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Orals: O.1 Advances in communication skills teaching

O.1.3 Development of a new evidence-based communication curriculum at a Danish medical school

**Presenter(s):**
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**Authors:**
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**Background:** Research evidence unequivocally shows that poor communication competencies among health professionals lead to diagnostic errors and an increase in malpractice complaints. Therefore, communication training initiatives, and the ability to measure their effects, has been called for in hospital- and medical educational settings. We are presenting the strategies of a joined working group further developing and optimizing the communication curriculum at the medical school of the University of Southern Denmark.

**Methods:** The working group, consisting of researchers and clinicians with expertise in patient communication, reviewed the existing communication curriculum focusing on how to increase teaching elements centering on relationship-building, patient-centred communication, digital communication skills and student vulnerabilities.

**Results:** A design for an optimized curriculum was developed, targeting both bachelor- and graduate students. Initiating the communication training, first semester students participate in a communication workshop where communication is emphasized as foundational for medical practice through reflective exercises and training. Communication modules in bachelor- and graduate courses, using patient actors, is supplemented with blended learning practices. A second workshop is positioned at the graduate level, focusing on students’ mental well-being, vulnerabilities and self-compassion following clinical rotations. The final draft of the curriculum as well as a discussion will be available for presentation at the conference in September 2022.

O.1.4 Can We Agree on Standards? International Voices in Simulated Patient Education

**Presenter(s):**
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Cathy Smith, Independent Consultant, Canada
Henrike Hölzer, Independent Consultant, Germany
Benjamin Blatt, George Washington University, United States
Beate G. Brem, University of Bern, Switzerland

**Background:** Simulated (or standardized) patients (SPs) play a crucial role in the teaching and assessment of communication skills in healthcare. As this methodology has evolved, the SP educator has emerged as its own profession. In 2017, an international team from the Association of SP Educators (ASPE) published Standards of Best Practice (SOBPs) to guide practitioners. Investigators sought to assess the applicability of
the SOBs to the diverse contexts in which SP educators work around the world. In this study, investigators addressed two questions: 1. Are SOBs relevant to SP educators around the world?; and 2. How can the SOBs be enhanced or altered in future iterations?

Methods: Investigators used 60-minute, semi-structured interviews with 12 respondents from 11 countries. Researchers used purposive sampling. Respondents were intentionally recruited from 6 continents. Respondents included individuals who are active SP educators, but who are not ASPE members. All interviews were recorded and transcribed. The data were analyzed using NVivo and investigators used thematic analysis.

Findings: While respondents provided many insights into the SOBs and SP methodology, preliminary analysis has revealed three main themes. First, respondents described the role of the SOBs in affirming current practices and guiding the development of future practices, including domains of safety in simulation and quality control. Second, respondents described how the SOBs enable professional development through empowering evidence-based practice and promoting scholarship. Third, respondents offered recommendations for adaptation of the SOBs to online simulation in the context of the Covid-19 pandemic.

Discussion: Successful simulation requires the utilization of practices most likely to lead to optimal learner outcomes. This study indicates that SP educators around the world view ASPE’s SOBs as a powerful tool providing both guidance and flexibility. Results: suggest that the SOBs serve as a valuable guide for working with SPs in diverse cultural contexts.

O.1.5 Similarities between clinically matched and unmatched analogue patient raters: a mixed methods study

Presenter(s):
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Andrew Houriet, National Board of Medical Examiners, United States
Thea Musselman, National Board of Medical Examiners, United States
Ruth Hoppe, Michigan State University, United States

Background: Analogue patients (AP) are recognized as valuable in evaluating physician-patient communication. Most studies using APs have had minimal inclusion criteria, such that they have not been selected to necessarily match the clinical characteristics of the patient in the situation they are evaluating. This study sought to examine whether clinically matched and unmatched APs provided similar ratings and identify similar behaviors as important.

Method: Twenty-six physicians provided audio responses to two patient communication vignettes. One vignette depicted a patient with a cancer diagnosis and the other with an overweight diagnosis. Twenty clinically matched and 103 unmatched APs were recruited to rate responses and provide feedback in response to an open-ended question on how they would have wanted the physician to respond. Mean ratings were computed for each physician response for both matched and unmatched APs and Pearson correlations were used to determine their relationship. Matched AP open-ended responses were analyzed using thematic analysis. A naïve analyst coded unmatched AP responses using themes gathered from matched AP responses to examine similarities in desired physician behavior.
Findings: Clinically matched and unmatched AP ratings of physician communication skills were significantly correlated for both vignettes, \( r(24) = 0.88, p < .0001 \) and \( r(24) = 0.83, p < .0001 \). Twenty-one themes were developed from matched AP responses. Examples of themes are “provide realistic hope” for the cancer vignette and “explore the patient’s life situation that may contribute to or trigger weight gain” for the overweight vignette. All codable unmatched AP responses fit at least 1 theme derived from matched APs. No themes emerged from unmatched AP responses that couldn’t be coded with, or were contradictory of, clinically matched themes.

Discussion: When clinically matched AP are difficult to attain, clinically unmatched APs may serve as adequate surrogates to rate physician communication skills and provide feedback.

O.1.6 (WIP) “StopScopeCreep”, Using Interprofessional Education to Tackle the Territorialism Conflict

Presenter(s):
Judson Mead, Idaho State University, United States
Jared Papa, Idaho State University, United States

Background: In 2020, the American Medical Association initiated an information campaign entitled “StopScopeCreep”. The program was a response to broadening scopes of practice of health care professionals during the COVID-19 pandemic. Territorialism between health professions has been ongoing for decades yet rarely addressed in the education of health professionals.

Together with the Idaho College of Osteopathic Medicine, the physician assistant program at Idaho State University designed an Interprofessional Education (IPE) activity to help students learn how to navigate the conflicts of territorialism among health professions. The IPE activity involved a mixed group of health care students: DO, PA, pharmacy, and speech pathology.

This presentation will share and assess the concept of using IPE for teaching students about territorialism while creating a model to foster productive dialogues between students in medicine.

Methods: Students were presented reading material and a lecture on the topic, followed by a small group discussion. Students scored their awareness of the topic prior to and after the IPE. They were also asked to describe how the presentation and IPE changed their perspective on the topic.

Findings: Results from the 2021 IPE showed that 54% of students said their awareness of the topic improved, 40% did not improve, and 4% worsened. Overall the feedback was very positive. Many students felt the activity was engaging, educational and effective at establishing positive communication between student groups. Findings: from an IPE in 2022 will be included during the oral presentation.

Discussion: Results showed that providing controversial and relevant subjects can engage students in discussion, educate them on complicated issues in healthcare and provide an avenue to educate fellow future colleagues on their roles in medicine. The IPE designed on scope of practice provides an effective model for other educators to conduct similar educational activities on controversial topics.

Orals: O.2 Intercultural health and language barriers

O.2.1 Doctor-patient communication: An intercultural research agenda

Presenter(s):
Mariana Lazzaro-Salazar, Universidad Catolica Del Maule, Chile

Authors:
Communication in the doctor-patient relationship is vital to today's globalized world where health professionals and patients constitute a very diverse socio-demographic and socio-cultural composition, and, thus, have different expectations and assumptions of how such communication should develop. In this light, the aim of this paper was to conduct a systematic and critical review of studies that examine intercultural communication in the doctor-patient relationship, with the purpose of synthesizing its findings, assessing its limitations and proposing future lines of research that move this field of studies forward. To that end, a set of advanced searches was performed in the Web of Science, Scopus, PubMed, and Scielo. The use of the PRISMA methodology in the systematic review allowed the identification of 27 articles that 1) had the main purpose of investigating communication in the intercultural interaction between doctors and patients, 2) involved graduate doctors who were active medical professionals, and 3) collected empirical data regarding the role of intercultural communication in the doctor-patient relationship. We analyzed the articles’ aims, variables, methodology, context of study, main findings, and publishing journals and their impact factors to draw conclusions from studies in international contexts, with a particular focus on studies conducted in Latin America. In general terms, our analysis showed that in most of the articles reviewed, interculturality is insufficiently theorized, variables or categories are not specified and communication is examined very superficially. Furthermore, interculturality is approached almost exclusively in terms of the national origin of the participants. Although a very balanced distribution between quantitative studies and qualitative studies is observed, only a few studies draw on natural data collected from video-recordings of medical consultations. To conclude, the paper offers an intercultural communication research agenda that includes recommendations on research topics and variables, theoretical perspectives and methodological contributions to conduct future investigations on the matter.

O.2.2 Appropriateness of the Typology of Healthcare Interpreter Positionings for Family Medicine

Presenter(s):
Yvan Leanza, Université Laval, Canada

Authors:
François René de Cotret, Université Laval, Canada

Background: Interpreters facilitate cross-cultural communication. The effectiveness of the process depends, among other things, on the ability of the interpreter and the clinician to collaborate, which the Typology of Healthcare Interpreter Positionings is intended to facilitate. The Typology was developed based on the experience of mental health providers. It includes 17 positionings, organized into four types.

Purpose: The primary purpose of this study was to assess the applicability potential of the Typology in family medicine settings. It also included two secondary purpose. The first was to assess the effect that lesser (physician in training) and greater (physician) clinical experience may have on the potential for use. The second was to verify the complementarity of the Typology with the concept of the role of the interpreters.

Method: A deductive thematic analysis and co-occurrence analyses were conducted following 15 focus groups about working with interpreters with 89 experienced (n=47) and trainee family physicians (n=42). Findings: The applicability potential for family physicians is confirmed. The majority of participants' responses referred to one or the other of the four types of positioning. The vast majority of positionings (13/17) were addressed. Junior clinicians addressed slightly fewer positionings. The concept of role was found to be complementary but could not be integrated into the Typology on the basis of the results obtained.
Discussion: The participants' expectations of the interpreter were similar to those of the participants in the original study: the discourses of both groups of participants contained the conceptual underpinnings of the Typology. The participants were also not looking for the interpreter to be removed from the interaction, but rather to be positioned in a way that consolidate communication. This finding also applies to junior clinicians. The results suggest that this tool has as much potential for use in family medicine as in mental health.

O.2.3 The communitive needs of asylum seekers during vaccination and TB screening processes

Presenter(s):
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Koen Kerremans, Vrije Universiteit Brussel (VUB), Belgium

Authors:
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Aline Guaus, Ghent University, KU Leuven, Belgium
Katrijn Maryns, Ghent University, Belgium

Background: When asylum seekers arrive in Belgium they undergo a medical screening process at the Arrival Centre of Federal Agency for the Reception of Asylum Seekers. This is a challenge in a context where multilingualism, intercultural diversity, and time pressure are the rule rather than the exception. They sometimes receive a vaccine without being properly informed and have to undress (for the chest scan) without knowing what is going to happen. This is a violation of the Belgian Patient rights. This paper discusses the results and experiences of an action research on multilingual needs and practices during the medical screening.

Method: We propose a research-action project aiming at developing a protocol for the co-production of multilingual video animations for patient education, adapted to the social, and sociolinguistic specificities of the vaccination procedure and the chest scan during medical screening. Based on ethnographic observations and workshops in collaboration with (former) asylum seekers who have experienced the medical screening themselves and health care staff, we create multilingual content. It included includes role-playing, an intensive course in sociolinguistics and social psychology, and the production of spoken video animations containing information about medical screening.

Results: Language concordance has a calming effect. The "making of" the videos, showed us that here is a gap between the institutional medical world and the life world of the patients. Asylum seekers are often stressed during the admission process.

Conclusions: The project allowed us to study how applicants experience medical screening. It also allowed us to involve the (busy) staff of the center, who saw the creation of videos as relevant to their work. Although the partnership with Fedasil was rewarding, this project was not free of ethical dilemmas for the researchers regarding the amount of information to be provided to patients during the medical examination.

O.2.4 Ethnic minorities’ experience on patient communication: An English as a lingua franca perspective

Presenter(s):
Shawnea Sum Pok Ting, Goldsmiths, University of London, United Kingdom

Background: The presentation comes from a larger PhD project – a qualitative research exploring patient communication between ethnic minorities (EMs) of South and Southeast Asian backgrounds and local
healthcare providers (HCPs) in the public healthcare sector in Hong Kong using English as a lingua franca (ELF) – English as a common language among people of different first languages. The project aims to investigate how EMs perceive ELF patient communication, what factors affect their perception, and what actions could be taken to enhance this interaction.

Methods: To gain a multi-faceted understanding of the topic, semi-structured interviews with 31 EMs, 13 representatives from supporting groups assisting EMs, and 18 HCPs were conducted. The interviews were examined through reflexive thematic analysis with a narrative approach.

Findings: In this presentation, selected themes and sub-themes regarding EMs’ perception on ELF communication with nurses and care assistants will be presented. They are (i) ‘ELF patient communication is insensitive’, which captures the sub-themes ‘patient communication in ELF is unempathetic and uncaring’ and ‘HCPs are inadequate in ensuring and confirming understanding’; and (ii) ‘HCPs are unwilling to engage in ELF communication’, specifically the sub-theme ‘HCPs avoid conducting verbal exchanges in ELF’. These Findings: show that accurate information exchange and rapport building between EM patients and nurses and care assistant are impeded. At times, patients’ (emotional) needs are not fulfilled; at times, patient safety may be endangered.

Discussion: Patients’ expectations for the quality of care received, and their understanding of the institutional practices in public healthcare services, as well as inadequate training for multilingual, multicultural communication for nurses and care assistants are found to be attributing to the perceived unpleasant ELF patient communication. To enhance such interaction, education to help EMs understand and navigate the system, and training for HCPs to strengthen ELF-awareness and cultural sensitivity are needed.

**O.2.5 Validation testing to determine viability and application of a translation device in radiotherapy**

*Presenter(s):*
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*Authors:*
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David Kok, Peter MacCallum Cancer Centre, Australia
Daniel Sapkaroski, Peter MacCallum Cancer Centre, Australia
Nicola Treffry, Peter MacCallum Cancer Centre, Australia

*Background:* Quality communication is critical to the provision of optimal care in radiotherapy. Bi-directional language allows for informed consent, information provision, disclosure of treatment-related health concerns, and active treatment decision making. Globalisation has driven multicultural growth, placing greater demand on multilingual support services. Health systems commonly utilise professional interpreters to overcome language barriers, though issues of access are prevalent. Concurrent development of machine translation technology presents opportunity for an accessible and cost-effective supplement. This study aimed to develop and implement validation methodology to determine clinical suitability and output reliability for radiotherapy application. The study focused solely on English-Mandarin translation – the most common languages spoken in Australian society.

*Methods:* This study comprised four domains: 1) critical appraisal of available translator devices, 2) compilation of common phrases, 3) participant recruitment, and 4) device performance testing. Predetermined English phrases were spoken into the device, with the output Mandarin scored independently.
by two interpreters utilising a 5-point Likert scale. Analysis entailed descriptive and inferential statistics — employing Pearson’s chi-square test, single proportion hypothesis test and linear regression modelling.

Findings: A market scan yielded four potential translation devices for review — Travis Translator progressed to validation testing. 188 phrases were collated by the project team; categorized by conversation type and readability score. 1128 validation trials were conducted with six participants. An overall pass rate of 66% (n = 744) was observed — significantly greater than prior research. Uniformity of interpreter scores were evident in 63% of trials; a further 29% constituted a single point variation. Device accuracy improved with repeated use, though colloquialisms and lower readability scores attracted poorer outcomes.

Discussion: This study presents a novel validation methodology for the determination of accuracy and reliability of machine translation. Future research should consider clinical feasibility, training requirements, and expansion to other languages or health disciplines.

