attention to (health) information. In relation to 1), five main characteristics of the influencers emerge: their creativity, trust, assertiveness, responsibility and sociability. As for 2), the length, granularity, format and interactivity of health communication contribution is essential. As for 3), the

engagement of people with (health) information is mainly influenced by its perceived relevance, comprehensibility and practice-oriented nature.

Discussion. Promoters of business health communication are active on social media and they are skillful in identifying the right target and influence it by using persuasive content. How to do this is well-known in the literature. It is now time for scientists, professionals and experts in health communication to enter the arena of social media health communication, and to illustrate scientific relevant topics, enhance health literacy and supporting lay-people to understand and use the fascinating but complex world of science.

06.2

Acceptability of a COVID-19 mobile app for tracing close contacts. A French national survey

Lead Presenter:

Rajae Touzani, Aix Marseille Univ, INSERM, IRD, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, Equipe CANBIOS Labellisée Ligue Contre le Cancer, France

Authors:

Rajae Touzani, Aix Marseille Univ, INSERM, IRD, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, Equipe CANBIOS Labellisée Ligue Contre le Cancer, France

Emilien Schultz, Aix Marseille Univ, INSERM, IRD, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, Equipe CANBIOS Labellisée Ligue Contre le Cancer, France

Dominique Rey, Aix Marseille Univ, INSERM, IRD, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, Equipe CANBIOS Labellisée Ligue Contre le Cancer, France

Stéphanie Vandentorren, Santé Publique France, Saint-Maurice, France

Pierre Arwidson, Santé Publique France, Saint-Maurice, France

Francis Guillemin, CIC 1433 Clinical Epidemiology, Inserm, CHRU, University of Lorraine, France

Seth Holmes, University of California Berkeley, United States

Alexandra Rouquette, Public Health and Epidemiology Department AP-HP, Bicêtre Hôpitaux Universitaires Paris Sud, Le Kremlin-Bicêtr, France

Anne-Déborah Bouhnik, Aix Marseille Univ, INSERM, IRD, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, Equipe CANBIOS Labellisée Ligue Contre le Cancer, France

Julien Mancini, Aix Marseille Univ, INSERM, IRD, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, Equipe CANBIOS Labellisée Ligue Contre le Cancer, France

Background: In order to reduce the number of people infected with COVID-19, several countries have implemented close contact tracing mobile apps in an attempt to trace the contacts of COVID infected person. This approach needs a large adhesion of the population to be effective. However, since March, such contact tracing apps have been installed by only 9.3% of people across the world.

Our aims were to estimate, in France, the acceptability of an app using mobile phones to study the close contacts between people during an epidemic, and the potential barriers to its use.

Methods: The data were collected alongside the "Health Literacy Survey 2019" among 1 003 people in France. This online survey was conducted two weeks after the end of the full lockdown in France (from May 27th to June 5th). It collected sociodemographic characteristics, health literacy, communication with caregivers, trust in institutions, and COVID-19 knowledge and preventive behaviours. The acceptability of the tracking app was measured by an ad hoc question, which responses were grouped into three modalities: App-support, App-willing and App-reluctance.

Findings: Only 19.2% were App-supporters while half of the participants (50.3%) were reluctant. The factors associated with non-reluctance (App-support and App-willing) were: lower financial deprivation and perceived usefulness of using a mobile app to send health questionnaires to physicians. Age over 60, trust in political representatives, feeling concerned about the pandemic situation, and having adequate knowledge on the transmission of COVID-19 increased the likelihood of supporting the tracking application.

Discussion: The most financial deprived people, known to be more at risk of being infected by COVID-19, are also the most reluctant to use a contact tracing app. Therefore, optimal adhesion can only be effective with broad awareness campaigns, considering the most financial deprived people and streamlined discourse on public health benefits to adopt such an app.

06.3

Elder indigenous New Zealand Maori narratives about immunisation, during the COVID-19 lockdown.

Lead Presenter:

Tony Dowell, University of Otago - Wellington, New Zealand

Authors:

Tony Dowell, University of Otago - Wellington, New Zealand

Nikki Turner, University of Auckland, New Zealand

Donna Watson, University of Auckland, New Zealand

Rawiri Wharemate, University of Auckland, New Zealand

Theo Brandt, University of Auckland, New Zealand

Loretta Roberts, University of Auckland, New Zealand

Rodney Ngawaka, University of Auckland, New Zealand

Mary Nowlan, University of Auckland, New Zealand

Background: In late March 2020 due to the COVID-19 pandemic, the New Zealand government implemented a 'Level 4 lockdown' of all but essential services. This project aimed to explore the issues, strengths and challenges experienced by elderly indigenous New Zealand Maori in relation to accessing immunisation, during the time of the lockdown. We also used the opportunity to obtain narratives about attitudes to future COVID-19 vaccines, and the impact of the social restrictions of 'lockdown'.

Methods: A sampling frame of Maori elders was obtained through existing networks from the New Zealand immunization Advisory Centre, and interviews were undertaken by Maori elders via Zoom. The study population was drawn from a semi-rural and rural area of the North Island of New Zealand. Interviews were video recorded via Zoom and the recordings transcribed. Data was coded using NVivo and initial framework and content analysis undertaken by two researchers with additional review and analysis by senior investigators on the research team.

Findings: Data for this presentation is drawn from the first 5 interviews undertaken. Interviews lasted for about an hour. The initial main themes were:

- Initial concern about the impact of COVID-19 on vulnerable populations and the 'safety' and comfort produced from the lockdown linked to a sense of community resilience and people looking out for each other.
- Support for the communication style and content of local health providers in the delivery of immunisation programmes.

Unexpected findings included the facility and fluency with which this group of elders adopted virtual meetings and communication, and the opportunities it provided to exchange advice and wisdom across generations.

Discussion: These findings affirm current health provider communication strategies regarding immunization but also highlight the opportunities the COVID-19 pandemic has provided for population groups to use new technology within a health context.

06.4

Viral stigma and mass media: community experiences of COVID-19 prevention and infection in Vietnam

Lead Presenter:

Shannon McKinn, University of Sydney, Australia

Authors:

Shannon McKinn, University of Sydney, Australia

Duy Trinh Hoang, Woolcock Institute of Medical Research, Vietnam

Thu Anh Nguyen, Woolcock Institute of Medical Research, Vietnam

Thuy Anh Nguyen, Woolcock Institute of Medical Research, Vietnam

Greg Fox, Woolcock Institute of Medical Research, Australia

Sarah Bernays, University of Sydney, Australia

Background: Vietnam has so far successfully controlled both an initial and a second wave of COVID-19 through a strategy of extensive temperature screening and testing; strict, targeted lockdowns; and an extensive public communication campaign. This study aimed to explore community experiences of, and engagement with, the public health response and communication around COVID-19, including experiences of stigma.

Methods: We conducted qualitative interviews with community members in various regions of Vietnam impacted by the COVID-19 epidemic. We commenced preliminary analysis through systematic debriefing discussions, before conducting a thematic analysis of interview data.