O.2.6 Communication and workflow barriers to family history collection among Spanish-speaking patients

Presenter(s):
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Authors:
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Peter Taber, University of Utah, United States
Alexis S Vega, University of Utah, United States

Background: Family history is an important tool in primary care for assessing disease risk and tailoring recommendations regarding screening, surveillance, and genetic services referral. Previous studies have identified time pressure, inadequate staff/provider training, and limited patient knowledge as common barriers to family history collection. However, prior research on barriers to collecting family history among patients who speak a language other than English is limited. This study explored factors affecting the collection of family history information, generally and for cancer, for Spanish-speaking primary care patients.

Methods: This qualitative study was conducted in two large U.S. healthcare systems in Utah and New York. We conducted 28 semi-structured interviews with medical assistants, physicians, and interpreters with experience collecting family history information for Spanish-speaking patients in these settings. Interview transcripts were coded using Dedoose qualitative software through an iterative process based on emergent Findings: and extensive discussion and consensus-building.

Findings: The most common patient-level barrier to family history collection was the perception that some Spanish-speaking patients had limited knowledge of family history due to physical distance from family, cultural taboos, and limited health literacy. Interpersonal communication barriers related to the complexities of communicating with Spanish-speaking patients due to regional dialect and cultural differences and decisions about using formal interpreters (in-person or virtual) vs. clinic staff with varying levels of Spanish fluency. Organizational barriers included time pressures that were exacerbated by issues related to requesting and using interpreters, and ad hoc workflow adaptations for Spanish-speaking patients that might leave gaps in family history collection.

Discussion: This study identified multi-level barriers to family history collection with Spanish-speaking patients in primary care. Findings: suggest that a key priority to enhance communication with Spanish-speaking patients would be to standardize processes for working with interpreters.
Orals: O.3 Electronic medical records and E-mail communication

O.3.1 Exploring general practice patient needs and expectations of online access to their medical records

Presenter(s):
Ciska Hoving, Maastricht University, Netherlands

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Esther Schutgens-Kok, Maastricht University, Netherlands
Jochen Cals, Maastricht University, Netherlands
Rik Crutzen, Maastricht University, Netherlands

Background: Patient online access to medical records is assumed to foster patient empowerment and advance patient-centered healthcare. Since July 2020, patients in the Netherlands are legally entitled to electronically access their medical record from their general practice. However, findings from pioneering countries show that despite high patient interest, actual user rates often remain low. How to best support implementation highly depends on patients’ needs and expectations, which are yet unknown in the Dutch context. Therefore, the aim of this study was to identify those needs and expectations regarding online access to medical record in general practice.

Method: Twenty participants completed semi-structured individual interviews via video or telephone call. Transcripts of interviews underwent template analysis combining deductive and inductive coding using Atlas.ti software.

Results: Patients’ needs and expectations ranged across three overlapping areas: 1) prerequisites for gaining online access, 2) using online access, and 3) the impact of access on interaction with healthcare providers. Patients expected benefits from online access such as better overview, personal empowerment, and improved communication with their general practitioner, but expressed concern about technological difficulties, complicated medical language, and data privacy.

Discussion: The benefits participants expected underline high patient interest in online access to medical records. The concerns and obstacles participants identified point towards the need for organisational changes in general practice (e.g., regarding documentation practices), and the key role of the provider and staff in promoting and facilitating online access. Implementation strategies addressing needs identified in this study can help to unlock the full potential of online access to achieve desired outcomes of patient involvement and satisfaction.

O.3.2 Knowledge gains and care optimization after online counseling about rare disorders

Presenter(s):
Torun Marie Vatne, Frambru resource centre for rare disorders, Norway

Background: Norwegian competence centers have offered counseling to municipal care providers working with children with rare genetic disorders for decades. The aim of the counseling is to increase knowledge about the rare disorders and ensure high quality care. With developments in genetic testing more children are diagnosed each year. Meeting an increased demand, counseling is now provided online. This study explores knowledge gains and care optimization among parents and health care providers experiences after participating in online counseling.

Methods: A mixed methods study with a pretest-post test design were conducted. Participants from 48 online counseling sessions, 42 parents and 155 health care providers, consented to participate.
Questionnaire data were gathered before and two months after counseling, measuring health literacy (HLQ, parents), parent empowerment (FES, parents) and occupational self-efficacy (OSS-SF, providers). Interviews about knowledge gains and changes in care were conducted with a sub sample of 21 parents and 75 care providers two months after counseling. The questionnaire data and interview data were analyzed with descriptive statistics and content analysis respectively.

Findings: Increased knowledge about the rare disorder after counseling were described by 89% providers and 70% parents. Positive change in the care provided following counseling were reported by 60% parents and 63% provider ins. Interview data revealed an experience of increased health literacy among parents, but a significant decrease in parent empowerment in family life were seen on FES from pre- to post counseling. No significant differences in parent HLQ scores or provider OSS-SF scores from pre- to post counseling were found.

Discussion: Online counseling about rare disorders may increase knowledge and inspire positive changes in care provided to children with rare disorders. However, counseling techniques could be further refined to increase the probability of new knowledge being turned into excellent care.

O.3.3 Access frequency, institutional empowerment and online health record use in later life

**Presenter(s):**
Dennis Rosenberg, University of Haifa, Israel

Online medical record use was found associating with better health outcomes. This notion is of special importance in later life when health tends to deteriorate. Numerous studies investigating the use of online health/medical records and patient portals overlooked the notion of familiarity with technology and institutional empowerment in this regard in older population. The goal of the study was to predict the uses of online medical records in later life by frequency of accessing the record and encouragement to access it by healthcare providers. Technology familiarity and (institutional) health empowerment approaches served as the study’s theoretical framework. The study used the data from the Health Information National Trends Survey (HINTS) 5 Cycle 4, which was analysed using logistic regression models. The sample included the U.S. older Internet users (aged 60 and older) who accessed their online medical records at least once during the year prior to survey (N = 632).

The results showed the interaction between the access frequency and the healthcare provider encouragement with respect to the use of record for viewing the lab tests results. Specifically, frequent users who were encouraged to access their records online by healthcare providers were about ten times more likely to view lab results using their records as compared to frequent users who were not encouraged. Access frequency directly and positively related to the likelihood of using the records for the other two purposes studied: securely messaging healthcare provider and downloading personal health information. Being encouraged by healthcare provider to use the record was also positively associated with downloading information. The results suggest that both studied factors play a significant role in increasing the likelihood of using online health records. The results imply that healthcare providers should be involved more in their older patients’ patterns of online medical records use.

O.3.4 Oralizations in Doctor-Patient E-mail Communication

**Presenter(s):**
Matilde Nisbeth Brøgger, Aarhus University, Denmark
Jane Ege Møller, Aarhus University, Denmark

**Authors:**
Maja Nordtug, Oslo Metropolitan University, Norway
Background: It is well-known that non-verbal cues are essential in oral doctor-patient communication. Recent digital and written forms of communication make it pivotal to explore the role of non-verbal cues in these mediations. One more recent genre is the doctor-patient e-mail consultation. Research has found that while patients like e-mail consultations, they also miss facial expressions, eye contact, etc. In this study, we explored whether general practitioners (GPs) use oralizations when writing e-mail consultations to their patients, and if so, in what way.

Methods: We analysed 633 e-mail consultations written by 22 GPs. We applied the concept of oralization. Oralizations refer to oralized written text, which is a hybrid discourse that oscillates between oral and written features and includes the use of emoticons and non-standard use of grammar and spatial arrangement.

Results: Overall, GPs used a limited number of other non-verbal cues, such as use of emoticons, creative use of punctuation, and capitalization. We found that their dominant types of oralizations were non-corrected spelling errors and lack of attention to capitalization.

Discussion: From our data, we argue that there is an incoherence as to whether the e-mail consultation demands a formal or an informal communication style. GPs are thus forced to rely on their own intuition when writing e-mail consultations.

**O.3.5 Physician communication about pain during end-of-shift handoffs**

*Presenter(s):*

Stephen Henry, University of California Davis, United States

*Authors:*

Sarah Spivack, University of California, United States

Vaidehi Ramanathan, University of California Davis, United States

Background: Physicians convey patient information and treatment guidance during end-of-shift handoffs. This study investigated when and how physicians give guidance for patients with severe pain.

Methods: We analyzed handoffs between attending physicians for patients at a university hospital where all handoff communication takes place via written notes in the electronic health record. Patient summaries, to-do lists, guidance to night physicians, and notes from night physicians were abstracted daily. Handoff communication was categorized into 1 of 4 mutually exclusive categories based on pain-related content: no pain mentioned, pain diagnosis only, prior pain management, and pain management guidance given to night physician. Two authors independently analyzed pain-related communication and discussed Findings: to identify themes. We also collected patient demographics and daily numeric pain scores from the electronic health record.

Findings: 1150 handoffs involving 165 unique patients were collected. Patients had severe pain (8-10 out of 10) in 20% of handoffs (n=228). Of these handoffs, pain was not mentioned in 65%, pain diagnosis in 20%, prior pain management in 4%, and pain management guidance in 11%. Most handoffs where pain management guidance was absent involved patients with a documented condition likely causing their acute pain (e.g., abdominal mass, septic joint). Most handoffs that included pain management guidance involved patients at elevated risk for opioid-related side effects (e.g., delirium, respiratory distress), patients with past or ongoing substance use (e.g., alcohol), or patients with sickle cell disease.

Discussion: In written handoffs for hospitalized patients with severe pain, physicians are more likely to give pain management guidance when the appropriateness of increasing pain treatment overnight is uncertain.
(due to elevated opioid-related risk or substance use); they are less likely to give guidance when patients have a presumed diagnosis for severe pain. Patients with substance use histories may be at increased risk of inadequate pain management overnight.

**O.3.6 Healthcare professionals' perceptions and attitudes to teleconsultation during the Covid-19 pandemic**

*Presenter(s):*
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Background: Teleconsultation has become one of the important, and sometimes the only possible form of communication between healthcare professionals and their patients in the era of COVID-19 pandemic. The aim of the study was therefore to understand the attitudes and perceptions of teleconsultation among various healthcare professionals during the COVID-19 pandemic.

Methods: The study was based on a specially designed questionnaire that was sent to healthcare professionals by e-mail and by personal contact. The questionnaire was sent in total to 1250 Polish healthcare professionals (physicians, nurses, midwives, paramedics, physiotherapists) and was finally completed by 780 of them, which allowed to achieve 62.4% response rate.

Findings: During the Covid-19 pandemic, teleconsultation and face-to-face contact were similarly frequently reported as preferred patient contact, 50.5% and 49.5%, respectively. More than half of healthcare professionals are ready to use teleconsultation in their work after a pandemic is over. The most positive attitude to teleconsultation was presented by doctors and nurses, the least among paramedics and physiotherapists. Doctors assessed the reliability and efficacy of teleconsultation significantly higher than all other healthcare professionals (6.49 and 6.79 on the Likert 1-10 scale, respectively). The undoubted advantages of teleconsultation included: reducing the possibility of getting infected with Covid-19, quick contact with a patient, the possibility of providing help to a larger number of patients at the same time. The most common weaknesses of teleconsultation were: the inability to perform a physical examination of the patient, unreliable transfer of information by patients, technical difficulties in communication.

Discussion: Most healthcare professionals appreciate the value of teleconsultation. However, they are aware of the limitations of teleconsultation, and their attitude varies depending on the tasks and specificity of individual medical professions. It seems that even after the pandemic is over, teleconsultations will find a permanent, rightful place in the healthcare system.

**Orals: O.4 Shared decision making (SDM)**

**O.4.1 SDM, patient-centered communication and patient satisfaction - a cross-sectional analysis**

*Presenter(s):*
Veerle Siebinga, Isala Hospital Zwolle, Netherlands

*Authors:*
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Background: The integration of shared decision making (SDM) and patient-centered communication (PCC) is needed to actively involve patients in decision making. This study examined the relationship between SDM, PCC and patient satisfaction.

Methods: In 82 videotaped hospital outpatient consultations by 41 medical specialists from 18 disciplines (both new and follow-up patients), we assessed the extent of SDM by the OPTIONS score and PCC by the Four Habits Coding Scheme (4HCS), and analyzed the occurrence of a high versus low degree (above or below median) of SDM and/or PCC, and its relation to patient satisfaction scores (Net Promoter Score, NPS).

Findings: Most of the included specialists were male (68%), between 40 and 50 years (44%), with a balanced representation of medical and surgical specialties. The enrolled patients were predominantly female (59%) and relatively old (35% in the 60+ age group). In comparison to earlier studies, we observed comparable 4HCS scores and relatively low OPTIONS scores. The correlation between the two was weak ($r = 0.29, p = 0.009$). In 38% of consultations, we observed a combination of high SDM and low PCC scores or vice versa. The combination of a high SDM and high PCC, which was observed in 23% of consultations, was associated with significantly higher patient satisfaction scores (NPS 9.6 versus 8.4-8.8, $p = 0.002$).

Discussion: Shared decision making and patient-centered communication are not synonymous and do not always co-exist. Patients seem to particularly value the combination of a high degree of both SDM and PCC. The observations of our study underline that SDM and PCC are not synonymous, and suggest that isolated training of physicians to apply SDM or PCC is likely to be insufficient to promote patient-centered care.

O.4.2 Where is Shared Decision Making in Relapsed/Refractory Multiple Myeloma? A Qualitative Study.

Presenter(s):
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Authors:
Veerle Foulon, KU Leuven, Belgium
Laure Sillis, KU Leuven, Belgium
Laura Int Panis, Sciensano, Belgium
Ann Van Hecke, Ghent University, Belgium
Amber Damiaens, KU Leuven,

Background: Over the past decade, treatment options for relapsed/refractory multiple myeloma (RRMM) have increased substantially. To find the best therapy for each individual patient, patient preferences should be considered. Therefore, shared decision making (SDM) for RRMM treatments is key. The aim of this study was to explore perceptions of patients, caregivers and healthcare professionals (HCPs) on SDM for RRMM treatment and investigate current SDM practices.

Methods: Exploratory qualitative study, including semi-structured interviews with 17 RRMM patients, 8 informal caregivers, and 19 HCPs (haematologists, nurses, onco-coaches, and hospital pharmacists). Participants were recruited in five Belgian hospitals between January and November 2020. An iterative inductive approach was used to analyze the findings.

Findings: The concept of SDM seemed to be unknown to most patients and caregivers. Some overestimated their expected role in SDM, thinking it entails making decisions on their own; others saw their role in SDM limited to agreeing or disagreeing upon a treatment proposal. Misconceptions on SDM were also present among HCPs. All HCPs recognized the importance of involving patients in the decision-making process but seem to struggle with the operationalisation of SDM. Some HCPs felt they might burden patients with the
task of involvement: they think it is too difficult for patients, and only consider to involve ‘strong’ patients. The interviews showed that most patients were not actively involved in the decision-making process. Mainly reactive and ad hoc behaviour occurs, driven by patients themselves. Decision making especially lacked the essential exploration of patients’ needs and preferences.

Discussion: Based on the results, SDM still seems uncommon in RRMM clinical practice. Education of patients and HCPs is needed to make them familiar with the concept of SDM, dispel any misconceptions and help them to look beyond perceived barriers. Moreover, tools to support implementation of SDM practices could be helpful.

O.4.3 Patient readiness for shared decision making: A scoping review of qualitative literature

Presenter(s):
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Marleen Kunneman, Leiden University Medical Center, Netherlands
Rebekah Laidsaar-Powell, University of Sydney, Australia
Hanne Lie, University of Oslo, Norway
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Saida Moaddine, Medical Decision Making, Dept. of Biomedical Data Sciences, Netherlands
Anne Stiggelbout, Leiden University Medical Center, Netherlands
Arwen Pieterse, Leiden University Medical Center, Netherlands

Background: Patients may not always be ready (i.e., well-equipped and enabled) to participate in shared decision making (SDM). The aim of this scoping review was to assess the qualitative evidence base for patient-related characteristics thought to influence patient readiness for SDM about treatment.

Methods: We searched for literature in six databases from inception until September 2021. Two researchers independently performed title/abstract and full-text screening. We included qualitative studies that focused on associations between patient-related characteristics and SDM about treatment in adults. We coded the results sections of the included articles and analyzed the results inductively and in consensus.

Findings: The search yielded 5818 hits, of which 62 articles were included. We identified 126 codes, which we categorized into four overarching themes.

1. Decision-related characteristics. Beneficial characteristics included: being able to defer or revise the decision, facing a non-urgent decision. Disadvantageous characteristics included: having a condition that requires a fast decision, uncertainty about the diagnosis or treatment, unreliable or conflicting information.

2. Person-related characteristics. Beneficial characteristics included: an open attitude towards SDM and the various options, being assertive, having confidence in communicating, feeling informed, wanting to participate, experiencing self-efficacy, and being aware of one’s own interests and values. Disadvantageous characteristics included: feeling too anxious or overwhelmed, experiencing a limited sense of control.

3. Healthcare services-related characteristics. Beneficial characteristics included: being able to choose the clinician, continuity of healthcare provider, sufficient time during encounters.

4. Relationship-related characteristics. Beneficial characteristics included: having a good relationship with the clinician, trusting the clinician, not feeling judged, receiving support from family/friends. Disadvantageous characteristics included: trusting the clinician to make the right decision, experiencing pressure from family/friends.
Discussion: Many studies have reported a variety of patient-related characteristics that may influence how ready a patient is to participate in SDM.

O.4.4 Equipping oncologists for shared decision-making about palliative cancer treatment

Presenter(s):
Danique Bos, Amsterdam UMC, Netherlands

Authors:
Hanneke van Laarhoven, Amsterdam UMC, Netherlands
Rania Ali, Amsterdam UMC, Netherlands
Dorien Tange, Dutch Federation of Cancer Patient Organizations, Netherlands
Ellen Smets, Amsterdam UMC, Netherlands
Inge Henselmans, Netherlands

Background: To promote shared decision-making (SDM) in palliative cancer care, we aimed to develop and evaluate an online blended learning for oncologists on SDM about palliative cancer treatment. In addition, the outcomes of the blended learning format were compared with those of a previously evaluated more intensive face-to-face format.

Methods: The online blended learning was evaluated in a one-group pre-posttest design. Participating oncologists (n=17) engaged in an e-learning (1 hour) and online training session (3.5 hours). Simulated consultations and surveys were conducted before (T0) and after (T2) the blended learning; an additional survey was filled in after the e-learning (T1). SDM observed in the recorded consultations constituted the primary outcome, which was assessed by two raters using the OPTION12 and 4SDM. Secondary outcomes were the observed stages of SDM, conversation duration and decision made as well as oncologists’ knowledge, clinical behavioural intention, satisfaction with the communication in the conversation and evaluation of the training. Data were analysed by Linear Mixed Models.

Findings: The blended learning had a significant positive effect on the degree of observed SDM as assessed with the OPTION12 and the 4SDM (Cohen’s d: 1.01 and 1.10, respectively). The individual steps of SDM, knowledge and satisfaction with the conversation increased significantly after training. Beliefs about capabilities (one factor of clinical behavioural intention) improved significantly; intention, social influence, moral norm and beliefs about consequences did not. The training was evaluated satisfactory by oncologists (average grade of 7.9/10) and the online modality was considered equal to a face-to-face modality in quality, usefulness and enjoyment. When compared with the face-to-face training evaluation data, the blended learning seemed less effective (Cohen’s d: 0.37 (OPTION12) and 0.56 (4SDM)).

Discussion: The results show that the blended learning can improve SDM by oncologists. Robust research designs are needed to strengthen the evidence on effective formats.

O.4.5 Communication during ward rounds – chances and challenges for patient-centered care

Presenter(s):
Sebastian Gross, Universitätsspital Basel, Switzerland

Background: Patients may prefer different levels of involvement in medical decision-making. In the light of different preferences, addressing of sensitive health topics and patient emotions during ward round encounters may thus be challenging.

Methods: Within three ancillary analyses of a multicenter randomized trial, we analyzed the discussion of sensitive topics as well as physicians’ reactions to patients’ emotions during ward rounds. Further, we assessed patients’ preference for participation and its association with patient relevant outcomes.
Findings: Of 906 included patients, sensitive topics were discussed in 643 patients. Patients with sensitive topics had a lower mean satisfaction with care (90.62±12.24 vs. 88.25±13.93, adjusted difference -2.13 [95%CI -4.10 to -0.17], p=0.033) compared to patients without sensitive topics. Most important risk factors for low satisfaction were not addressing emotions but instead providing medical information (20[6.6%] vs. 39[11.4%], OR 1.82 (95%CI 1.04 to 3.10, p=0.04) and dismissal of concerns raised by patients (12[3.5%] vs. 1[0.3%], OR 11.10 (95%CI 1.42 to 85.10, p=0.03). Concerning patients' preference for participation in medical decision-making, 62.2% of patients had a collaborative, 22.4% a passive and 15.4% an active preference. Patients with an active preference had a significantly lower trust in physicians (adjusted difference, -5.08 [95% CI, -8.69 to -1.48 points], p=0.006) and nurses (adjusted difference, -3.41 [95% CI, -6.51 to -0.31 points], p=0.031) and were significantly less satisfied compared to passive patients (adjusted difference, -7.17 [95% CI, -11.01 to -3.34 points], p<0.001).

Discussion: Patients with sensitive health topics as well as patients with a preference for participation in decision-making had a lower overall satisfaction. The latter also had a significantly lower trust in the healthcare team. Thus, the knowledge of a patient's preference for participation and the education of physicians how to address sensitive topics and emotions may help to improve the patient-physician-relationship and increase their satisfaction with care.

O.4.6 Proposing a Relationship-Centered SDM process conceptual model for chronic disability

Presenter(s):
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Authors:
Christina Papadimitriou, Oakland University, United States
Trudy Mallinson, Georgetown University, United States
Jennifer Weaver, Colorado State University, United States
Ann Guernon, Lewis University, United States
Philip van der Wees, Radboud university medical center, Netherlands
Trish Kot, Family caregiver partner in research, United States
Paige Ford, Family caregiver partner in research, United States

Background: Current models of shared decision making (SDM), typically based on a brief outpatient encounter, do not fit well in describing the rehabilitation context for persons who lack cognitive capacity to report their wishes, such as persons with disorders of consciousness, severe dementia, and other disabilities. Rehabilitation involves specialized teams of practitioners (e.g., physical and occupational therapists, speech-language pathologists, rehabilitation nurses), family care partners, and numerous, frequent, small-scale decisions are made in-the-moment (i.e., micro-decisions) within the context of a larger treatment or therapeutic goal. An SDM model is necessary to support rehabilitation practitioners’ engagement in the process of SDM with family care partners throughout micro-decisions and larger treatment decisions.

Methods: Our clinical experiences with these patient populations, exchanges with care partners and practitioners, and empirical evidence from previous studies underpinned our interest to find an existing SDM process model and adapt it. We thus undertook a literature review of SDM process conceptual models that could be adapted for use in rehabilitation settings.

Findings: Iterative analyses of literature reviews and adaptation of Clayman’s Narrative, Person-Centered SDM model created a new model explicating SDM processes that align with the complex characteristics and relational nature of SDM for persons who cannot advocate for themselves, their family care partners, and rehabilitation practitioners. This model identifies 7 relational dimensions including: when SDM occurs in
one’s recovery journey, complexity of decisions, and stakeholder skills and information exchanges that will be used to design relationship-centered assessments.

Discussion: Our Relationship-Centered SDM process model is inclusive of all stakeholders engaged in continuing care for patients who cannot advocate for themselves, acknowledges the relational nature of decision-making, and supports the inclusion of micro-decisions. Future work will pilot test the model with empirical evidence.

Orals: O.5 Communicating at the end of life

O.5.1 How effective are resources to promote advance care planning? Results of a systematic review

Presenter(s):
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Authors:
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Ralf Terlutter, University of Klagenfurt, Austria

Background: Although patient-centered care is widely accepted in health care practice, many patients still receive unnecessary or potentially inappropriate care (Cardona-Morrell et al., 2017). One approach that aims to improve shared-decision making for better health outcomes is advance care planning (ACP) (McMahan et al., 2021). Despite efforts that have been made in many countries to encourage people to engage in ACP, completion rates remain relatively low (Andreasen et al., 2019; Köstenberger et al., 2020). Further, debate continues on the best strategy to facilitate ACP engagement (Resick et al., 2020). This mixed-Methods: literature review aims to systematically examine the role of message content and message tailoring in ACP resources in existing ACP interventions (Diegelmann et al., 2022).

Methods: An interdisciplinary literature search of nine electronic databases yielded 11824 titles. After a robust and systematic screening, 36 studies were included in the review. The persuasive health message design rubric (Harrington, 2016) and the ACP outcomes framework (Sudore et al., 2018) were used as theoretical lenses to analyze the study findings and ACP resources.

Findings: The synthesized results showed that ACP resources in most interventions (64%) contained informative, factual messages (e.g., about ACP or treatments). In terms of message tailoring, interventions included generic (42%), targeted (33%), and individually tailored messages (25%). For interventions that contained either informational messages only or a mix of informational and narrative messages, ACP completion rates (e.g., advance directives) were mostly positive. From the perspective of message tailoring, we found that behavior change was successfully induced when individually tailored messages were used.

Discussion: This review indicated that different message types were used to encourage engagement in ACP. Especially for people in the early stages of behavior change, the results suggested that in practice, ACP messages should be individually tailored to increase the relevance of the message, supporting ACP engagement.

O.5.2 Characteristics of Patients with Advanced Cancer Preferring Not to Know Prognosis

Presenter(s):
Inge Henselmans, Amsterdam University Medical Centers, Netherlands

Authors:
Background: For some patients with advanced cancer not knowing prognosis is essential. Yet, in an era of informed decision-making, the potential protective function of unawareness is easily overlooked. We investigated the 1) proportion of advanced cancer patients preferring not to know prognosis; 2) reasons underlying patients’ prognostic information preference; 3) characteristics associated with patients’ preference not to know prognosis; 4) concordance between physicians’ perceived and patients’ actual prognostic information preference.

Methods: Cross-sectional study using structured surveys for patients, physicians and caregivers. Medical oncologists and lung cancer specialists included patients from seven Dutch hospitals (n=524) with metastatic/inoperable cancer and an expected median overall survival of ≤12 months. For this analysis, we used patient and physician data only.

Findings: Twenty-five percent of patients preferred not knowing a life expectancy estimate; 28-31% preferred not knowing the 5-, 2- or 1-year survival rate. Patients preferring not to know prognosis (1-year survival) agreed significantly more strongly with reasons for wanting limited information (optimism, avoidance, comprehension) and less strongly with reasons for wanting complete information (sense of control, autonomy, anxiety, expectations of others) compared to patients preferring to know. Females (OR=1.67, 95%CI [1.12, 2.48], p<.05), patients receiving a further line of systemic treatment (OR=2.66, 95%CI [1.35, 5.26], p<.01) and patients with strong fighting spirit (mini-MAC subscale, OR=1.22, 95%CI [1.13, 1.33], p<.001) were more likely to prefer not knowing prognosis. Among patients preferring not to know, 50% had a physician accurately reporting their information preference. Concordance between physicians’ perceived and patients’ actual prognostic information preference was poor (K=0.066).

Discussion: Our results highlight the relevance of explicitly exploring patients’ prognostic information preferences and the underlying reasons, ensuring tailored communication. Future research should study if and how patients’ prognostic information preferences evolve over the course of the disease, and assess the impact of receiving unwanted prognostic information on patients.

O.5.3 Communication in palliative care: Results: from a mixed-methods study in Italian-speaking Switzerland

Presenter(s):
Nicola Diviani, Swiss Paraplegic Research / University of Lucerne, Switzerland

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Ivan Cinesi, Palliative ti, Switzerland
Sara Rubinelli, Swiss Paraplegic Research / University of Lucerne, Switzerland
Background: Palliative care services hold a great potential to improve the quality of life of patients suffering from chronic degenerative diseases and their families. Their utilization, however, is not yet optimal, even in high-resource countries, and not all those who might benefit from palliative care have access to its services. The international literature suggests that among the possible reasons for the underutilization are problems at the level of communication, both among healthcare professionals and the public. This study, focusing on cancer, aims to explore this aspect further and identify possible communication-related barriers and facilitators to the use of palliative care services in Italian-speaking Switzerland.

Methods: A mixed-methods approach was chosen. Qualitative and quantitative data were collected between 2017 and 2020 through in-depth interviews with healthcare professionals (in oncology, palliative care, and primary care), key informants, patients, and their families (N = 50), and through a representative population survey (N = 313).

Findings: Our Findings allowed us to isolate the lack of knowledge about palliative care, its tools, and its benefits as one of the main obstacles to realizing its full potential. Among health professionals, this consists of a lack of mutual knowledge about the work of the different actors, which hurts the quality of collaboration. On the other hand, misconceptions and false beliefs about palliative care in the population are associated with negative attitudes towards palliative care and a reluctance to address the issue with formal and informal caregivers.

Discussion: In an effort to foster the utilization of palliative care services, targeted educational communication interventions are needed both to promote the interprofessional and inter-disciplinary collaboration between the different health professionals involved in palliative care and to increase awareness and knowledge of palliative care services in the population.

O.5.4 Identifying the essentials of communicating about imminent death from key stakeholders’ perspectives

Presenter(s):
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Background: Caring for dying patients is an integral aspect of care, however medical and nursing students lack training and exposure to conversations with dying patients and their families. Thus, many health professionals lack the skills to communicate about imminent death causing a long-lasting impact to all involved. As a basis to develop an educational module, this study aimed at identifying aspects that are essential to conversations about imminent death from the perspective of key stakeholders.

Methods: Five focus groups were conducted with medical specialists, nurses, medical students, patient representatives, and bereaved relatives (n=30). Based on a semi-structured guide, relevant verbal and nonverbal aspects of conversations about imminent death, associated emotions, and appropriate frameworks for communication were elicited. All conversations were recorded and thematically analyzed.
Findings: Based on participants’ experiences four main themes were identified as essential to conversations about imminent death: (1) embracing care within medical expertise, (2) preparing the conversation while remaining open to the unexpected, (3) recognizing and reflecting on own emotions and reactions, and (4) establishing a meaningful connection with others.

Discussion: The Findings: indicate that communicating about imminent death with dying patients and their family members is a complex and challenging task for health professionals at a professional as well as personal level. Hence, comprehensive training is needed in order to impart clinical and interpersonal skills that support health professionals to recognize when and how to engage in these conversations. Furthermore, self-reflection processes and self-care practices are to be taught and encouraged to promote positive coping strategies in the long term. Guidance and supervision are also essential to support debriefing practices in order to revisit confronting experiences, as well as to consolidate and optimize what has been learned.

O.5.5 Consensual and non-consensual asymmetry in talk between people with dementia and their companions

Presenter(s):
Anca-Cristina Sterie, Lausanne University Hospital, Switzerland

Authors:
Francesca Bosisio, University of Applied Sciences and Arts Western Switzerland, Yverdon-les-bains, Switzerland, Switzerland
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Background: Our objective is to examine expression and negotiation of asymmetry expressed in talk between patients with early dementia and their companions.