Findings: Considerable negative public attention has been focused on the behaviour, including social interactions, of individuals infected with or exposed to COVID-19. Public health messaging has associated preventive behaviour with responsible citizenship. Those associated with the disease (whether through positive diagnosis or proximity to cases) whose behaviours were considered to be in conflict with the social expectations established by the government's public health response have been subject to moralistic claims and evaluations in the media and within their communities. Social media has amplified the vilification experienced by those affected. The fear of being blamed for transmission has in part incentivised preventive behaviour. However, individual's risk decision making is complicated by the possibility of being asymptomatic and unknowingly infectious.

Discussion: The emphasis on responsible citizenship and public disclosure of personal information as part of the contact tracing process appears to have legitimised the stigmatisation of individuals. While fear of stigma may have had some positive impacts on the behaviour of some individuals, this may have significant detrimental ramifications for the social meanings of COVID-19, engagement in testing and long-term recovery. Individuals are at risk of being indelibly and unjustly linked with being 'irresponsible' with devastating social consequences.

06.5

Sharing Knowledge for people's mental health and fear-relief

Lead Presenter:

Itsaso Sexmilo, Government of Euskadi, Spain

Authors:

Itsaso Sexmilo, Government of Euskadi, Spain

Zaloe Martinez, Government of Navarra, Spain

Uxue Seminario, Government of Navarra, Spain

Nuria Ayarra, Government of Navarra, Spain

Maite Ayarra, Government of Navarra, Spain

At the beginning of March 2020, the incidence of COVID19 in Spain was increasing. On March 14, the state of Alarm was declared. This implied everyone's domiciliary confinement, except to perform essential tasks.

Every day, on television, the news announced a greater number of deaths from COVID the vast majority being elderly people.

We carry out our work in the Health Center of a 6,000 inhabitants town. The elderly were staying at home secluded and frightened.

The objective was to share the scant evidence existing at that time on the epidemiology and clinical evolution of covid19 to reassure the population where possible.

A collaboration group was formed with the health representative of the city council and a space created on the city council website for health professionals to post information about COVID.

Posts included videos on preventive measures, how to make and use masks, etc. On the 11th day of the lockdown a video is published aimed at:

1. The general population informing that the evolution of the covid in 80% of the cases is good.
2. The elderly explaining that if people had been confined for 11 days with no symptoms, it was very difficult for them to have contracted the disease since it had been observed that, in 98% of the cases, contagion occurs in the first 11 days.

People were encouraged to continue at home feeling safe and confident.

The video reached every household in town. It was their doctors speaking and we received many messages of gratitude.

The media covered COVID with a treatment that generated plenty of fear in the most vulnerable. The reference health workers recognized and neutralized this by using the official website that the city council made available and the trust that the population has in us, providing limited but true, reassuring information.

Roundtable

R4

Sharing experience on digital & phone consultations & working with Personal Protective Equipment

Lead Presenters:

Evelyn van Weel-Baumgarten, EACH, Netherlands

Andy Ward, Leicester Medical School, United Kingdom

The Covid-19 pandemic has led to a significant increase in the number of consultations between patients and healthcare professionals that take place as digital or phone consultations. This comes with challenges, advantages and disadvantages.

The same is true for in-person consultations, where the professional is working with personal protective equipment (PPE) and patients need to wear face masks most of the time.

The aim of this roundtable is to share experiences, with the understanding that experiences differ across cultures and professions and one size of how to do best, does not fit all.

We welcome input from conference participants with relevant personal experiences as healthcare professional or patient: what does and what does not work in different cultures, healthcare systems and different groups of patients and professionals?

The roundtable will be interactive and include an interactive introduction , mini- presentations and discussions in small groups in breakout rooms about personal experiences and cultural differences. We will also discuss alternatives/solutions for difficulties participants might have encountered. The session will end with a summary of the most important outcomes and take home messages.

10:45 - 11:45

Works in Progress Oral Session 2

WIP2.2

Pain communication in paediatric rheumatology: A first step into intervention development

Lead Presenter:

Rebecca Lee, The University of Manchester, United Kingdom

Authors:

Rebecca Lee, The University of Manchester, United Kingdom

Janet McDonagh, The University of Manchester, United Kingdom

Sarah Peters, The University of Manchester, United Kingdom

Wendy Thomson, The University of Manchester, United Kingdom

Lis Cordingley, The University of Manchester, United Kingdom

This abstract presents the work of a post-doctoral researcher in health psychology, one-year post PhD. This project is mentored and has been funded as part of a three-year fellowship programme.

Background: Communication about pain that is chronic is central to effective pain management in paediatric patients. Many children and young people with persistent pain are seen in paediatric rheumatology where it has been highlighted that healthcare professionals find pain conversations challenging. The primary objective of this research is to identify patterns of effective and ineffective pain communication within clinics.

Methods: This research involves two studies. Study 1 will recruit children and young people aged 5-16 years who have chronic musculoskeletal pain managed within UK paediatric rheumatology centres. They will take part in semi-structured interviews to gather data on perspectives of current pain assessment and communication approaches. In Study 2, triadic consultations between patients, parents and professionals will be observed and analysed to characterise the extent to which pain is discussed and the nature of these conversations in practice.

Preliminary Findings: This project is currently in the design phase and there are no preliminary findings, however our past research suggests that professionals are often reluctant to assess and discuss pain due to several complex contextual and attitudinal reasons.

Preliminary implications of research: This research will form the basis of a behavioural analysis, identifying professionals' capabilities, opportunities and motivations to assess pain in paediatric rheumatology. In turn, this will inform the development of an intervention which facilitates more effective pain communication in clinics.

Request for feedback: The presenter would value feedback on the challenges of using qualitative study findings to inform larger intervention development and feedback particularly around the analysis plan for applying health psychology theory to interpret this data. This will inform the next phase of research.

WIP2.3

Mina and the Dreamland – A serious game to prepare preschool children for anaesthesia

Lead Presenter:

Brynja Ingadottir, University of Iceland and Landspítali University Hospital, Reykjavik, Iceland

Authors:

Brynja Ingadottir, University of Iceland and Landspítali University Hospital, Reykjavik, Iceland

Berglind Brynjólfsson, Landspítali University Hospital, Iceland

Anna Ó Sigurðardóttir, Landspítali University Hospital, Iceland

Karitas Gunnarsdottir, Landspítali University Hospital, Iceland
Anna Ólafía Sigurdardóttir, Landspítali University Hospital, Iceland
Berglind Þorbergsdóttir, Landspítali University Hospital, Iceland
Aðalheiður Stefánsdóttir, Reykjavík City, Iceland
Katrín Jónsdóttir, Landspítali University Hospital, Iceland
Elina Laitonen, University of Turku, Finland
Heidi Parisod, University of Turku, Finland
Sanna Salanterä, University of Turku, Finland
Anni Pakarinen, University of Turku, Finland

Presenter: I am an assistant professor and a clinical nurse specialist and received my Ph.D in health sciences (nursing) in 2016. In my thesis I explored the potentials of serious games in patient education and developed a game for adult patients. This new game for children is developed in collaboration with experienced researchers and game developers in Finland and the project has received both internal and external funding.

Background: Fear and anxiety is common among young children undergoing anesthesia for various procedures and can interfere with the child's recovery and wellbeing. Relaxation, distraction and education are methods that can be used to prepare the child and help it cope. Serious games are increasingly being developed and tested within healthcare and may be a suitable media for these purposes.

The aim of this research project is to 1) develop an innovative serious game for preschool children (4-6 years old) intended to help them prepare for anaesthesia through education about what to expect and teaching them how to cope with anxiety; 2) test the usability and feasibility of implementing the game into healthcare practice; 3) test the effect of the game on knowledge, anxiety and coping in an intervention study.

Method: A serious game has been developed and tested by an interdisciplinary team and with participation of the target group (pre-school children, parents, healthcare professionals). The usability, feasibility and effect will be evaluated in a series of studies using mixed methods (focus groups, observation, surveys, interviews). User-Centered Design and the Medical Council's recommendations on complex interventions guide the design of the project. A pilot testing of the game with the participation of hospitalised children and their parents is being planned, and after that an intervention study. Analytical data will be collected on the game use, and data on children's anxiety, self-efficacy and background will be collected. Parents and healthcare professionals will be interviewed and surveyed.

Preliminary findings – if available: The usability of the alpha version of the game was tested successfully. Minor changes and adaptations were required. The beta version will be tested in February 2020.

Preliminary implications of research: The game has been received with enthusiasm among stakeholders but careful implementation is needed for success.

Request for feedback: A feedback on the research plan for testing the intervention and possible implementation into clinical practice would be appreciated.

WIP2.4

Accuracy of Metacomprehension Judgements on Health-Related Texts

Lead Presenter:

Sarah Chadwick, Lancaster University, United Kingdom

Authors:

Sarah Chadwick, Lancaster University, United Kingdom
Deborah Costain, Lancaster University, United Kingdom
Robert Davies, Lancaster University, United Kingdom

Presenter is an externally funded, second-year PhD Psychology student supervised by Senior Lecturers in Psychology and Statistics.

Background: We are regularly presented with information regarding our health in written form. Being able to understand such texts is critical in making well-informed decisions. Unfortunately, our perceptions of text comprehension may not closely reflect the reality of our understanding. Previous research suggests that the ability to discriminate between information understood well, from that which is not, varies considerably between individuals, and is on average surprisingly poor. However, previous research suffers from methodological and analytical shortcomings, limiting its generalisability. This research project aims address these issues and, in doing so, explore whether judgements of comprehension are predictive of assessed comprehension on health-related texts, and how individual differences relate to variation in this relationship.

Methods: A sample of 175 individuals, recruited via an online research platform, will read ten texts adapted from the NHS online A-Z of health conditions. Participants will provide ratings on the quality of their understanding and then answer comprehension-based questions. Measures of reading ability and background knowledge will also be taken to explore individual-related variability in the relationship between perceived and assessed comprehension. Multilevel Bayesian regression models will be used to explore both research questions.

Preliminary implications of research: If the findings of this research project are consistent with previous research, simply asking people if they understand a text is not sufficient to gauge their comprehension. In addition, assessing the utility of documents by asking reviewers if the information is understandable is not sufficient to produce health documents which necessarily result in higher levels of comprehension. Preliminary findings are expected to be available by September.

Request for feedback: What do we mean by comprehension in a health context? This discussion will inform future measurement of comprehension.

14:00 - 14:30

Plenary

P2a

Emotions as a clinical tool

Presenter:

Lidia Del Piccolo, Professor of Clinical Psychology at the Medical University of Verona, Italy

It is generally recognised that in health consultations patients' expressions of emotion need to be identified and responded to. However, grasping and handling the complexity of emotional communication is not an easy task. Emotional expressions in medical settings are often ambiguous and elusive. Clinicians may respond in a variety of ways. They may miss the point, detect but choose to ignore or divert attention, minimise or respond with empathy. In any case, the way they choose to manage emotions affects the general atmosphere of the consultation and a detailed analysis of emotional talk contributes to better understand the quality of health-provider –patient interaction.

A number of existing coding systems included coding categories aimed to describe and analyse the exchanges about patients' worries and other feelings in clinician-patient encounters. Among these the Verona Coding Definitions of Emotional Sequences (VR-CoDES) pointed to the methodological choice that emotional communication should be analysed in terms of ongoing sequences of talk-in-interaction, which includes a basic triad of an eliciting event, an emotional expression by the patient and the immediate response by the clinician. The effort to operationalise this sequence contributed to elucidate how to recognise feelings explicitly and non-explicitly expressed and allowed to apply the concept both to research and clinical teaching. As far as regards research, VR-CoDES has been applied in more than 70 research

studies, whose results will be briefly summarised during the plenary. When applied in education/training, VR-CoDES contributed to help clinicians to become more alert to patient's subtle expressions and to pay attention on how to grasp them, increasing their ability to detect important affective information and to be more self-aware, which in turn contribute to improve clinical and self-reflective competences. Based on this the role of emotions as clinical tools will be elucidated as the final part of this plenary speech

14:45 - 16:15

Symposia

S4

How past work can guide current and future research on physician-patient communication: a tribute to Hanneke de Haes

Lead Presenters and Authors:

Ellen Smets, Department of Medical Psychology , Amsterdam University Medical Center, University of Amsterdam, Netherlands

Marij Hillen, Amsterdam University Medical Centers, Netherlands

Liesbeth van Vliet, Leiden University, Netherlands

Phyllis Butow, University of Sydney, Australia

Anne Stiggelbout, Leiden University Medical Center, Netherlands

Rick Street, Texas A&M University, United States

Arnstein Finset, University of Oslo, Norway

On November 21st 2020, one of the founders of EACH suddenly passed away. Hanneke de Haes was professor emeritus at Amsterdam UMC (The Netherlands). She performed pioneering work and has made important contributions to the fields of communication in healthcare and psycho-oncology. In this symposium, her work and life will be honored by several of Hanneke's close EACH-colleagues, highlighting the various foci of her work on provider-patient communication. Each presentation will be followed by interactive discussion on how her scientific legacy can guide our present and future research.

Program:

Introduction Hanneke and brief outline of her career, Ellen Smets

All speakers are asked to

- focus particularly on the specific theme, and
- highlight how Hanneke's work has inspired/influenced them. There is time for Q&A, reflection and interactive discussion after each speaker, which is led by two early/mid-career discussants who have affinity with these particular themes.

Discussants: Marij Hillen & Liesbeth van Vliet

Hanneke's legacy in psycho-oncology, Phyllis Butow

The 6 function model of medical communication, Ellen Smets

Enhancing patient autonomy / The emergence and future of shared decision making? Anne Stiggelbout

Compassion for patients / Patient vulnerability / patient-centeredness, Rick Street

Assessing emotions in medical consultations, including development of the VRCoDES, Arnstein Finset

S6

How to communicate with the public during a pandemic

Lead Presenters and Authors:

Russell Rothman, Vanderbilt Institute for Medicine and Public Health at Vanderbilt University Medical Center, United States

Barbara Schouten, Amsterdam School of Communication (ASCoR), University of Amsterdam, Netherlands

Michael Wolf, Feinberg School of Medicine at Northwestern University in Chicago, United States

Sara Rubinelli, Swiss Paraplegic Research, University of Lucerne, Switzerland

Intro: The global SARS-COV2 pandemic has resulted in over 117 million identified infections and over 2.5 million deaths. Public health communication about the pandemic and how to mitigate the impact has been challenging due to the constantly evolving scientific information about the SARS-COV2 transmission and prevention, and COVID-19 diagnosis and treatment. In addition public health communication has been impacted by issues related to public trust, cultural and political beliefs, risk perception, health literacy/numeracy, misinformation, disinformation, and other factors.