Methods: Our data consists of 20 semi-structured interviews conducted as part of a study looking at the feasibility and acceptability of an Advance Care Planning (ACP) intervention for people with early dementia and their companions. We use Conversation Analysis to look into how patients and companions co-construct and negotiate answers to interviewer’s questions.

Findings: When questions are addressed to the patient, asymmetry can be observed when companions assert more entitlement to say or know things than the patient does. Companions accomplish this by answering in the patient’s place and by clarifying or correcting the patient’s answer. We also show how this micro-level asymmetry, accomplished in interaction, is often linked to an account of asymmetry on the macro level: companions assert the privilege of answering in the patient’s name by virtue of them rendering help in daily life.

Then, we look into how asymmetry expressed in interaction can be consensual or non-consensual. In ‘consensual’ cases, patients explicitly confirm or tacitly accept the companion’s intervention. In cases of ‘non-consensual’ asymmetry, patients resist and challenge the companion’s intervention (and their claimed status), by contradicting them or by bringing in additional information.

Discussion: In this context, asymmetries appear to be brought by a series of factors: being dependent of companion’s help, the presence of cognitive impairments, the purpose of the interview (which confirms a participatory framework in which the patient is cognitively diminished), as well as pre-existing relational factors. Looking at how asymmetries are expressed and negotiated in this context can provide important information concerning how ‘relational autonomy’, an important concept for ACP, is configured and might be assessed by interviewers and ACP facilitators.
Orals: O.6 Patient evaluation of care

O.6.2 Patients’ perception of physician empathy is sensitive to the content of the oncology consultation

*Presenter(s):*
Mattias Tranberg, Lund University, Sweden

*Authors:*
Carl Johan Fürst, Lund University, Sweden
Henrik Ekedahl, Lund University, Sweden
Jacob Engellau, Lund University, Sweden

*Background:* Breaking bad news in oncology is associated with significant distress for both patients and physicians, as it represents a threat to the life of the patient. There is risk that the patient associates the message with the messenger. Our hypothesis was that patients would, using the Consultational and Relational Empathy measure (CARE) rate their physician lower following a “bad news” consultation.

*Methods:* 16 Physicians and 186 (78F, 108M mean age 67) outpatients at an oncology department were recruited for the study. After meeting with a patient who had agreed to participate in advance, the physician filled out a form, placing the patient in either the “bad news consultation” group, or the “neutral/good news consultation” group along with information about the patient and the consultation. The patient was given the CARE measure to fill out and post after the visit. Various statistical tests were performed.

*Findings:* There were 131 consultations with “good/neutral” information and 31 “bad news” consultations. The patients who had received bad news gave their physician a significantly lower score on CARE, especially on the subscale listening/compassion than the patients who had neutral/good news. The bad news consultations were more than 10 minutes longer on average.

*Discussion:* Even though the bad news consultations were longer, the patient perceived the physician to be less empathic, with emphasis on listening and showing compassion. This is significant, since it seems that the physician shows the intent of wanting to care for the patient more, from the perspective of allocating more time with the patient. One explanation is that the physician focuses on the message, and as a result pays less attention to the patient.

O.6.3 Reasons of patients and their care partners for visiting a memory clinic. A mixed-methods study.

*Presenter(s):*
Leonie Visser, Amsterdam UMC / Karolinska Institute, Netherlands

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Agnetha Fruijtier, Amsterdam UMC, Netherlands
Marleen Kunneman, LUMC, Leiden, Netherlands
Niki Schooneboom, Spaarne Gasthuis, Netherlands
Femke Bouwman, Amsterdam UMC, Netherlands
Wiesje van der Flier, Amsterdam UMC, Netherlands
Ellen Smets, Amsterdam UMC, Netherlands

*Introduction:* To achieve person-centered, personalized medicine for Alzheimer’s disease, clinicians should consider the individual’s reason(s) for seeking care at the memory clinic. We aimed to investigate (variation
Methods: We included data from 115 patients (age 71±11, 49% Female) and their care partners (N=93), who completed a survey administered after their first memory clinic visit. Audio-recordings of the first consultation with their clinician were available from 105 patients. A study-specific coding scheme was developed to categorize the reasons for visiting the clinic as: i) reported by patients in the survey, and ii) expressed by patients and care partners in the consultation.

Results: Most patients (70/115; 61%) answered in the survey that they want(ed) to find out what’s causing their symptoms. A considerable number of patients (22/115; 19%) reported a reason less obvious, e.g., they were seeking specific information, treatment or medication, or an indication for care (services). In the first consultation, about half of patients (55/105; 52%) and care partners (58/93; 62%) did not express their reason(s). Comparing survey with observational data showed that a quarter of patients (24/105; 23%) expressed a different reason in the consultation, then what they reported in the survey. In addition, when both the patient and care partner expressed a reason, these differed in about half of dyads (13/25).

Discussion: Our Findings: indicate that people’s reasons for visiting a memory clinic can be rather specific, complex, and multifaceted, highlighting the importance of tailoring diagnostic care to individual needs. However, during the first consultation with a clinician, many patients and care partners did not express their reason(s) for seeking care. We thus need to encourage clinicians, patients and care partners to talk about these reasons.

O.6.4 Frequently hospitalized patients’ perceptions of support received as they cope with chronic illness

Presenter(s):
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Maria Theodorou, Northwestern University Feinberg School of Medicine, United States
Bruce Henschen, Northwestern University Feinberg School of Medicine, United States
Kevin O’Leary, Northwestern University Feinberg School of Medicine, United States
Shandu Foster, Northwestern University Feinberg School of Medicine, United States
Lyndsey O’Hara, Northwestern University Feinberg School of Medicine, United States

Background: Frequently hospitalized patients face unique challenges in navigating health care systems. Although programs exist to address patients’ needs, interventions primarily arise from the health system without significant patient input. To best provide patient-centered care and improve future interventions, clinicians, leaders, and health systems collectively must appreciate patient perspectives of their illness, and of support systems upon which they rely. We sought to explore and describe frequently hospitalized patients’ perceptions of support they receive, both inside and outside the hospital setting.

Methods: We conducted semi-structured, in-person interviews with 26 purposively sampled adult patients. We analyzed transcripts using an iterative inductive team-based approach with team members from clinical and research backgrounds. Following descriptive (first-cycle) and pattern (second-cycle) coding, constant comparison was used to compare responses across participants.

Findings: We identified three primary themes pertaining to patients’ perceptions of support. Patients reported that family and friends provide substantial ongoing multifaceted social support (e.g., tangible, instrumental support via assistance with activities of daily living; emotional support). However, support was neither universal nor a given; participants reflected how their medical needs may fragment previously
supportive interpersonal relationships. Patients discussed experiences of receiving support (or not) via interactions and relationships facilitated by healthcare organizations, identifying benefits and drawbacks to these exchanges.

Discussion: Frequently hospitalized patients receive support from diverse sources, but even previously strong sources of support can fracture over time. Clinicians should deliberately seek to identify existing sources of support and actively cultivate patients' support networks. At a system level, we recommend programs focus on partnership, trust building, and collaboration with frequently hospitalized patients to identify their goals of care and health priorities. Deliberately fostering support networks – through formal support groups or other means of building interpersonal relationships and trust – may be an important facet in improving care for this vulnerable population.

O.6.5 Psychometric evaluation of the Experienced Patient-Centeredness Questionnaire (EPAT)

Presenter(s):
Stefan Zeh, University Medical Center Hamburg-Eppendorf, Germany

Authors:
Eva Christalle, University Medical Center Hamburg-Eppendorf, Germany
Pola Hahlweg, University Medical Center Hamburg-Eppendorf, Germany
Levente Kriston, University Medical Center Hamburg-Eppendorf, Germany
Martin Härter, University Medical Center Hamburg-Eppendorf, Germany
Isabelle Scholl, University Medical Center Hamburg-Eppendorf, Germany

Background: To effectively foster patient-centeredness (PC), it is crucial to measure its implementation. So far, there is no German measure to assess PC comprehensively. The aim of this study is to psychometrically evaluate a newly developed patient-reported experience measure (PREM), the “Experienced Patient-Centeredness Questionnaire (EPAT)”. The EPAT assesses 16 dimensions of PC, described in the Integrative Model of PC including patient-centered communication, shared-decision making, or essential characteristics of healthcare professionals like empathy and respect.

Methods: In a cross-sectional study design, we have been collecting data since June 2020 and will finish in mid-February 2022. We included patients with different chronic conditions (cancer, cardiovascular diseases, mental disorders and musculoskeletal disorders) that received inpatient or outpatient treatment in one of several healthcare institutions in Germany. Patients were able to participate via paper-pencil or online version of the questionnaire. As for psychometric properties, reliability and validity measures (e.g., internal consistency via Cronbach’s Alpha, discriminant validity via health status or convergent validity via patient satisfaction) as well as results of factor analysis will be presented at the conference.

Findings: Until now, N=2005 participants were included in the sample. 60.4% of the sample identified as female, 37.6% as male and 2% as other genders. Mean age was 56.46 years (SD=9.95). Across chronic disease groups, n=666 participants had cancer, n=556 had a cardiovascular disease, n=460 had a mental disorder and n=281 had a musculoskeletal disorder. We expect to present data regarding subgroup analyses, factorial structures and finalized item sets at the conference.

Discussion: The EPAT will be the first PREM in German language to assess the degree of PC experienced by patients. The questionnaire can be used as a performance, benchmarking or quality improvement measure due to a planned short form and a module-based form. This will allow fostering patient-centered health care in Germany.

O.6.6 (WIP) Information provision during diagnostic consultations regarding Parkinson’s disease
Presenter(s):
Elisabeth Kurpershoek, Amsterdam UMC, Netherlands

Authors:
Joke Dijk, Amsterdam UMC, Netherlands
Marianne de Visser, Amsterdam AMC, Netherlands
Ellen Smets, Amsterdam UMC, Netherlands
Rob de Bie, Amsterdam UMC, Netherlands
Marij Hillen, Amsterdam UMC, Netherlands

Introduction: Patients with Parkinson’s Disease (PD) feel insufficiently informed by clinicians at diagnosis. A potential explanation is a mismatch between the patients’ information needs and the provided information. The aims of this study are to compare newly diagnosed PD patients’ a priori information needs with 1. the amount of information provided by clinicians during diagnostic consultations and 2. patients’ perception of the amount of information received.

Methods: Diagnostic consultations of patients diagnosed with PD at five neurology outpatient clinics were video-recorded. Disease specific information was pre-defined into 16 topics. The recorded consultations were quantitatively content-coded by a multidisciplinary research team for these topics, assessing which topics were addressed and for how long. Patients’ a priori information needs and their retrospective perception of the amount of information received were both assessed for the 16 topics using Likert scale (range 1-5) items. Descriptive statistics and correlations were calculated.

Results: Preliminary Findings: are based on analysis of 12 (10 males; age: 52-88 years) out of 35 patients so far included. Although positively correlated (r = 0.76, p = 0.007), patients’ mean report of the amount of received information on all 16 topics (M 3.1, SD=0.8) was significantly lower than their mean a priori information need on the same topics (M= 4.4, SD=0.7; t(10)= 7.5, p<0.001). Patients’ a priori information needs were not significantly correlated to the actual duration of information provision during diagnostic consultations (r=-0.22, p=0.5).

Conclusions: Preliminary Findings: indicate that patients report to have received less information during diagnostic consultations for Parkinson’s disease, than they a priori preferred. Clinicians’ might tailor information accordingly to patients information need if they 1. ask patients more explicitly about their information needs before providing information, and 2. ask if their information needs are fulfilled afterwards. However, further research is necessary to substantiate these findings.

Workshops

W.1 Positive Communication; How to provide patient comfort during awake invasive procedures

Presenter(s):
Margaretha Barbara Breebaart, University Hospital Antwerp, Belgium
Katrien Bombeke, University of Antwerp, Belgium, Belgium

Authors:
Geert-Jan van Geffen, Radboud University Nijmegen, Netherlands

Rationale: Many patients undergo medical examinations and invasive medical procedures, from being vaccinated to undergoing a C-section. Failure to adequately manage distress and pain during these interventions may have immediate negative consequences such as lack of cooperation, unsuccessful procedural attempts and increased procedural time. More far-reaching effects are increased pain, diminished analgesic effectiveness with subsequent procedures and avoidance of medical care.
Caregivers are often not aware of the effect communication has on the patient’s experience. Subconsciously they may evoke nocebo effects by verbal and non-verbal expressions.

Awareness of these effects followed by a change in communication style may reduce pain and anxiety and improve patient and healthcare professionals’ satisfaction. Therefore, we introduced positive communication skills in the undergraduate 5-years clinical skills curriculum of the University of Antwerp and Radboud University of Nijmegen and provide this training for professionals who frequently perform invasive medical procedures.

Learning objectives:

- Acquire a basic scientific understanding of the nocebo effect and the influence of communication on patient comfort during invasive procedures.
- How to establish an initial contact and build rapport by non-verbal techniques
- Adapt procedure specific language in positive communication style
- Improve skills to reframe negative suggestions to positive expectations.

W.2 Effective Communication in Contemporary Medical Encounters: An International Consensus Workshop

Presenter(s):
Gregory Makoul, Yale School of Medicine, United States

Rationale: Consensus statements on communication in medical encounters [1-2] provided useful touchstones for the field and served as the foundation for curricula, standards, and research as well as additional consensus statements on teaching and assessment. Participants in this workshop will review the Toronto consensus statement [1] and Kalamazoo consensus statement [2] – each published decades ago – and take the first step toward creating an updated international consensus statement that reflects the opportunities and challenges of contemporary healthcare such as digital health, health equity, and clinician burnout.

Learning objectives: (participants will be able to)
1. Identify issues that should be addressed in a consensus statement that reflects the opportunities and challenges of healthcare in 2022.
2. Articulate which aspects of two foundational consensus statements remain relevant in 2022.
3. Actively participate in the process of developing an updated international consensus statement on communication in medical encounters that will be worthy of publication.

Teaching Methods: Please see below
Evaluation of outcome for participants: In addition to the evaluative component that closes the workshop, we will create – and provide all participants with access to – a shared document that participants can continue to use for reflection and collaboration.

References:
W.3 The more you empathise, the better your communication will be: interdisciplinary dementia teaching

Presenter(s):
Sarah Collins, University of Edinburgh, United Kingdom
Callum Cruickshank, NHS Lothian, United Kingdom
Danielle Wilson, Edinburgh Royal Hospital, United Kingdom
Eleri Williams, University of Edinburgh, United Kingdom

In this workshop we - psychiatrist, clinical psychologist, 2 actors, a linguist and a doctor in medical education - take the participants through a sequence of activities to explore together how interdisciplinary expertise focused on a communication challenge leads to innovation and new insights for communication teaching and learning.

The challenges of having dementia, and of interacting with someone who has dementia, impact on all dimensions of communication, providing a complex, multi-layered resource for practising communication with patients, requiring intuition, heightened observation and sensitivity, attention to the individual, and a holistic approach that encompasses and attends to all behaviours, skills and attitudes in a consultation encounter. The lessons learned have relevance for communication with patients and colleagues across all healthcare settings. Dementia can be enacted authentically by an expert, drama-trained role-player, using physicality, embodying and incorporating an individual person's scripts and behaviour patterns, and responding in the moment, with emotion, distress, recognition or forgetfulness, in a way which mirrors and is faithful to the person's dementia experience. For communication teachers, and healthcare professionals, the innovative and creative thinking in working with this topic invites experimentation and consideration of new techniques, for communication skills training in general.