Program: This symposium will provide information about how the public across multiple countries and regions have perceived health information and the factors that drive individual knowledge and beliefs related to the COVID19. The symposium will explore individual beliefs and behaviors related to reducing infection transmission through masks, quarantining and isolation, as well as understanding of vaccination and treatment options. Presenters will also share recommendations related to public health communication approaches to better inform and promote behavior change of the public related to SARS-COV2 and COVID19.

Speakers and Topics:

Introduction and Overview of Key Health Communication Issues Related to COVID19 (15 minutes)

Speaker: Russell Rothman MD MPP is the Senior Vice President for Population and Public Health and Director of the Vanderbilt Institute for Medicine and Public Health at Vanderbilt University Medical Center in Nashville, Tennessee, United States of America.

Topic: Dr. Rothman will provide an overview of the SARS-COV2 pandemic and key public health communication issues and challenges related to addressing the pandemic. Dr. Rothman will also provide data about the pandemic in the United States and public perceptions related to the pandemic that have impacted COVID19 progression in the United States. He will also provide data from the HERO Program, a national registry of over 20,000 healthcare workers in the United States.

Online media use, emotions and compliance with COVID-19 measures: A 4-wave panel study among the Dutch population (15 minutes)

Speaker: Barbara Schouten PhD is a professor in health communication at the Amsterdam School of Communication (ASCoR), University of Amsterdam, the Netherlands

Topic: In order to cope with the COVID-19 public health crisis, people have increasingly turned to online media sources to stay informed and make sense of what is happening. In this presentation, Dr. Schouten will discuss results of a 4-wave panel study (N = 1.092) that took place during the first wave of COVID-19 infections in the Netherlands (April 2020 – June 2020), and aimed to study the effects of online media exposure on emotional responses (e.g. fear) and subsequent compliance with behavioral measure to contain the spread of the coronavirus (e.g. handwashing). Based on the findings, she will also discuss practical recommendations and message strategies that may help increase behavioral compliance as the pandemic continues, taking into account the fine balance between people's physical and mental health.

Awareness, attitudes and actions in response to COVID-19 among high risk adults: results of the C3 Study (15 minutes)

Speaker: Michael Wolf MA MPH PhD is the James R. Webster, Jr. Professor of Medicine, and Director of the Center for Applied Health Research on Aging (CAHRA) at the Feinberg School of Medicine at Northwestern University in Chicago, Illinois, United States of American

Topic: COVID-19 has become an unprecedented public health threat in modern times, especially for adults with a chronic illness. As of January 2021, 94% of COVID deaths have been among adults over 55; 92% of those who have died had ≥ 1 underlying health conditions. Dr. Wolf will share findings from an ongoing,

NIH-funded cohort study that was launched during the first week of the pandemic (COVID-19 & Chronic Conditions (C3) study). Specifically, how these individuals (N=873) were obtaining information and learning (or not) about this novel coronavirus and public health actions to avoid infection will be reviewed, as well as the downstream implications of where information is acquired on adoption of recommended health behaviours. In addition, the emergence and widening of health disparities as a result will be explored.

Argumentation theory, critical thinking and the empowerment of individuals to deal with dis/misinformation (15 minutes)

Speaker: Sara Rubinelli is Professor of Health Communication at the Department of Health Sciences and Medicine, and Group Leader in person-centered communication at Swiss Paraplegic Research. She is past-President of the International Association for Communication in Healthcare.

Topic: Prof. Rubinelli will illustrate how classical rhetoric offers important tools and methodologies to empower individuals in dealing with mis/disinformation. Specifically, using some examples of health information during covid19 as a case in point, she will explain how argumentation theory and critical thinking provide targets of interventions to build critical health literacy. There are different ways to respond to mis/disinformation. Yet, people's capacity to detach supported versus unsupported information, as well as to rely on the right experts when a certain topic is not in one's expertise, provide a solid ground to avoid giving consent to mis/disinformation, especially when it is presented in a persuasive way.

Group Discussion (30 minutes)

Dr. Rothman will moderate a group discussion with the speakers and symposium participants. Participants are invited to share their own research, education, and policy experiences with public health communication related to the COVID-19. Speakers will provide additional recommendations on key themes identified in the symposium related to public health communication, and approaches to improve public health communication at the local, regional, and global level.

Workshops

W10

How to Effectively Negotiate the Outcomes You Really Desire?

Lead Presenter:

Shakaib Rehman, Phoenix VA Healthcare Systems/University Of Arizona College Of Medicine-Phoenix, United States

Authors:

Shakaib Rehman, Phoenix VA Healthcare Systems/University Of Arizona College Of Medicine-Phoenix, United States

Elizabete Loureiro, Faculty of Medicine, University of Porto, Portugal

Rationale: Research suggests that great leaders are great negotiators. They resolve seemingly intractable problems/disputes and yet enhance relationships. The ability to negotiate requires a collection of effective interpersonal and communication skills used together to bring a desired outcome. This interactive session provides tools for identifying individual communication preferences/delivery methods/ conflict resolution styles/skills as well identifying best practices and alternative to a negotiated agreement (BATNA). Through exercises/activities participants will practice new skills to get what want while also building/preserving better relationships with patients/family/bosses/coworkers/ stakeholders etc.

Learning Objectives:

- Practice effective negotiation communication techniques/skills/strategy while preserving the relationship.
- Understand the way you deal with conflict can impact negotiation communication.

- Identify personal strengths/opportunities for improving negotiation communication.

Teaching Methods:

Evidence/tools/techniques: 3 steps of developing a negotiation strategy

- Negotiation/communication style/skills
- Assessing negotiation context (Relationship and Outcomes)
- Select appropriate negotiation/communication strategy (Positional/Principled)

Exercises:

Individual/Need Assessment:

- Completing Thomas/Kilman Conflict Mode Questionnaire to discover their own conflict resolution style
- Participants will discover gaps in knowledge/skills in personal/work situations (examples below) they want to work on.
- Patient encounters
- Negotiating salary increase with your boss
- Winning an argument with your spouse, etc.

Large Group:

- 90/10 Principle/how smart is your right foot?
- Ladder of Inference
- Video vignette

Small Group:

- Video-based case-study discussion/listing
- Communication skills/tools-list/display/report
- Where and how to use skills

Share-Pairs/Case-Based:

- Role-play: Chair/Faculty meeting
- Role-play: Cardiologist vs General Practitioner negotiation
- Plan for implementing skills with a personal challenge in near future

Summary/Evaluation/Post Workshop Reflection

- 1-2 tool/activity learned/enjoyed/1-2 new tools/skills to practice for a specific task
- Reflection on content and delivery of session
- Writing key learning lessons and action-to-be-implemented at work/home on a postcard (Workshop organizers will mail the card back to participants 3 months after the workshop).

W11

Strategies for online communication skills teaching

Lead Presenters and Authors:

Sandra Winterburn, Norwich Medical School, University of East Anglia, Norwich, United Kingdom

Laura Blackburn, Norwich Medical School, University of East Anglia, Norwich, United Kingdom

Kim Taylor, University of Cambridge, United Kingdom

Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States

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 online and asynchronous approaches to address learners CS needs. For many teachers this is a wholly new approach and they may not be sure how to adapt previous in-person sessions to a virtual context. Others have started working with different methods and identified useful strategies as well as challenges on 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 compelled to reflect upon and share their experiences and attitudes toward online communication education. The bulk of the workshop will focus on interactive demonstration of role-play and how this 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 instruction at their own institutions. We view this workshop as the beginning of an important ongoing conversation between health professional educators as we all share resources and support in the necessity to embrace virtual methods for communication skills learning.

After participating in the workshop attendees should be able to:

- Describe if and how online CS teaching can be feasible
- Demonstrate specific tips for maximizing the effectiveness on online CS teaching
- Describe challenges and limitations on online CS teaching
- Access additional resources to support online CS teaching

16:30 - 17:30

Workshop

W12

ASPE Presents: Training Simulated/Standardized Patients to Deliver Feedback

Lead Presenters and Authors:

Shawn Galin, President-Elect, Association of Standardized Patient Educators (ASPE) and Director, Office of Standardized Patient Education, University of Alabama at Birmingham

Robert MacAulay, President, Association of Standardized Patient Educators (ASPE) and Director, Simulation Education, University of California San Diego, School of Medicine

Introduction: The Association of Standardized Patient Educators (ASPE) is the international organization of simulation educators dedicated to:

- Promoting best practices in the application of simulated/standardized (SP) methodology for education, assessment and research
- Fostering the dissemination of research and scholarship in the field of SP methodology
- Advancing the professional knowledge and skills of its members

ASPE welcomes the opportunity to collaborate with EACH in the work to improve communication amongst healthcare professionals and patients.

Rationale: A crucial skill in Simulated/Standardized Patient (SP) work is the ability to describe the impact a learner's set of behaviors has on an SP during roleplay. The description, or feedback, is presented in an objectively clear style that captures the subjectively emotional and cognitive state the SP experienced during the roleplay. Feedback is presented in a manner that allows space for learners to consider areas for their professional growth. Effective feedback is presented in a non-judgmental manner, in order to avoid triggering defensiveness in learners. Feedback is focused on essential communication elements or domains. This 60-minute workshop is designed to assist participants who are new to training constructive feedback delivery.

Learning Objectives: By the end of the workshop, participants will be able to:

- Describe the role and characteristics of feedback
- Recognize and articulate responses to a learner's modifiable behaviors
- Implement language and techniques that focus feedback relevant to learner self-learning

Teaching Methods: This interactive session engages participants actively in learning the principles of effective feedback delivery. Didactic portions of the workshop will discuss notions of changeable behaviors. Experiential elements, utilizing videos of SP/learner interactions, will provide opportunities to identify modifiable behaviors in learners and observe both effective and ineffective feedback given by SPs.

Evaluation of Outcomes: In order to measure participant satisfaction and learning, we will employ a post-session survey using Qualtrics. At the end of the session, the presenters will provide the active link to the survey in Zoom chat. This survey will ask the participants to quantitatively rate the session and qualitatively list concepts they learned.

Networking

N3b

Better Care through Better Policies: pEACH Networking session

Lead Presenters:

Shakaib Rehman, University of Arizona College of Medicine-Phoenix, USA
Sarah Bigi, Università Cattolica del Sacro Cuore, Milano, Italy

You should join the pEACH Networking session if you are a health policy expert, or want to be an expert, or want to influence policy changes & implementations.

We are a group of practitioners, researchers, educators and policy makers who are committed to:

- Ensuring high quality of healthcare for our communities by applying research regarding healthcare communication to policies and clinical practice
- Utilizing evidence to develop specific implementation models and policies that can effectively transform an organization's or country's structures and processes
- Developing a range of robust outcome measures that will show the impact of such initiatives and encourage investment in healthcare communication.

Within pEACH, we are working on a number of projects in order to improve and expand the expertise that we offer to the healthcare communication community.

Join the session to find out more and be part of the momentum to change the world for better patient care through better communication and better policies.

N8b

Launching the Special Interest Group on Nurses' Communication: Come be involved!

Lead Presenter:

Patricia Strachan, McMaster University, Canada

To launch the nursing special interest group which is aimed at establishing an international and diverse community of nurse educators around the world

Our aim is to foster a robust international and diverse community of teachers and researchers to optimise nurses' communication and its teaching around the world. If you are curious about that and /or like-minded and want to join us on this adventure, we welcome you to come and have a chat with us. Strength in numbers and all that! Come and hear why we came together and what we have done so far. Let's chat and plan our future together! In this informal forum, you will connect with others interested in advancing nurse-specific communication. We want to hear from you about how we can best support and learn from each other. We want to come away with a clear plan of action to help us move forward, inspire and innovate. Come help us launch the nursing special interest group!

N10

Surgical special interest group

Lead Presenter:

Kathleen Kieran, Seattle Children's Hospital, United States

Please come and join us if you have an interest in anything to do with communication in surgical healthcare: research and teaching or policy or all three . This is a new SIG and so at the meeting, we will focus on identifying what people would like the group to work on.

17:45 - 18:45

Oral Session 07 - Research on patient participation

07.1

Women's participation in decision-making in maternity care: a qualitative exploration of clients' health literacy skills and needs for support

Lead Presenter:

Laxsini Murugesu, Amsterdam Public Health, Amsterdam UMC, University of Amsterdam, the Netherlands

Authors:

Laxsini Murugesu, Amsterdam Public Health, Amsterdam UMC, University of Amsterdam, the Netherlands

Olga C. Damman, Amsterdam Public Health, Amsterdam UMC, Vrije Universiteit Amsterdam, the Netherlands

Marloes E. Derksen, Amsterdam Public Health, Amsterdam UMC, University of Amsterdam, the Netherlands

Danielle R.M. Timmermans, Amsterdam Public Health, Amsterdam UMC, Vrije Universiteit Amsterdam, the Netherlands

Ank de Jonge, AVAG, Amsterdam Public Health, Amsterdam UMC, Vrije Universiteit, the Netherlands

Ellen M.A. Smets, Amsterdam Public Health, Amsterdam UMC, University of Amsterdam, the Netherlands

Mirjam P. Fransen, Amsterdam Public Health, Amsterdam UMC, University of Amsterdam, the Netherlands

Shared decision-making requires adequate functional health literacy (HL) skills from clients to understand information, as well as interactive and critical HL skills to obtain, appraise and apply information about available options. This study aimed to explore women's HL skills and needs for support regarding shared decision-making in maternity care. In-depth interviews were held among women in Dutch maternity care who scored low (n = 10) and high (n = 13) on basic health literacy screening test(s). HL skills and perceived needs for support were identified through thematic analysis. Women appeared to be highly engaged in the decision-making process. They mentioned searching and selecting general information about pregnancy and labor, constructing their preferences based on their own pre-existing knowledge and experiences and by discussions with partners and significant others. However, women with low basic skills and primigravida perceived difficulties in finding reliable information, understanding probabilistic information, constructing preferences based on benefit/harm information and preparing for consultations. Women also emphasized dealing with uncertainties, changing circumstances of pregnancy and labor, and emotions. Maternity care professionals could further support clients by guiding them towards reliable information. To facilitate participation in decision-making, preparing women for consultations (e.g., agenda setting) and supporting them in a timely manner to understand benefit/harm information seem important.