Through this workshop, participants will:
1. Build awareness of personal experiences of living with dementia, how dementia shapes communication, strategies and skills for effective, patient-centred consultations involving a person with dementia.
2. Explore and test the potential of working with drama techniques, by trying out new Methods: and reflecting on how and where to apply these in their learning/teaching/healthcare professional/leadership roles.
3. Develop appreciation and insights into disciplinary perspectives that are new, unfamiliar or distinct from one's own
4. Experience and critique ways of combining disciplines and perspectives into a single teaching session
5. Evaluate why interdisciplinary combinations of approaches make a difference in communication teaching and learning

Symposium

S.1 Towards a future of evidence-based serious-illness communication

Presenter(s):
Liesbeth van Vliet, Leiden University, Netherlands
Justin Sanders, McGill University, Canada
Danielle Blanch-Hartigan, Bentley University, United States

Rationale: The population of people with serious illness is projected to double in the next decades as a result of aging and increased multimorbidity. Due to these factors, but also due to a rise of cultural diversity and increased digitalization, the clinical reality of serious illness communication is rapidly changing. At the same time, the majority of complaints about end-of-life care relate to poor communication, a problem that researchers’ increasing attention in this topic has been unable to solve. To better support patients and their families affected by serious illness we must not only improve evidence-based medical treatments, but also
systematically build a more substantial evidence base to identify and implement high quality clinical communication.

The aim of this symposium is therefore to provide insight into and discuss the future of an evidence-based approach to communication in serious illness.

We will begin the session by enumerating current and future key communication challenges from a patient and clinical perspective, followed by an introduction into innovative theoretical and methodological approaches that can be applied to address these challenges as we build the evidence-base of communication. Together with the audience, we will discuss the challenges and possibilities in the future of evidence-based communication in serious illness.

Speaker 1 will focus on the current and future challenges of serious illness communication from a mainly patient perspective by addressing key challenges: 1) in an era defined by open-information provision, how do we best serve the needs of patients, some from diverse cultural backgrounds, whose views’ support non-disclosure? 2) How can we promote empathy in digital healthcare? 3) How can we utilize communication to address healthcare inequities for patients with limited health literacy?

Speaker 2 will reflect on current and future challenges from a clinical perspective, and will present a new framework for studying serious illness communication using a “basic science” approach. This includes application of theory and Methods: to investigate the impact of lexical, non-lexical, and contextual components of serious illness communication.

Speaker 3 will present innovative methods, including the use of virtual reality and machine learning, which may enable a more systematic approach to studying serious illness communication. In particular, this speaker will discuss how technology increasingly facilitates our ability to carefully examine the cultural and contextual elements that potentially moderate the effectiveness and perceptions of serious illness communication.

Following the presentations there will be ample room for discussion among the speakers and the audience on the discussed challenges and proposed innovative theoretical and methodological approaches. This will to build the future of evidence-based communication (research) for the growing group of people affected by serious illness.

Qualification of speakers:
The three symposium panelists represent different countries and continents (Europe, USA, Canada) and diverse professional disciplines (medicine, psychology, public health).

Speaker 1 has 15 years of research experience on the topic of communication in serious illness. She leads on several studies looking into the evidence-base of communication elements, ranging from clinical-expressed empathy to information-provision.

Speaker 2 is a palliative clinician scientist whose research focus over the last 10 years includes culturally tailored approaches and system-level interventions to improve serious illness communication. He is the academic chair of a large university-based palliative care program.

Speaker 3 co-leads a virtual reality-lab experimentally examining communication in serious illness and has 15 years of experience researching verbal and nonverbal communication in clinical interactions.

Timetable:
0-10: Chair’s Introduction
10-25: Presentation 1
25-40: Presentation 2
40-55: Presentation 3
**Creative Arts**

**CA.1.1 Bridging the gap - Using performance poetry to promote self-understanding and to encourage empathy**

*Presenter(s):*

Emmanuel Oladipo, University of Manchester, United Kingdom

**Background:** In this performing arts piece, I will show how spoken-word poetry can be used to creatively explore and depict mental illness. Born out of my own experiences, these pieces are the product of a journey of learning how to make sense of my thoughts and feelings. In this piece I propose to share the process I have developed, interweaving between 3 spoken word pieces before facilitating a discussion about what the pieces illustrate and add to the understanding of mental health and illness.

I aim to demonstrate how poetry can be used by healthcare professionals and students to enrich their reflective practice, with a focus on self understanding and recognition of feelings. This piece provides an alternative, complementary vocabulary for describing mental illness and ill health, adding a richness and depth to the classic language used in healthcare settings.

**Performing Art - spoken word poetry 15mins**

Poem: "Vulnerable" 2
Poem – Stress 1
Poem - Heavy 1

**Introduction and describing my process of writing 5**

**The importance of sharing. n2**

**Conclusion and reflecting with participants 4**

The writing and sharing of poetry provides an alternative means of reflective practice, focussing on bringing to light and exploring one’s own feelings and in doing so providing a broader framework to understand, explore and communicate the experiences of others.

**Evaluation:**

“Manny devoted his medical elective to exploring the potential of spoken word in consultation skills teaching and learning. During his placement, he created teaching innovations – vibrant, thoughtful pieces which we used to spark student discussions about emotions, feelings and responses to stories of significant illness and for how to talk about death and dying. Through Manny’s work, the power of spoken word for medical education was clearly in evidence, and tutors and students attested to this in their feedback.”

**CA.1.3 Be a patient to become a better doctor: a VR patient embodied experience**

*Presenter(s):*

Krista Hoek, LUMC, Netherlands

A negative therapeutic context, with negative sensory and social stimuli, has a negative effect on the efficacy and lived experience of a treatment. An initial positive experience might reduce anxiety and pain score in preoperative setting. This outlines the urgency of integrating therapeutic communication skills in medical education.
The predomination of technical interventions and tremendous advances in science and technology in the
last century have dominated our health care system paling into the Background: the more humane aspects of care. However, healthcare providers who have themselves been a patient often find this experience a life-changing event with influence on their daily practice.

We’ve created two patient embodied experience using Virtual Reality (VR). Both experiences make the
viewer become a patient who will go into surgery shortly. One of the video’s uses negative suggestions and
depersonalizes the patient. The other video only differs in verbal and non-verbal communication using
suggestive language to ease the patient. Watching these video’s opens room voor discussion and reflection
on current communication skills.

During this sessions we would like to provide visitors with VR glasses and have them watch one of the
video’s (which may be with positive or negative suggestions), optionally while lying in a hospital bed. We
provide the VR glasses.
Afterwards, we would like to discuss the scientific Background: of how and why therapeutic language can
be used with room for group discussion

Duration of VR video: 10 minutes (+5min start up)
Duration of discussion afterwards: 15 min.

Evaluation: We’ve used this format in our hospital to create a thematic week. No reservation or inscription
was needed, any healthcare provider could experience the VR, participate with clinical lessons or make the
e-learning ‘Therapeutic Language and Communication’ that we’ve created for this purpose working
together the directorate of communication (DOO) of the hospital.

Orals (online): O.O.1 Information quality and health choices

O.O.1.1 Unethical profit: Evidence from irresponsible communication in a health-related industry

Presenter(s):
Ana García-Arranz, Universidad Rey Juan Carlos, Spain

Authors:
Salvador Perelló-Oliver, Universidad Rey Juan Carlos, Spain

Background: The growing concern over health have led to the proliferation and consumption of
supplements worldwide. In Europe, the market size reached 13,300 million euros in 2021. In this industry,
in which legal gaps have allowed profitability to displace ethics, it seems urgent to analyze the degree of
corporate (ir)responsibility in managing transparency. With this aim, this work evaluates three dimensions
of the information provided to the consumers: Disclosure, Clarity, and Accuracy.

Methods: The methodology follows a quantitative approach based on the content analysis of corporate
websites of Vitamin complexes, Food supplements, and Weight management supplements in Spain. The
enterprises were categorised according to a double criterion to do with size and geographical level. The
corpus of analysis corresponds to the entire universe of 103 enterprises. The crossing of all analysed
variables was submitted to prescriptive significance tests (X2) and the reliability of the coding process was
verified by Cohen’s kappa.

Findings: The results in the dimension Disclosure show that 61.2% of enterprises don’t declare themselves
socially responsible, and only 13.6% provide required transparency reports. The rest of variables —
information of the production process, registered technology, and quality certification — are absent with an
average frequency of 74%. The dimension Clarity indicates that product information is confusing (45.6%) or
nonexistent (19.4%), and the dimension Accuracy reveals that 55.3% of cases omit a reference to
ingredients, 94.2% fail to include information on compliance with current regulation on healthcare products, and 83.5% don’t provide scientific support.

Discussion: The insufficient performance of all types of enterprises indicates an urgent need for an effective exercise of transparency and strict veracity in the industry’s communication practices in order to reverse the future trend of enterprises now linked to potential negative effects on consumers’ health. Implications for business ethics and public health are made.

O.O.1.2 How missing is a missed opportunity for talk about lifestyle?

Presenter(s):
Sarah White, University of New South Wales, Australia

Authors:
Taylor Grunsell, University of Newcastle, Australia
Lola Kruszelnicki, University of Newcastle, Australia
Conor Gilligan, University of Newcastle, Australia

Background: Lifestyle factors including smoking, poor nutrition, alcohol use, and sedentary behaviour are now being recognised as essential targets for early intervention in general practice. Consultations between general practitioners (GPs) and patients provide an opportunity to discuss preventative interventions and risky lifestyle behaviours. However, Australian Health professionals often under utilise the opportunities to provide lifestyle modification advice to patients due to barriers such as trouble with communication, lack of reimbursement, and lack of training. To support a better understanding of how conversations regarding lifestyle risk factors are discussed in general practice, we examine how GPs and patients manage opportunities for lifestyle talk.

Methods: We used an applied conversation analytic approach to analyse an existing database of 40 English-language general practice consultations recorded in a metropolitan setting in Australia. This involved building a broad collection of potential cues that could prompt lifestyle talk. These were then closely examined to identify the influence of the structural and sequential organisation of the interaction on how lifestyle talk opportunities were managed in practice.

Findings: Through this close analysis of the interaction, we found that “missed opportunities” for lifestyle talk were more complex than simple coding would have shown. The sequential placement of the lifestyle talk cue influenced how participants managed the interactional implications of the cue and whether they oriented to its degree of “missing-ness” within the consultation. We also observed the influence of the doctor’s role in leading the consultation on how such opportunities were managed.

Discussion: Close analysis of recordings of naturally occurring interactions allowed us to identify different degrees of missing-ness for lifestyle talk cues. This will allow for refinement of approaches to tackling the issues around missed cues and highlights the need for more detailed analysis of naturally occurring interactions in the development of coding schemes.

O.O.1.3 Development and feasibility of a best-practice health literacy App for adults living with CKD

Presenter(s):
Danielle Muscat, University of Sydney, Australia

Authors:
Stephanie Zwi, University of Sydney, Australia
Jennifer Isautier, University of Sydney, Australia
Angela Webster, University of Sydney, Australia
Kelly Lambert, University of Wollongong, Australia
Heather Shepherd, University of Sydney, Australia
Kirsten McCaffery, University of Sydney, Australia

Background: Management of chronic kidney disease (CKD) presumes a high level of patient involvement both in decision-making and implementation of care. We developed a cross-platform smartphone application (the “SUCCESS app”) to support haemodialysis patients from diverse culturally and linguistically-diverse backgrounds to actively participate in self-management, improve health literacy and engage in shared decision-making. The app used a two-pronged health literacy approach by adopting strategies to reduce the complexity of content related to diet, fluids, medicine, physical activity, and supportive care as well as features to improve the communicative and critical health literacy skills of patients. This included animated videos related to in-consultation question-asking and shared decision-making, as well as question prompt lists embedded within each content area.

The aim of this study was to investigate the feasibility of implementing the SUCCESS App in in-centre haemodialysis units in New South Wales (NSW), Australia.

Methods: We used a multi-site pre-post study design with mixed Methods: evaluation to assess feasibility. Participants >18 years receiving in-centre haemodialysis were invited to use the intervention for 12 weeks. Quantitative data were obtained at baseline and 12 weeks follow-up, and analysed using paired sample t-tests. Outcomes related to shared decision-making included the Decision Self-Efficacy Scale (Range: 1-100) and the Health Literacy Questionnaire (‘Ability to actively engage with healthcare providers’ domain; Range: 1-5).

Findings: The SUCCESS app was successfully implemented across four local health districts in NSW, Australia (N=116). Efficacy testing showed significant improvements on ‘Ability to actively engage with healthcare providers’ domain of the HLQ (mean difference: 0.2; CI95%: 0.0-0.4; p=0.03) and decision self-efficacy (mean difference: 4.3; CI95% 0.6-7.9; p=0.02) after 12 weeks app use.

Discussion: This is the first health literacy informed app developed to promote active patient participation in chronic kidney disease management and decision-making. Having established feasibility, a randomized controlled trial is now underway.

O.O.1.4 Australian women’s intentions and psychological outcomes related to breast density information

Presenter(s):
Brooke Nickel, The University of Sydney, Australia

Authors:

Hankiz Dolan, The University of Sydney, Australia
Kirsten McCaffery, The University of Sydney, Australia
Nehmat Houssami, The University of Sydney, Australia
Erin Cvejic, The University of Sydney, Australia
Meagan Brennan, University of Notre Dame, Australia
Jolyn Hersch, The University of Sydney, Australia
Melanie Dorrington, Bungendore Medical Centre, Australia
Angela Verde, Breast Cancer Network Australia, Australia
Lisa Vaccaro, (8)Health Consumers New South Wales, Australia
Background: Evidence is required on whether the benefits of notifying women about breast density outweigh the potential harms to inform current and future mammogram screening practice. This study aimed to assess the effect of breast density information provision on women’s intention to seek supplemental screening and psychological outcomes.

Methods: We conducted a three-arm online randomised experiment with Australian women aged 40-74 years with no prior history of breast malignancy, residing in jurisdictions without existing population-based breast density notification. Women were randomised to receive one of three hypothetical breast screening result letters: screening mammogram result letter without breast density messaging (control); screening mammogram result letter with breast density messaging and an existing information letter (intervention one); and screening mammogram result letter with breast density messaging and a health literacy sensitive information letter (intervention two). Primary outcomes were intention to seek supplemental screening, feeling anxious (uneasy, worried, or nervous), informed, confused, and breast cancer worry.

Findings: A total of 1420 women were randomized and included in the final analysis. Compared to the control (n=480), women who received density notification via intervention one (n=470) and intervention two (n=470) reported significantly higher (p<0.001) intention to seek supplemental screening (0.8% vs 15.6% and 14.2%), feeling anxious (14.2% vs 49.4% and 48.5%), confusion (7.8% vs 24.1% and 23.6%), and worry about breast cancer (‘quite/very worried’ 6.9% vs 17.2% and 15.5%). There were no statistical differences in these outcomes between the two intervention groups.

Discussion: Breast density information integrated with screening mammogram results are likely to increase women’s intention to seek supplemental screening, and to potentially make women feel anxious, confused, or worried about breast cancer. These Findings: have important relevance and implications for mammogram screening services and policymakers considering whether, and how best, to implement widespread notification of breast density as part of mammography screening.

O.0.1.5 (IT) A 3D-virtual learning tool to improve weight-related communication for healthcare professionals

Presenter(s): Fiona Quigley, Ulster University, United Kingdom

Authors: Anne Moorhead, Ulster University, United Kingdom
Raymond Bond, Ulster University, United Kingdom
Toni McAloon, Ulster University, United Kingdom
Huiru Zheng, Ulster University, United Kingdom

Background: There has been a consistent call for training over the last 10 years to help improve communication about weight and obesity in healthcare settings. Some training is available, but it doesn’t help healthcare professionals (HCPs) to develop the sensitive communication skills required. The study aim was to test the feasibility of a 3D-virtual learning tool to improve weight-related communication for HCPs.

Methods: This was a feasibility study for a newly developed technology to simulate health conversations via 3D-virtual patient scenarios. Using a ‘before’ and ‘after’ experiment, HCPs initially completed two scenarios without support. After watching a short training video, HCPs retried both scenarios, guided by person-centred communication. Data were collected before and after via a self-assessed weight-related communication skills questionnaire. After the training, another questionnaire and a reflective-practice interview collected feedback. Paired sample t-tests were used to analyse the communication skills questionnaire. All questionnaire data were analysed using descriptive statistics and reflexive thematic analysis was used for the reflective practice interviews.
Results: In total, 31 nurses, doctors and dietitians, recruited from across the UK, completed the study. Self-assessed weight-related communication skills pre-training (M=28.36, SD 7.6) and post-training (M=32.35, SD=5.7) showed improvement with statistical significance (M=3.9, SD 3.7; t (30) = -5.76, p=0.001). Majority of the participants would like more of this type of training (97%) and could see their colleagues use it (90%). Three themes were identified from the reflective practice interviews: (1) “The role of reflection in weight-related communication” (2) “The impact of prior discussions of weight on patients” (3) “Communicating about additional support”.

Implications for future work: 3D-virtual learning tool shows promise for weight-related communication for HCPs. This warrants further testing to develop more characters and scenarios. It also has potential to support other areas of sensitive healthcare communication skills.

O.O.1.6 (WIP) Clinical communication between doctor, parent and adolescent patients with diabetes in Cyprus

Presenter(s):
Maria Perdikogianni, University of Nicosia Medical School, Cyprus

Objectives: The aim of the study was to look at the communication skills used during patient/carer and doctor interactions of children who suffer from Type I diabetes, and to explore the skills used by these doctors when providing information about diabetes, management and self-care at home and in the school settings.

Method: A total of 12 video-recordings of doctor-patient -parent consultations with type I diabetic patients between the ages of 10-16 were completed at two different hospitals in Cyprus after obtaining the written consent from doctors, patients and parents/carers. Three different doctors were video-recorded after they were given written information about the study. The recordings took place in the doctors’ offices during the triadic consultations without, however recording the physical examination. The recorded sessions are now in the process of being transcribed and will then be coded while maintaining the anonymity of the participants. The recordings will also be examined for what communication approaches will successfully lead to changes in behaviour in patients and adherence to treatment and will particularly examine the degree to which the child patient’s involvement in the consultation affects treatment adherence. For every session recorded the patient and his/her parent(s)/ carer(s) will all be asked to provide information about the Dr-patient-parent interaction during their initial diagnosis via a semi-structured interview and suggest ways in which it can improve in the future.

A qualitative thematic analysis of the video-recordings will be carried out after transcriptions are complete. The semi structured interview information has been recorded into an excel file and will be analyzed as well.

Expected Results are to identify the communication skills used during doctor/patient/carer interactions and offer suggestions on how to overcome existing communication barriers in order to facilitate patients’ understanding, encourage changes in behaviours that are essential for their treatment and encourage treatment adherence.

Orals (online): O.O.8 Teaching and assessment 3

O.O.8.1 Which need most: communication skills decay among health professionals after a post-graduate program

Presenter(s):
Irene P. Carvalho, School of Medicine, University of Oporto, Portugal
Authors:
Vanessa G. Pais, School of Medicine, University of Oporto, Portugal
Raquel G. Martins, School of Medicine, University of Oporto, Portugal
Raqul Pedrosa, School of Medicine, University of Oporto, Portugal
Dilermando Sobral, School of Medicine, University of Oporto, Portugal
Ivone Castro-Vale, School of Medicine, University of Oporto, Portugal
Margarida Figueiredo-Braga, School of Medicine, University of Oporto, Portugal

Context: The need for refreshment courses on doctor-patient communication has long been recognized in view of acquired competences eroding in time. Although research shows positive effects of communication skills programs, less studies focus on which skills erode most, thus requiring particular attention. The goal of this study was to examine which communication skills tend to wear down among health professionals after a communication skills program.

Methods: The program for health professionals focused on basic relational competences throughout three months, after which participants were evaluated (T1) with the SEGUE framework applied to interviews with simulated patients. Six months later, participants were evaluated again (T2). Data were analyzed with GLM repeated-measures procedures.

Results: An analysis with 151 health professionals showed that, although some aspects improved significantly after six months since the first evaluation (all focusing on the patient), various communication aspects showed decreased use at T2, including some pertaining to the “doctor-centered” phase of the interview (e.g., exploring signs/symptoms; p = 0.033). In addition, significant effects emerged by professional group (e.g., explaining the benefits of a plan option; p = 0.023).

Conclusion: The results are surprising because more aspects of the patient-centered (rather than the doctor-centered) approach could be expected to erode. A possible explanation is that, although basic communication skills were practiced in the first three months of the course, the program continued after that, with such topics as delivering bad news, which might reinforce the focus on the patient. These results point to the importance of stressing doctor-centered aspects of the clinical encounter more, which the emphasis on patient-centered approaches might compromise in communication programs. Emphasis on different communication aspects for different professional groups might also be required.

O.O.8.2 How to make a teaching video for communication skills training? Conclusions of a research experience

Presenter(s):
Lucia Arias-Alonso, CAP Sant Roc, Spain

Authors:
Laura Valdés-Pina, CAP Les Hortes, Spain
Nieves Barragán-Brun, CAP Vallcarca, Spain
Jesús González-Lama, CS Matrona Antonia Mesa Fernández, Spain
Pablo Alonso-Coello, Institut de Recerca Biomèdica Sant Pau, Spain
Iván Martí-García, CAP Vallcarca, Spain

Background: Online training in communication skills is a challenge. We have designed and developed a course on "Communication skills for dealing with respiratory infections in children" aimed at paediatricians, nurses and pharmacists as part of a clinical trial related to the optimization of antibiotic prescription. It focuses on three communication strategies with the family: semiological interview, negotiation and closing of the consultation, aimed at managing beliefs about the need for antibiotics. The videos are part of the
course. Design, recording and editing is a complex process that requires a systematic approach to theoretical content.

Methods: Systematic to create a teaching video:
1. Development of teaching content
   1.1 Definition of the objectives
   1.2 Writing the script
   1.3 Description of scenes
2. Selection of actors (professional/s and patient/s).
3. Rehearsal.
4. Script adaptations with the opinion of experts and the product manager (shots, light, sound).
5. Recording.
6. Initial image editing
7. Generation of subtitles and captions: shared document between the teaching team and the editor of the videos in which the details and timing are included.

Findings: The elaboration of videos requires teachers a very detailed practical development of the contents of the course. The design enhances the teaching skills themselves.

The level of satisfaction of the students has been widely expressed in the comments in webinars at the end of each module. The usertesting and also the satisfaction surveys corroborate that the course is enjoyable due to the videos (>80%) and motivates to continue with the training (>80%).

Discussion: Online training in communication has a limitation that is the management of skills in the work context. Videos can help to learn theoretical concepts "in practice" when they are edited with comments and subtitles that emphasize words, phrases or situations.

O.O.8.3 Association between relational attitudes and a training in communication and emotion handling skills

Presenter(s):
Lidia Del Piccolo, University of Verona, Italy

Authors:
Valeria Donisi, University of Verona, Italy
Cinzia Perlini, University of Verona, Italy
Maria Angela Mazzi, University of Verona, Italy
Michela Rimondini, University of Verona, Italy
Davide Garbin, University of Verona, Italy
Stefano Ardenghi, University of Milano-Bicocca, Italy
Giulia Rampoldi, University of Milano-Bicocca, Italy
Laura Montelisciani, University of Milano-Bicocca, Italy
Laura Antolini, University of Milano-Bicocca, Italy
Maria Grazia Strepparava, University of Milano-Bicocca, Italy

Background: The Emoty-Com training is a 16 hours-course based on interactive teaching to increase communication and emotion-handling skills for medical students. The study aimed to describe the Emoty-Com training impact on medical students’ attitudes towards patients’ emotions and to explore the association between students’ empathy, emotional intelligence (EI), attachment style (AS) and attitudes with post-training performance scores.
Methods: The Emoty-Com training was delivered to all second-year students of Medicine and Surgery Schools in Verona and Milan (Italy) Universities. Empathy, AS and EI were assessed at pre-training; attitudes towards emotions in the doctor-patient encounter were assessed at pre-training and post-training; at post-training, a final test evaluating the knowledge acquired during the training was administered.

Findings: The Emoty-Com training increased the relevance attributed to doctor emotional involvement, at least by male students, and students’ perception of self-efficacy in handling their own emotions during a consultation. Students with higher final test scores were those with less perceived self-efficacy in dealing with patients’ emotions before the training, while students with lower final scores were those who tended to give scarce importance to doctors’ emotions in the clinical encounter after the training.

Discussion: In contrast with previous literature, the relationship between AS, EI, empathy, and communication skills measured by the final test was not confirmed. Students’ acquired knowledge resulted related to their attitude towards emotions, which should be considered in adapting future training to the specific needs of medical students.

O.0.8.5 How effective are video animations in practitioner education? A systematic review of trials

Presenter(s):
Nadia Benhebil, Hull York Medical School, United Kingdom

Authors:
Peter Knapp, University of York, United Kingdom
Ella Evans, Hull York Medical School, United Kingdom
Thirimon Moe-Byrne, University of York, United Kingdom

Background & objectives: Video animations are increasingly available and used educationally but their effectiveness has not been evaluated systematically. This review aimed to collate trials of video animations versus other forms of delivery of educational content, when used with student or qualified healthcare practitioners.

Eligibility: Included studies had the following features: controlled design with random or quasi-random allocation; student or qualified practitioners of any discipline; comparing video animation with another format (e.g. textbook, spoken lecture, static images); animation delivered either instead of, or in addition to another format. The primary outcome was knowledge; secondary outcomes were attitudes and cognitions (e.g. satisfaction); behaviours (e.g. skills).

Search methods: Multiple digital databases were searched from 1996-2021 using a defined strategy. We also undertook citation searching.

Data collection & analyses: We used dual, independent decision-making for inclusion assessment, data extraction and quality appraisal. Included studies were appraised using the Cochrane ROB2 tool. Findings: were reported using narrative synthesis.

Results: We included 11 studies, ten that recruited student practitioners and one that recruited qualified practitioners, (total n=862). Studies evaluated cartoon animations or 2D/3D animations. Knowledge was assessed in eight studies, showing in all cases higher levels of knowledge from animations. Attitudes and cognitions were assessed in five studies, and animations resulted in positive outcomes in three studies, no difference in one study, and worse outcomes in one study. Behaviours were assessed in four studies, with animations resulting in positive outcomes in two studies. Overall risk of bias was rated as ‘high’ in eight studies and ‘some concerns’ in three studies.
Discussion: The overall evidence base is small and all included studies had ‘high’ or ‘some’ risk of bias. Video animations show promise for use in practitioner education, particularly for effects on knowledge, but there is a need for bigger, better designed trials.

O.O.8.6 (WIP) Developing an empathy-informed Communications Toolkit for primary healthcare practitioners

Presenter(s):
Maeve O’Brien, Royal College of Surgeons Ireland, Ireland

Authors:
Grace O’Malley, Royal College of Surgeons Ireland, Ireland

Relevance and importance for healthcare communication research: Obesity is rapidly rising complex public health issue affecting over 20% of children and adolescents. Stigma and anti-weight bias are frequently reported by people living with obesity and engaging with healthcare. Good communication skills between PHPs and patients form the foundation of quality medical care. It is imperative that where possible we encourage positive empowering communication for children and adolescents living with obesity to reduce unintended harm. Our work aims to co-create communication learning tools for primary health care professionals (PHPs) grounded in an empathy-based theoretical framework which prioritises the experiences of children and adolescents who live with obesity - and their carers.

Innovative in healthcare communication research, teaching or policy/practice: Co-creation of learning materials by collaborating with patients and caregivers allows educators to develop an in-depth understanding of the patient experience. The empathy-based approach uses patients’ values, preferences, and needs to incorporate patient lived experience into scenarios and role play that facilitates experiential learning opportunities for PHPs.

Objectives: The aim of this project is to create training tools for PHPs that will enhance patient-PHP communication and contribute to more meaningful interactions and obesity de-stigmatisation. Additionally, this research may offer a template for training that could be used in other stigmatised health areas.

Methods: We are collaborating with constituents who have lived experience of paediatric obesity and healthcare to generate role play videos and interactive pathways that show a spectrum of communication interactions ranging from positive to negative. Learners will be evaluated through self-reflection as well as curated assessment criteria.

Expected Findings: It is expected that PHPs will gain a greater awareness of the immediate and long-term effects of a negative healthcare communication experience and PHPs will also gain the tools to change their practice and enhance the patient experience.

13:15 - 14:15
ePoster Session

O.P.1 Communication amidst the COVID-19 pandemic: hurdles and solutions

Presenter(s):
Lakith Amaratunga, Kotelawala Defence University, Sri Lanka

Authors:
Introduction and Objectives: Communication between medical students and patients was affected during the COVID-19 pandemic due to multiple reasons such as the use of face masks. This however poses a detrimental effect on patient care as effective communication plays the foundation of building a good doctor-patient relationship.

The aim of this study was to assess the barriers to communication faced, explore the strategies to overcome them and to assess the stress experienced due to COVID-19 among medical students of General Sir John Kotelawala Defence University.

Method: A mix method descriptive cross-sectional study conducted among 334 medical students using self-reported online questionnaire including a sinhala validated Patient-Practitioner Orientation Scale (PPOS) and challenges and adaptions during pandemic. A focus group discussion was used to identify the challenges and adaptations.

Results: The attitudes of Sri Lankan medical students were more patient-centered in general (mean PPOS score 4.34, SD 0.29). Students had higher mean caring scores (4.46, SD 0.38) than sharing scores (4.22, SD 0.36).

Students in general faced difficulties in communication during the pandemic (mean of 3.31) but did not adapt strategies to overcome these difficulties (mean of 2.49). Compared to male students, females showed more difficulty communicating (mean of 3.36 vs. 3.20, p<0.05). 65% of students used more than 3 precautionary measures while talking to patients. However, these measures did not have any negative effect on communication (mean of 3.33 vs. 3.28, p<0.05).

Conclusions: The study group reports higher patient centered attitude with better caring scores and poor adaptive strategies. A communication training with emphasis on shared decision making and adaptation in challenging situations included in curricula would be beneficial.

O.P.2 Factors Influencing Clinical Research Coordinators’ Intention to SDM Using a Decision Aid in Japan

Presenter(s):
Miho Fujita, Showa University Northern Yokohama Hospital, Japan

Authors:
Yuki Yonekura, St. Luke's International University Graduate School of Nursing Science, Japan
Kazuhiro Nakayama, St. Luke's International University Graduate School of Nursing Science, Japan

Background: In Japan, clinical research coordinators (CRCs) help patients considering taking part in clinical trials to make informed decisions. However, previous studies have shown that many patients fail to understand key components of trials. Shared decision-making (SDM) is increasingly advocated as an ideal model of decision-making in medical encounters. Therefore, we have developed a prototype decision aid (DA) to promote SDM in clinical trials. This study aims were to determine (i) whether this DA would bolster a CRCs’ intention to SDM and (ii) what factors influence a CRCs’ intention to SDM using this DA.

Methods: A cross-sectional study design was conducted among CRCs in Japan. A structured web-based questionnaire based on the Theory of Planned Behavior was sent to 1,087 medical institutions. The CRCs’ intention to SDM using this DA was the objective variable. Attitude, subjective norm, and perceived
behavioral control were the explanatory variables. Structured equation modeling (SEM) was used to analyze the relationships between the variables.