07.2

A deprescribing conversation: example of a multimodal communication research

Lead Presenter:

Marie-Thérèse Lussier, Université de Montréal, Canada

Authors:

Claude Richard, Centre de santé et des services sociaux de Laval, Canada

Marie-Thérèse Lussier, Université de Montréal, Canada

Marie-Ève Lavoie, Centre de santé et des services sociaux de Laval, Canada

Denis Roberge, Entre les lignes Inc., Canada

Background: Providing elderly patients and healthcare providers (HCP) with deprescribing educational materials is proposed to facilitate discontinuing inappropriate medications. However, little is known about deprescribing conversations in primary care (PC). The goal of this case study is to examine such a conversation in terms of thematic content, interactive and argumentative strategies as well as clinical deprescribing algorithm phases followed.

Methods: Design: Imbedded case study within a descriptive comparative study. Participants: Initially, 13 HCP from three PC practices (Canada) and 24 patients aged ≥ 65 who were chronic users of potentially inappropriate prescriptions were enrolled. Procedures: All encounters were audiotaped. Analyses: After quantitative analyses of all 24 encounters, one in which the HCP initiated a conversation aimed at deprescribing an benzodiazepine, was selected on the basis of following factors: type of medication, history and reason of use, length of deprescribing discussion. Coding strategies: Thematic (MEDICODE), speech acts (RIAS), arguments (Bellenger), and phases of deprescribing algorithm (Farrell).

Results: The total duration of the encounter was 26:40 (min:sec) and 4:30 (17%) was dedicated to deprescribing talk, composed of 31 successive patient and HCP statements. A map was created to schematize the unfolding of the conversation in terms of the different coding strategies applied to each statement. The map illustrates strategies used by both interlocutors to propose and resist deprescribing the benzodiazepine. We observe that the HCP progressed from an assertive position towards a call for collaboration with the patient.

Conclusion: Although the time dedicated to the deprescribing conversation was short, our approach illustrated its complexity and its underlying dynamics. The combination of multiple coding systems has shed light on the diversity of interactive and argumentative strategies used by the HCP to manage the patient's resistance to stop the benzodiazepine. HCP may need to tailor deprescribing conversations according to different patients and situations.

07.3

Can a pre-consultation form impact patient participation during emergency room consultations?

Lead Presenter:

Marie-Thérèse Lussier, Université de Montréal, Canada

Authors:

Mélanie Sustersic, Grenoble Mutualist Hospital Group, France

Marie-Eve Lavoie, Centre intégré de santé et des services sociaux de Laval, Canada

Paul-André Lachance, Université de Montréal, Canada

Claude Richard, Centre de santé et des services sociaux de Laval, Canada

Andrea Pejovik, Université de Montréal, Canada

Denis Roberge, Entre les Lignes Inc., Canada

Rafaëlle Dery-Bouthillier, Université de Montréal, Canada

Marie-Thérèse Lussier, Université de Montréal, Canada

Introduction/objectives: Few studies have looked at physician-patient communication in the emergency room (ER). Based on the Discutons Santé website designed to help patients prepare their medical visits, an ER pre-consultation form (PCF) was created and pre-tested. The primary objective of this study was to evaluate the feasibility of implementing the PCF and questionnaires measuring its impact on perceived quality of ER communication, satisfaction and adherence. A secondary objective explored the impact of the PCF on ER physician-patient communication. This presentation focuses on the communication analyses.

Methods: Feasibility pre-post study. Setting: One hospital ER, Quebec (Canada). Participants: Ambulatory adult patients visiting the ER. Intervention: Patients complete PCF before their encounter with ER physician. Study procedures: Two groups: Usual care (G1), PCF (G2). Encounters were audio-recorded. Analysis: ER physician-patient communication coded using MEDICODE, a validated instrument to analyse medical encounters. Descriptive analyses were performed.

Results: Eighteen ER physicians and, of the 111 patients approached, 64 (58%) agreed to participate, and 31 completed all procedures (G1: n=16, G2: n=15). Compared to G1, G2 patients' mean age (years±SD) was higher (G1: 41±12; G2: 51±13). The mean duration (min:sec) of encounters was slightly higher for G2 (G1:9:08; G2:10:02) as was the mean number of themes discussed (G1: 8.0, G2: 8.9). The proportion of theme discussions initiated by patients was higher in G2 (G1: 35%; G2: 40%) as was the proportion of discussions in the form of a dialogue (G1: 56%; G2: 58%).

Discussion/implications: Filling a PCF, completing post encounter questionnaires and audio-recording of ER encounters is feasible. The communication patterns described may suggest a possible effect of the PCF on increased patient participation in ER encounters. However, patient age and encounter duration are two factors that will need to be taken into account in the large scale study that we are planning to conduct.

07.4

Validation of a short patient-reported instrument measuring social support provided by nurses

Lead Presenter:

Johanna Lubasch, Carl von Ossietzky University Oldenburg, Germany

Authors:

Johanna Lubasch, Carl von Ossietzky University Oldenburg, Germany

Susan Lee, University of Cologne, Germany

Holger Pfaff, University of Cologne, Germany

Lena Ansmann, Carl von Ossietzky University Oldenburg, Germany

Background: Patients regard their providers as important sources for social support along their patient journey. Studies on the importance of social support by providers and its prerequisites almost exclusively focus on physicians and neglect the role of nurses. Therefore, a short instrument measuring social support by nurses has been developed. The aim of this study was to validate this 3-item scale ("Social Support Perceived by Patients - Nurses" = SuPP-N) in the context of breast cancer care in Germany.

Method: 4155 breast cancer patients treated in 83 hospitals in the state of North Rhine-Westphalia took part in an annual patient survey (response rate 74%). A Confirmatory factor analysis (CFA) was conducted to prove content validity. Bivariate analyzes were conducted to prove convergent validity with related constructs (trust in nurses; trust in the treatment team). A structural equation model was set up to prove criterion validity concerning associations with predictor variables detected in previous literature (accessibility of nurses; process organization in the hospital; quality assessment of the hospital).

Findings: The CFA revealed a one-dimensional structure of the scale. Internal reliability was rated very good with 0.907. Convergent validity was confirmed by significant correlations to the related constructs.

The structural equation model (RMSEA = 0.047, CFI = 0.958 and TFI = 0.949) showed significant associations between social support and all predictor variables. Thus criterion validity was confirmed.

Discussion: The show that the SuPP-N is a valid instrument measuring social support provided by nurses as perceived by breast cancer patients. Thus it can be used in future studies to investigate determinants of social support by nurses. The short instrument can easily be incorporated in patient surveys. Using the SuPP-N can help to examine mechanisms of social support by nurses which in turn enables to derive measures fostering social support by nurses in healthcare.