Results: Three hundred seventy-three CRCs were included in the analyses. Of these, about 70% indicated that this DA would bolster their intention to SDM. There were significant correlations between attitude and subjective norm ($$\beta=0.65$$, $$p<0.001$$) and attitude and perceived behavioral control ($$\beta=-0.47$$, $$p=0.016$$). Only attitude was directly related to intention to SDM using this DA ($$\beta=0.60$$, $$p<0.001$$).

Conclusion: Our DA may enhance CRCs’ intention to SDM. It is necessary to focus on positive attitudes toward SDM to encourage SDM using this DA. Thereby, dissemination of information that recognizes that it is preferential to SDM using this DA should be encouraged.

O.P.3 Emotional intelligence as a mediator between attachment security and empathy in medical students.

Presenter(s):
Giulia Rampoldi, University of Milan - Bicocca, Italy

Authors:
Stefano Ardenghi, University of Milano-Bicocca, Italy
Laura Montelisciani, University of Milan - Bicocca, Italy
Laura Antolini, University of Milano - Bicocca, Italy
Valeria Donisi, University of Verona, Italy
Cinzia Perlini, University of Verona, Italy
Michela Rimondini, University of Verona, Italy
Davide Garbin, University of Verona, Italy
Lidia Del Piccolo, University of Verona, Italy
Maria Grazia Strepparava, University of Milano - Bicocca, Italy

Background: Although the relationship among Emotional Intelligence (EI), Attachment Security (AS), and Empathy (E) has been previously established, the mechanism through which these three constructs relate to each other is not wholly understood. Since EI has been found to be predicted by AS and to predict E, we advanced an integrated model according to which EI mediates the relation between AS and E in undergraduate medical students.

Methods: In a cross-sectional design, the Interpersonal Reactivity Index (IRI), the Emotional Quotient Inventory (EQ-i), the Attachment Style Questionnaire (ASQ), and demographic questions were electronically administrated to 253 second-year medical students (56.13% female) of two medical schools in Northern Italy. Pearson’s zero-order correlation coefficients ($$r$$) were computed to examine the associations between the three dimensions. To test the indirect effect of AS on E through the variable mediator EI, a mediation analysis was performed using the Structural Equations Modelling (SEM).

Findings: As was positively related to the IRI dimensions of Empathic Concern ($$r=0.17$$, $$p=0.008$$) and Perspective Taking ($$r=0.24$$, $$p<0.001$$), and negatively to Personal Distress ($$r=-0.33$$, $$p<0.001$$). Individuals with same levels of AS and higher scores on EQ-i had higher scores ($$\gamma=0.072$$, $$p=0.033$$) on the empathy latent factor (at the basis of Empathic Concern and Perspective Taking) and lower scores ($$\gamma=-0.290$$, $$p<0.001$$) on Personal Distress than those with lower EQ-i scores.

Discussion: This study shows that EI completely mediated the relationship between AS and empathy dimensions in our study population. Since EI is a dispositional characteristic malleable to modification, this construct should be considered when designing educational interventions and programs to promote medical students’ empathy and well-being in interpersonal situations.
O.P.4 Using virtual methods to teach Clinical Communication Skills: a survey

Presenter(s):
Panayiota Andreou, University of Nicosia, Cyprus

Authors:
Alexia Papageorgiou, University of Nicosia, Cyprus
Eliana Christoforou, University of Nicosia, Cyprus
Marcy Rosenbaum, University of Iowa, United States

Background: The COVID-19 pandemic presented the education community with an enormous challenge where educators were called to adjust and shift their teaching in most cases from onsite settings to online environments. This transition was abrupt and required adjustments, and in most cases without the necessary expertise or infrastructure. This study aimed to assess the impact of Covid-19 pandemic on the conventional methods of teaching clinical communication skills (CCS) as compared to virtual methods of teaching.

Methods: A convenience sample of each members involved in medical student CCS education were invited to complete an online survey comprising of 34 quantitative and qualitative questions about the use of virtual methods of teaching CCS. The data was analyzed using frequencies and content analysis.

Findings: Forty-six (46) participants from 19 countries and a range of disciplines completed the survey. For most participants, very little of the CCS education was conducted online prior COVID-19. Once the transition was done online, most of the teaching was delivered synchronously (happening in real time) as opposed to asynchronous (e.g. recorded lectures). Participants reported that the transition from onsite to online was relatively smooth; online consultations minimized class distractions and enabled greater focus on student-simulated patient interaction. Areas that did not work well included missing on non-verbal cues both from the role-plays and the group; online sessions were viewed as a second-best option to onsite teaching.

Discussion: Online CCS teaching was forced to scale up within a short space of time. This study provides valuable insight of the challenges educators faced in this transition, their reflection on the strengths and weakness of online teaching as well as about the adaptability of educators, students and simulated patients in this change. It is envisaged this work will highlight areas to strengthen the skills and infrastructure of online CCS teaching.

O.P.5 Effective Informed Consent Communication skills for Senior Medical Students (Sub-Interns)

Presenter(s):
Milena A. Gebska, UNIVERSITY OF IOWA, United States

Authors:
Katharine A. Robb, University of Iowa, United States
Hanna D. Zembrzuska, University of Iowa, United States
Marcy Rosenbaum, UNIVERSITY OF IOWA, United States

Background: Obtaining informed consent from patients for procedural tests/treatments is an important communication task for health care providers, involving more than just getting a consent form signed. To ensure that patients have understanding to make informed decisions, effective communication skills are needed in conducting informed consent conversations. Several studies have demonstrated that new
postgraduate learners (interns) lack skills to conduct these conversations effectively. Sub-internship rotations aimed at preparing senior medical students for their upcoming role as postgraduate trainees may be an appropriate place to introduce learners to informed consent skills.

Methods: We developed an educational intervention on effective informed consent communication skills for sub-interns in Internal Medicine. Educational components included: 1) A pre-workshop self-study module on blood transfusion and joint aspiration; 2) A two-hour experiential workshop on Zoom (or in person) where students learn about and practice effective informed consent conversation communication skills on the two procedures. Each student engages in a consent conversation (7-10 minutes) with a simulated patient while the other students watch, followed by debriefing and learner feedback. Two versions of each case are enacted ("easy" versus "apprehensive" patient) demonstrating how to apply the skills to patients with different reactions and concerns.

Assessment/evaluation: Pre-intervention assessments indicating the need for this session included data from entering intern OSCEs (N=33 over 3 years) in which interns scored lowest on the informed consent station and a needs assessment survey revealing sub-interns (N=24) desired formal training in informed consent skills. A post-intervention evaluation survey revealed all participating sub-interns found being able to practice, receive feedback and observe others practice was helpful in enhancing their informed consent skills. A pre-post retrospective survey will collect evaluation data from subsequent sessions.

Discussion: Time efficient experiential informed consent sessions are feasible to help better prepare senior learners for these important conversations and shared decision making.

O.P.6 The Effects of Job Stressors, Perceived Organizational Support, and Authentic Leadership on Bullying

Presenter(s):
Anna Filipova, University of Wisconsin Oshkosh, United States

Background: National Nurses United’s 2021 survey of registered nurses (RNs) revealed that, during the COVID pandemic, RNs faced continued issues ranging from unsafe staffing levels to administrators failing to observe infection control and communicate prevention measures. Research also suggests that bullying is endemic to nursing. In this study, job stressors (role overload, role ambiguity, COVID-related communication), authentic leadership (AL) behaviors (self-awareness, transparency, moral/ethical, balanced processing) and perceived organizational support (POS) were analyzed as possible predictors of bullying.

Methods: A simple random sample of 1016 RNs was drawn from a population of 20927 nurses in a single United States Midwestern state. A cross-sectional survey design and mixed mail/online Methods: of data collection were implemented. Useable questionnaires (169) were analyzed, performing descriptive statistics, Pearson’s correlation, hierarchical regression and multivariate analyses.

Findings: Five bullying measures correlated significantly with work environment variables; the strongest correlates were role overload, AL and POS. Role overload (beta = .26; p< .001), AL-self-awareness (beta = -.30; p< .001), AL-transparency (beta = -.23; p< .05) and POS (beta = -.22; p< .05) were the strongest predictors of overall bullying; role overload (beta = .37; p< .001), AL-transparency (beta = -.23; p< .05) and POS (beta = -.27; p< .001) of work bullying; role overload (beta = .15; p< .05) and AL-moral/ethical (beta = -.37; p< .001) of personal bullying, and AL-self-awareness (beta = -.50; p< .05) of physically intimidating bullying. Self-labeled victims of bullying (45 or 27%) assessed AL, POS and COVID communication more negatively, were less committed, and experienced higher exhaustion, role ambiguity and role overload than non-bullied employees.

Discussion: Steps to promote authentic leadership would probably not be effective in preventing bullying unless strategies are also implemented to reduce the level of job stressors. Immediate supervisors must
actively manage frustration and exhaustion through effective communication and support to avoid situations escalating into bullying.

O.P.7 The relationships between negative social support and capacity to receive support

Presenter(s):
Miyako Kimua, mkimura@marianna-u.ac.jp, Japan

Background: This study examined the relationships between negative social support experiences during and after pregnancy and the capacity to receive support among mothers of young children in Japan.

Methods: In February 2020, we conducted an online survey and obtained responses from 4,700 mothers of infants/preschoolers from 47 prefectures in Japan. Participants were eligible if they were mothers aged 20–49 years, having at least one infant and/or preschooler aged 0–6 years old.

Findings: We found that more than 20% of mothers experienced negative social support during pregnancy and after their childbirth. In multiple regression analysis, mothers who had experienced negative social support from health care providers had a lower capacity to receive support than those who had not (p<0.001). In free descriptions, some said, "When I was in the hospital after childbirth, I could not breastfeed well and had to stay in the nursing room for a long time. A nurse came and said, 'How long are you doing that? You must feel sorry for your baby!' I did not know what to do when my baby could not breastfeed well, but after being told that, I hesitated to ask the other nurses even if I wanted to, thinking that I should not ask for help."

Discussion: Experiencing negative social support from health care providers may relate to higher hesitation of asking for help and lower capacity to receive support. Reducing occurrences of negative social support should be considered. Especially, the paternalistic tone of healthcare providers may lead to mothers’ hesitations of asking for help that may be reflected in their capacity to receive support.

O.P.8 Flipped Curriculum versus Traditional Lecture for Back Pain in the Emergency Department

Presenter(s):
Muhammad Ahmed, Wayne State University SoM, United States
rqam Husain, Wayne State University SoM, United States

Authors:
Elizabeth Dubey, Wayne State University SoM, United States

Background: The use of the traditional lecture model (TLM) as the primary teaching tool in emergency medicine residency has been questioned due to its lack of learner engagement. The flipped classroom model (FCM) - an instructional strategy that encourages learning at home and practice in the classroom - has gained popularity due to its student-centered approach. Studies on FCM’s use in medical education have found evidence of increased satisfaction among residents but no evidence of improved medical management (MM) or knowledge acquisition (KA). Our primary aim is to determine whether FCM, when compared to TLM, results in significant change in residents’ MM in the emergency department (ED). The secondary aim is to determine the impact of FCM on KA in residents.

Methods: This is a retrospective EMR review of atraumatic back pain (ABP) patients treated by residents. All residents training at Sinai Grace Hospital (SGH) and Detroit Receiving Hospital (DRH) EDs during the 2019-2020 academic year will be included in the study. SGH residents will be educated on ABP management via TLM and DRH residents via FCM. To assess our primary aim, we will compare how closely residents’ MM of
ABP patients aligns with ACEP guidelines. Residents’ KA will be evaluated by the administration of a quiz before the teaching intervention and then six months afterwards.

Findings: Data collection is in process. Once complete, EMR data will be de-identified then analyzed using standard statistical techniques. Data from quizzes will be entered into EXCEL, de-identified, stored on a secure WSU server, then analyzed using standard descriptive statistics and EXCEL functions.

Discussion: This study will investigate whether FCM, compared to TLM, results in a significant change in resident MM and KA. We anticipate our study will promote a better understanding of FCM’s effectiveness in medical education and possibly facilitate higher-level learning outcomes.

O.P.9 Visual presentations to communicate prognosis in adults: Two online randomised controlled trials

Presenter(s):
Eman Abukmail, Bond University, Australia

Authors:
Mina Bakhit, Bond University, Australia
Mark Jones, Bond University, Australia
Tammy Hoffmann, Bond University, Australia
Chris Del Mar, Bond University, Australia

Visual presentations to communicate prognosis in adults: Two online randomised controlled trials

Background: Communicating the prognosis of a condition, either with or without treatment, can facilitate informed decision-making. Simple visual presentations may assist with conveying this information to patients. The most effective presentation for facilitating comprehension is unknown. We investigated whether a bar graph, pictograph, or line graph were superior to text-only for communicating prognosis and whether differences existed between graph types.

Methods: Two online randomised controlled trials (each is a 4-parallel arm trial) were conducted separately with Australian adults. Trial A (n=417) presented the prognosis of an acute condition (acute otitis media-AOM) and trial B (n=433), a chronic condition (lateral epicondylitis). The primary outcome was comprehension (score 0-6) with a 1-point difference prespecified to be clinically meaningful. Secondary outcomes included decision intention, satisfaction with the presentation, and graph preference. Statistical significance was set at p<0.016 to allow for 3 primary comparisons.

Findings: In both trials, the mean comprehension score was 3.7 for the text-only group, with a pictograph superior to text-only in trial A (mean difference (MD)=0.54, 95%CI=0.13-0.95, p=0.011) but not in trial B (MD=0.49, 95%CI=0.04-0.93, p=0.032). In both trials, bar graph was the most preferred presentation, chosen by 32.9% and 35.6% of participants in trial A and trial B respectively.

Discussion: Results: are consistent with recommendations to use simple visual presentations to communicate numbers, with no specific type recommended. Any of the four visual presentations tested (text only, bar graph, pictograph, line graph) may be suitable to use when discussing quantitative prognostic information with patients.

O.P.10 Using a structured counseling approach to equip pharmacy students with better communication skills

Presenter(s):
Yunn-Fang Ho, Graduate Institute of Clinical Pharmacy, College of Medicine, National Taiwan University, Taiwan

Authors:
Yen-Ming Huang, Graduate Institute of Clinical Pharmacy, College of Medicine, National Taiwan University, Taipei, Taiwan
Ling-Jie Chen, Chen-Fang Pharmacy, Yilan County, Taiwan
Ling-Ling Hsieh, School of Pharmacy, College of Medicine, National Taiwan University, Taipei, Taiwan
Ethan Lu, Graduate Institute of Clinical Pharmacy, College of Medicine, National Taiwan University, Taipei, Taiwan

Background: To equip pharmacy students with better communication skills in medication counseling, we engaged them in applying a structured approach of over-the-counter (OTC) medication counseling to facilitate consumers’ understanding of appropriate drug use while on the Advanced Community Pharmacy Practice Experiences (ACPPEs) rotation. The 5-step structured counseling approach (SAIDS) comprised: (1) Surfacing Symptoms and OTC needs, (2) inquiring about Allergy and medication histories, (3) reaffirming medication Indication, (4) Directing correct medication use, and (5) reiterating Strategies to empower Self-care and to cope with common Side effects. The study is to evaluate the impact of the SAIDS approach practiced by pharmacy students on customers’ understanding of the appropriate OTC use.

Methods: Eight students received a six-week ACPPEs rotation where they applied conventional OTC consultation in the first three weeks and SAIDS consultation in the rest of weeks. Convenient sampling was used to recruit adult participants purchasing an OTC at four community pharmacies from March to December 2021. A 12-item self-administered questionnaire was distributed to evaluate the participants’ understanding of the use of OTCs. Chi-square test were used for impact analyses.