Oral Session 08 - Implementing communication skills training into clinical practice

08.1

Con-tAct: introducing communication partner training to speech language therapy students

Lead Presenter:

Alissa Nikkels, Rotterdam University of Applied Sciences, Netherlands

Authors:

Alissa Nikkels, Rotterdam University of Applied Sciences, Netherlands

Philine Berns, Rotterdam University of Applied Sciences, Netherlands

Karin Neijenhuis, Rotterdam University of Applied Sciences, Netherlands

Background: A Dutch Communication Partner Training (CPT), named Training Con-tAct, is developed for Speech Language Therapists (SLTs) to train their colleagues in healthcare institutions to communicate successfully with people with aphasia (PWA). In a first study on the effects of Training Con-tAct it was shown that healthcare professionals were able to communicate more successfully after the training. The professionals used more supporting and checking strategies while communicating with PWA, they considered themselves as having more knowledge about aphasia, and they thought they could handle communication problems with PWA better.

SLT students can also lack confidence and experience and feel anxious when communicating with PWA. So, besides professionals, also students' communication skills may benefit from CPT.

Methods: We used a mixed methods design with pre and post measures. Nine SLT students (2nd yr) participated voluntarily. They attended to Training Con-tAct, where also PWA were involved as 'trainers'. Data were gathered by SLT students (3rd yr), using three different methods. The experiences regarding communication with PWA are investigated both qualitatively (focus group interview post training) and quantitatively (questionnaire pre and post training). Quantitative video analysis with 'Meting Con-tAct' was used to measure the effect of Training Con-tAct on the communication skills during conversations with PWA.

Findings: The data analysis of the study is in progress at the time of this abstract. It was concluded that training of students is feasible on a small scale. Preliminary data show that most students had positive experiences and were more self-confident after Training Con-tAct.

Discussion: Training Con-tAct can contribute to the (educational) programs of all healthcare students, regarding communication skills. Communication partner training, like Training Con-tAct, provides guidance for successful communication with communication vulnerable people. Eventually this kind of training will lead to more interprofessional collaboration and improved access to better health care, especially for communication vulnerable people.

08.2

Train the trainer-certificate-programme for improving healthcare communication in Austria

Lead Presenter:

Marlene Sator, Gesundheit Österreich GmbH, Austria

Authors:

Marlene Sator, Gesundheit Österreich GmbH, Austria

Marina Edler, Institut für Gesundheitsförderung und Prävention GmbH (IfGP), Austria

Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States

Background: In Austria a train the trainer-certificate-programme (TTT) has been developed, implemented and evaluated as part of a national strategy for improving healthcare communication. The aims of the programme were (1) to qualify participants for developing and implementing communication skills trainings for health professionals (CST) according to evidence-based standards, (2) to further qualify advanced participants for delivering future TTTs as teaching trainers themselves (TTTT), and (3) to build national networks of trainers and simulated patients.

Methods: On the basis of a needs assessment, broad curricular goals, specific measurable objectives and educational strategies were defined in close cooperation with tEACH, the teaching committee of EACH. The programme included five in-class courses run by tEACH, a practical facilitators' manual, participants' practice projects, peer feedback and mentoring, and regular trainer network meetings. Simulated patients were recruited and trained. The programme was evaluated using retrospective pre-post self-assessment of teaching and communication skills and satisfaction with training among TTT-participants and their learners in the CST delivered as practice projects. In a questionnaire survey and a group discussion with TTT-participants at the end of the programme, the usefulness of its different elements was evaluated. A sub-group of advanced participants are currently being trained for delivering TTTs as teaching trainers themselves (TTTT).

Findings: 19 participants have graduated from the TTT-pilot. Participants' satisfaction has been predominantly rated very positively both for TTT and CST. Post-training, participants' self-efficacy ratings for specific teaching skills (TTT) and healthcare professionals' self-efficacy ratings for specific communication skills (CST) have improved. Some suggestions for programme improvement were identified.

Discussion: This programme is an important step to sustainably improving CST in Austria. To guarantee high quality and consistency, a set of standards for certification have been developed for TTT and CST. These standards and lessons learned can contribute to others interested in implementing large-scale CST-programmes.

08.3

Cocreation for successful implementation of integrated, contextualised communication skills training

Lead Presenter:

Evelyn van Weel-Baumgarten, EACH, Netherlands

Authors:

Evelyn van Weel-Baumgarten, EACH, Netherlands

Christopher Dowrick, WONCA Working Party for Mental Health, United Kingdom

Ryuki Kassai, Fukushima Medical University, Japan

Background: Adequate communication between professionals and patients has a positive impact on health-outcomes and can be trained effectively. Many medical and other healthcare professions curricula therefore include communication-skills training. However transfer from training to clinical practice is often difficult because teaching in and beyond undergraduate often does not resemble the local context of clinical practice and lacks a balance between training of knowledge and communication skills.

Methods: EACH: International Association for Communication in Healthcare and the WONCA Working Party for Mental Health co-created a training-programme for Japanese GPs. It included assessment and

management of depression with a balance between mental-health and communication-skills content and a train-the-trainer component to implement the programme in the context of Japanese General Practice.

The training contained a variety of didactic, experiential methods and discussions on how to make it work in a Japanese context. The Japanese GPs practiced skills and teaching methods to train each other and received feedback on their performance.

Findings: A pre-post test showed improvement of depression and communication-skills knowledge. The GPs prepared a workshop on assessment of depression for professionals in Japan, delivered it and were supervised on content and methods by the WONCA-EACH trainer team. They continued receiving Skype supervision after the training to help with transfer to clinical practice and with improving teaching skills, and have continued to deliver more training since.

Discussion: This method of co-creation of integrated training with attention for the clinical subject, communication skills and the cultural context contributed to transfer of knowledge and skills and could be a model that can be copied for other clinical subjects and in other clinical contexts in the future. For effective training we recommend to develop such training programmes in collaboration between professional organisations and organisations with a focus on clinical communication such as WONCA and EACH.

08.4

Individualized coaching in hospital wide provider communication training

Lead Presenter & Author:

Kipton Pedersen, University of Iowa Hospitals and Clinics, United States

While communication is central to effective patient care, most currently practicing health professionals (providers) have not received recent communication skills training (CST). Increasingly hospitals and other health systems have implemented CST programs. Most often these programs are single workshops which may be limited in creating meaningful and sustained change in communication behaviors in practice. Coaching in the form of observation and feedback can be useful for reinforcing any clinical skill. As part of our provider communication program we incorporated coaching to reinforce skills learned in the CST workshops.

Method: Starting in 2018, interactive 5-7 hour CST workshops were offered to physicians and other providers at a large Midwestern US hospital. After initial pilot training, we incorporated coaching of participants at 30 & 60 days post workshop. Providers were observed in their clinical setting for two hours and given verbal and written feedback on effective communication behaviors and areas for improvement. We measured the impact of coaching on communication skills through post-coaching patient satisfaction scores and program evaluation surveys.

Results: As of February 2020, over 300 providers have completed the program. While patient satisfaction measures (HCAHPs) showed an increase following the pilot program without coaching, there was a substantial increase and sustainment in scores with the addition of coaching. We have increased our HCAHP communication scores from 73.9 Top Box in FY17, to 80.1 in FY20. Our HCAHP scores in 2019 were the highest our hospital has been in 13 years and we continue to see increases. Lastly, over 96% of our providers report that coaching helped them feel more confident with the new the skills and behaviors.

Discussion: Our data shows that coaching can have a significant impact on reinforcement of skills learned in class room sessions.

08.5

Nurse assistants' perceptions of developing person-centred communication

Lead Presenter:

Tanja Gustafsson, University of Borås, Sweden

Authors:

Tanja Gustafsson, University of Borås, Sweden
Elisabeth Lindberg, University of Borås, Sweden
Pernilla Karlsson, University of Borås, Sweden
Annelie J Sundler, University of Borås, Sweden
Hanna Maurin Söderholm, University of Borås, Sweden

Presenter is a PhD student in the third year working with the second study presented here.

Background: Communication is important for nurse assistants (NAs) when caring for older persons. There is limited research about how to improve the communication competence of NAs in home care. The aim was to describe NAs perception on learning in relation to an educational intervention on person-centred communication.

Methods: A qualitative descriptive study was conducted. Data consisted of four group interviews, five individual in-depth interviews and written reflection assignments from participants gathered during the web-based intervention. In total 23 NAs at two home care units participated. The data were analysed using a phenomenographic approach. This is a qualitative method for analysis developed from Nordic traditions of phenomenology. Phenomenography aims to describe individual perceptions of a certain phenomenon.

Preliminary findings points to the nurse assistants perceiving that the education supported their development of person-centred communication. They pointed out self-reflections as important for their learning as well as to get confirmation on what was already known. The NAs described that the intervention added to their knowledge and skills. Even though, there was more to learn and challenges that remained regarding communication in challenging situations such as caring for persons in end-of-life and supporting their relatives, caring for persons being aggressive or violent.

Preliminary implications of research: This study can provide knowledge on participants' perspective on their learning process, which may be important to consider when conducting educational interventions in home care as well as other health care contexts.

Request for feedback:

- Strengths and limitations with qualitative methods when evaluating interventions?
- Strengths and limitations with using different types of data (interviews, written reflection assignments) in qualitative studies?

Roundtable

R5

Exploring implicit bias and cross-cultural communication skills teaching in Health Professions Education

Lead Presenters:

Gozie Offiah, Royal College of Surgeons in Ireland, Ireland
Michael Kaffman, Bruce and Ruth Rappaport Faculty of Medicine the Technion Haifa, Israel
Pierluigi Politi, University of Pavia, Italy
Gunnar Marden, Linköping University, Sweden

Authors:

Gozie Offiah, Royal College of Surgeons in Ireland, Ireland
Michael Kaffman, Bruce and Ruth Rappaport Faculty of Medicine the Technion Haifa, Israel
Cadja Bachmann, University of Rostock, Germany
Pierluigi Politi, University of Pavia, Italy
Gunnar Marden, Linköping University, Sweden

Background: Demographic trends indicate increasing population diversification in many countries. Healthcare professionals should learn to communicate effectively and to demonstrate sensitivity to an increasingly diverse patient population. Implicit bias is a recognised contributor to disparate care. Several studies have shown that implicit bias and lack of cultural awareness and competence may lead to communication problems and mistrust between health professionals and patients. It may also lead to inaccurate or compromised clinical decisions, and biased behaviours that will adversely influence the health of minority, underserved, and stigmatised populations. It is thus essential that implicit bias and cross cultural communication becomes part of health professionals curricula. This round table discussion aims to provide a forum to explore how educators teach this topic within their curricula, to identify opportunities and challenges and to exchange ideas how this important topic could be integrated into health care curricula. It also aims to engage in discussion with researchers on this topic. This round table discussion will include current and potential curricular needs and approaches to implicit bias and diversity teaching within our curricula.

Expected outcomes: We aim to provide a platform for educators to discuss potential solutions. We shall try to learn from each other's experiences and specific challenges with the aim to have at the end of the session several ideas and plans on how to foster implementation of cross-cultural communication, diversity and implicit biases into the curricula and methods needed to implement curricular and syllabi changes.

This is aimed to effectively discuss implicit bias and cultural competence in order to deal better with diversity in health professions continuous education.

This session is led by members of the cross cultural and diversity sub-group of tEACH and should be of interest to health professional educators and researchers as well as health professional learners.

Symposium

S7

Highlighting Communication Theory and Methods: Partnering opportunities and perspectives between the International Communication Association (ICA) and EACH

Lead Presenters and Authors:

Evelyn Ho, University of San Francisco, United States

Ashley Duggan, Boston College, United States

Matthew Matsaganis, Rutgers University, United States

Julia van Weert, University of Amsterdam, Amsterdam School of Communication Research/ASCoR, Netherlands

Sara Rubinelli, University of Lucerne, Switzerland

Arwen Pieterse, Leiden University Medical Center, Netherlands

Nadine Bol, Tilburg University, Netherlands

Carma Bylund, College of Medicine at University of Florida, United States

This symposium is designed to explore opportunities for potential sharing and partnering between the International Communication Association's (ICA) Health Communication Division and EACH: International Association for Communication in Healthcare. Our goal is to invite EACH and ICA members to discuss opportunities to build collaborative research, teaching, and advocacy. We are using this symposium and other activities to build formal structures and processes for sharing between the organizations and among scholars and clinicians.

EACH has chosen to become an affiliate organization to ICA to leverage both the commonalities and unique perspectives and expertise members in each of these organizations can contribute to furthering best practices in communication in healthcare. In this symposium, we begin by describing some fundamental assumptions, strengths, and limitations of communication theory and methods as understood by members from the Health Communication Division of ICA. From a practical perspective, ICA members are

Communication scholars and students who most often work in departments of Communication or Media, within Colleges of Arts, Humanities, and Social Sciences. While many ICA members do applied work through partnerships or joint appointments with health professional organizations and educational programs, there is interest in expanding work with other scholars in communication in healthcare related to research, education and practice. ICA-based individuals are trained in a wide range of both quantitative and qualitative theories and methods. Often the expertise area of an ICA-based individual is the ability to apply a theoretical foundation that helps measure and explain what occurs in healthcare interactions. This dialogue between ICA and EACH can help broaden our understanding and application of the intersection between theory, measurement and practice in the study of communication in healthcare.

The symposium will include a set of short presentations of:

- ICA’s mission, organizational structure, membership, and experience working with other organizations
- Perspectives represented among its members regarding the definition of health communication
- The range of theoretical and methodological approaches employed
- Examples of current pairings and dialogues between ICA and EACH members to show how different approaches give insight into important health communication topics:
 - o Shared Decision-Making
 - o Communication Skills Training
 - o Disinformation and COVID-19
 - o Methods and Data Sharing

A moderated conversation will follow the presentation(s) and participants will be invited to ask questions, share their relevant experiences as researchers, educators and/or clinicians, but also as members of professional associations (ICA, EACH, and others). This discussion will identify opportunities to pursue research that will tackle unaddressed questions or new approaches in addressing questions, but also the means through which ICA and EACH can together facilitate such work while strengthening ties between their members. We will also explore ways to further promote networking among session attendees and beyond.