Findings: Seventy-three customer participants were enrolled; 38 and 35 of them received conventional and SAIDS counseling services, respectively. No significant differences were found in demographic backgrounds of the participants receiving either counseling approaches. The consumers who received the SAIDS medication counseling showed a significant understanding of the potential side effect that needed to be aware of when using OTCs ($p=0.012$). No matter which type of counseling that consumers were received, more than 80% of them were able to describe the indication of the OTCs they purchased and when they can stop taking these OTCs.

Discussion: The structured medication counseling approach could be integrated into pharmacy education to effectively improve consumers’ awareness of potential side effects along with management strategies of OTCs.

O.P.11 e-Professionalism and ePortfolios – are they compatible within the undergraduate nursing curriculum?

Presenter(s):
Nuala Devlin, Queens University Belfast, United Kingdom

The urgency to move learning online due to the Covid-19 pandemic saw a stampede by educators to identify suitable platforms. While most of this theoretical learning could be facilitated one crucial aspect of the undergraduate nursing curriculum proved much more problematic, that of how evidence is captured in practice. ePortfolios pedagogy is perfectly placed to foster this learning. However tacit knowledge particularly around professionalism in practice can be open to interpretation. It is noted in the literature that e-professionalism in the context of ePortfolios requires further exploration.
Background: An ambitious project to implement a regionally agreed electronic practice assessment document (commonly known as an ePortfolio) for undergraduate nursing, across five health and social care trusts and three Approved Education Institutions (AEI) commenced in January 2021.

Methods: A Logic Model was used in one Approved Education Institution to implement the ePortfolio. Weekly evaluation with students (online) across all fields of practice, captured feedback in real time while on clinical practice.

Findings: Initial evaluation of the data would suggest that students do not fully understand the relationship between e-professionalism and ePortfolios.

Discussion: Advances in how evidence is captured and communicated is ever evolving and the integration of ePortfolios is fundamental to that discussion. Reflection can deepen understanding of learning and lines of inquiry which are fundamental to the professional. The introspection that it requires means that it can be challenging to evaluate in objective terms. In this emerging field e-professionalism requires further exploration, including how universities communicate and support students within this forum. The long-term goal is to yield reflective and competent practitioners who have access to and an understanding of digital platforms and digital literacy.

O.P.12 Experience of Pharmacy students participating in an Objective Structured Clinical Exam: a survey

Presenter(s):
Majanne Wolters, Utrecht University, Netherlands

Background: In the Pharmacy master program at Utrecht University students are trained for patient centred pharmaceutical consultations. After the training, students participate in a formative Objective Structured Clinical Exam (OSCE) to experience what an OSCE is like and to gauge their ability. Students receive written feedback and a videorecording of their consultations. Students who perform well on a station get an exemption for that station in the summative OSCE.

In the fall of 2020, the organisation of the OSCE was altered because of COVID-19. A survey was held to find out if these changes should be kept in the future.

Methods: Immediately after the OSCE students were asked to fill a semi-structured survey. The survey contained multiple choice questions with room for elaboration about the organisation, their performance, and their experience of the OSCE. Students were asked to characterize the OSCE with four words.

Findings: From 26 October – 2 November 2020 82 students participated in the formative OSCE; 69 (84%) filled the survey. Students agreed that the OSCE was well organised (77%) and the assessors were friendly and put them at ease (87%). However, 80% of the students felt stressed. To characterize the OSCE students used 95 different words (total 196 words) which related to experiencing stress (22%), being an instructive experience (16%), difficult (12%), a pleasant atmosphere (8%) and general positive remarks (19%).

Discussion: The survey offered in-depth insight in students experience of the OSCE. Assessors experience that OSCEs are stressful and difficult for students. It is encouraging that students also mention positive aspects such as being educational and a pleasant atmosphere.

The experience of the students and assessors have led to some changes in the organisation of the OSCE (more time per station, students prepare per station). In the future the survey could be repeated for comparison.

O.P.14 The influencing chain of panic buying: Lessons learned from the pandemic for crisis communication
**Presenter(s):**
Sonja Bidmon, Universitaet Klagenfurt, Austria

**Authors:**
Jasmin Dellamea, Alpen-Adria-Universitaet Klagenfurt, Austria

Background: Especially at the outbreak of the ongoing pandemic, panic buying could be observed in many European countries, leading to empty shelves and stock-outs of medical products in pharmacies (e.g., protective masks, disinfectants) and supply chain disruptions for several product categories. Stock-out situations prevent individuals as well as vulnerable groups from accessing daily necessities and medical supplies (Wesseler, 2020). Different theoretical approaches have been used to explain panic buying behaviour like contagion theory (LeBon, 1960, cited by Prentice et al. 2020), crowd psychology theory (Drury et al., 2013), resource scarcity (Yoon et al. 2018) as well as compensatory control theory (Barnes et al. 2021) or even game theory (Taylor, 2021). So far, however, little attention has been paid to investigate which individuals engage more in panic buying than others. Thus, the present study develops a psychographic influencing chain of panic buying.

Method: The authors investigate the influence of four psychographic variables (neuroticism, conscientiousness, COVID-19 involvement, COVID-19 anxiety) and risk perception (mediator) on panic buying and report on an empirical study with 309 respondents by applying an online survey among the student base of a mid-sized Austrian university. A prerequisite for participation was the responsibility for purchasing daily necessities in their own household at the beginning of the first lockdown (March 2020).

Findings: The results derived from SEM emphasise the importance of conscientiousness, COVID-19 involvement and anxiety as valuable antecedents, the latter two being mediated by risk perception, on the extent of panic buying.

Discussion: The findings have implications for theory and practice of communication during pandemics. Knowledge about which segments of the population are more prone to panic buying can be used to develop more tailored mediated communication and help vulnerable groups to access daily necessities and medical supplies, especially during the outbreak and lock down phases of a pandemic.

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**O.P.15 Talking about completely different “things” in shared decision making**

**Presenter(s):**
Ian Hargraves, Mayo Clinic, United States

**Authors:**
Merel Ruissen, Leiden University Medical Center, Netherlands
Montserrat León-García, Iberoamerican Cochrane Center, Spain
Derek Gravholt, Mayo Clinic, United States
Sarah Johnson, Northeastern University, United States
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Background: In COVID vaccination stand-offs, what is “fact” for one is “fake” for another. Describing the effects of vaccines is counter-productive against positions or beliefs.

Most patient-clinician interactions aren’t this extreme. Yet, the issue of what types of things can productively be discussed remains.
Broadly, shared decision making (SDM) discusses problems, options, and preferences. Yet one person’s problem, “your blood sugar is too high” is not another’s “I can’t afford my insulin”. It’s not that they don’t share priorities, what type of problem diabetes is, is different. For the clinician diabetes is the effects of excessive blood glucose, for the patient, the day-to-day impediment to life. SDM is unlikely to be productive unless the clinician can switch from talking about effects to situations. Otherwise, they’re discussing fundamentally different things.

Methods: Using a directed-content analysis based on Purposeful SDM and McKeon’s interpretive-orientations model we identified different types of things that are problems, options, and preferences in video-recorded encounters.

Findings: Patients and clinicians are frequently talking about different types of things. E.g. The clinician describing a problem as the effects of osteoporosis, and the patient expressing the problem as a position “I won’t take medicines”. It is unproductive when this is unrecognized in conversation. Types of “things” that are problems, options, and preferences are: Effects, People’s positions, Situations, and Truths. For example, a problem may be located in competing positions, where options are alternative positions, and a preference is the acceptability of adopting another position. Alternatively, a problem may be the effects of illness, with options being counter effects with side effects, and preferences reactions to these effects.

Discussion: While discussing the same topic, patients and clinicians may be talking about different things. Evidence, decision aids, and medical science mostly discuss effects. Inclusiveness of other types of “things” is important in SDM.

O.P.16 Considerations regarding a diagnosis of Alzheimer’s Disease before dementia: a systematic review

Presenter(s):
Jetske van der Schaar, Alzheimer Center Amsterdam, Department of Neurology, Amsterdam Neuroscience, Vrije Universiteit Amsterdam, Amsterdam UMC, Amsterdam, The Netherlands

Background: The NIA-AA research framework proposes a purely biological definition of Alzheimer’s Disease (AD). This implies AD can be diagnosed based on biomarker abnormalities, regardless of clinical expression. While this brings opportunities, it also raises challenges. We aimed to provide an overview of considerations regarding the disclosure of AD pathology before the onset of dementia.

Methods: A systematic literature review was conducted according to PRISMA guidelines. We searched PubMed, Embase, APA PsycINFO and Web of Science Core Collection (on 10 December 2020) for references on conveying AD biomarker results to individuals without dementia. Our query combined variations on the terms Alzheimer’s Disease, disclosure, or diagnosis, preclinical or prodromal, and biomarkers. Two reviewers independently screened the resulting 6860 titles and abstracts for eligibility and examined 162 full text records for relevance. We included theoretical articles in English, on communicating amyloid and/or tau results to individuals with mild cognitive impairment, subjective cognitive decline, or normal cognition. MAXQDA-software was used for inductive data analysis.

Results: We included 27 publications. From these we extracted 26 unique considerations, which we grouped according to their primary relevance to a clinical, personal, or societal context. Clinical considerations included (lack of) validity, utility, and disclosure protocols. Personal considerations covered psychological and behavioral implications, as well as the right to (not) know. Finally, societal considerations comprised the risk of misconception, stigmatization, and discrimination. Overall, views were heterogeneous and often contradictory.

Conclusion: Perspectives on diagnosing AD before dementia vary widely. The theoretical literature tended to focus on adverse impact and rely on common morality, while the motivation for and implications of biomarker testing are deeply personal. Our Findings: provide a starting point for clinicians to discuss
biomarker-based diagnosis with their patients, which will become even more relevant since the conditional approval of a first disease-modifying drug for AD.

**O.P.17 Influence of Patient Centeredness on COVID-19 Anxiety Among Medical Students, Sri Lanka**

*Presenter(s):*
Sembakuttige Amali Chinthika Dalpatadu, General Sir John Kotelawala Defence University, Sri Lanka

*Authors:*
Kosmapatabendige Chryshanth Saminda Dalpatadu, Teaching Hospital Kurunegala, Sri Lanka

Introduction and Objectives: Patient centered is inherent property in some which is trainable. However, it is a challenge for medical students to interact with patients amidst the COVID-19 pandemic due to the various risks and fears associated.

The aims of this study were to assess the level of patient centeredness, COVID-19 related anxiety and factors that were associated with patient centeredness among medical students of General Sir John Kotelawala Defence University.

Method: A descriptive cross-sectional study was conducted on 334 students using self-reported online questionnaires, with two validated tools. The Patient-Practitioner Orientation Scale (PPOS) to measure patient-centeredness and the Coronavirus Pandemic Anxiety Scale (CPAS-11) to grade the stress due to the pandemic.

Results: The study group were patient-cantered in general (mean PPOS score 4.34, SD 0.29). Students had higher mean caring scores (4.46, SD 0.38) than sharing scores (4.22, SD 0.36). The mean COVID-19 stress score was 6.07 (SD 2.27). Patient-centeredness did not vary with the level of stress (mean 4.35 vs. 4.32, p<0.05) Prior encounter with a COVID-19 patient revealed a lower mean caring score (4.35 vs. 4.48, p<0.05) but had no effect on the mean sharing score.

Conclusions: Our study revealed the timely need for education on the emphasis of patient-centeredness among medical students in order to supplement patient satisfaction and overall quality of care.

**O.P.18 Teaching interpersonal communication concepts to increase awareness and reduce health disparities**

*Presenter(s):*
DaKysha Moore, NCAT, United States

*Authors:*
Deana Mcquitty, NC A&T State University, United States

This presentation focuses on a teaching assignment, which addresses how developing a project for an interpersonal communication course can help educate undergraduate students about reducing health disparities in their respective careers. The course is part of the curriculum in a Speech Program (Speech Communication Studies and Speech, Language, Pathology & Audiology), housed in a College of Health & Human Sciences. There are research studies that suggest one way of reducing health disparities is to teach future health care clinicians, those in healthcare sciences, and allied health programs on health disparities, social determinants of health, and more recently population health. Therefore, the purpose of the class project is to introduce students, especially those at an Historically Black College/University, to the main areas of health disparities and the importance of interpersonal communication as a possible tool to reduce
them. The instructor/s of the course should teach sessions explaining both health disparities, and social determinants of health. Once students have a better understanding of the different health disparities, they are asked to make connections between specific interpersonal communication terms: types of communication noises, ethnocentrism, and identity management; and explain how the concepts could play a role towards reducing health disparities in their respective careers especially those majoring in a healthcare related field. The activity was conducted through group projects, that allowed students to use collaborations within their majors and others to better recognize how future healthcare professionals could use specific interpersonal communication skills to create more awareness and possibly help lessen poor health outcomes due to health disparities within their communities. Besides the interpersonal communication course, the assignment could be used for students taking a health communication, health education, and intercultural communication courses.

O.P.19 Communication strategies among Black pastors in South Carolina about the COVID-19 Vaccination

Presenter(s):
DaKysha Moore, NCAT, United States

Authors:
Lisa Mansfield, University of California at Los Angeles, United States
Elijah Onsomu, Winston-Salem State University, United States
Nicole Caviness-Ashe, Duke University, United States

COVID-19 vaccination rates have increased since vaccine distribution began in December 2020. However, in some states, such as South Carolina (during Spring 2022—slightly less than 60% of the total population is fully vaccinated), getting people to take the vaccine has been more challenging. Among African Americans, vaccine hesitancy could be for several reasons including lack of confidence in the medical community and vaccine. Nevertheless, utilizing faith-based leaders, such as pastors, hold promise for increasing COVID-19 vaccination rates among African Americans in South Carolina. However, how pastors communicate information about COVID-19 vaccines in the African American community should be investigated. The purpose of this study is to explore the communication strategies that pastors in predominantly African American churches use to increase COVID-19 vaccination rates among churchgoers and the surrounding community. We conducted semi-structured interviews with 10 pastors in South Carolina. Three main themes emerged 1) multiple communication channels and accessibility, 2) trust, and 3) lead by example to strengthen commitment to health. As there continues to be an increased need for COVID-19 vaccination, including booster vaccines, pastors may be a source to promote COVID-19 vaccine information and community outreach for COVID-19 vaccination among African Americans.

O.P.20 Designing a Course on Communication in Healthcare for Undergraduate Medical Students

Presenter(s):
Octavia-Luciana Madge, University of Bucharest, Romania

Background: Communication has not been approached in Romania as one of the essential elements in healthcare and consequently, a course on communication in healthcare could not be found in the curriculum of medical schools up until recently. For example, at a medical school in Bucharest only elements of communication focused especially on the doctor-patient relationship were integrated in courses such as medical psychology and can be found now in the curriculum. The aim of this paper is to present the proposal for an independent module on communication in healthcare which could be offered to medical students in Bucharest.

Methods: Development of the syllabus for a module of communication in healthcare which could be offered to medical students in pre-clinical and clinical years of study was based on an extensive
documentation which included an analysis of courses offered by medical schools from other countries and consultation with medical doctors in Romania and discussions with medical students and residents.

Findings: The themes proposed to be included in the syllabus are justified by the need to instruct future doctors in communication techniques and for various situations in the medical practice which could prepare them for a better interaction with patients and their families, the medical team and other actors involved in the healthcare process.

Discussion: An independent module on communication in healthcare should be integrated in the curriculum of the medical school in Bucharest and could have a positive impact and improve the experience of patients and doctors in the healthcare setting.

O.P.21 Patient Satisfaction with Communication in Cancer Care in Public and Private Hospitals in Russia

Presenter(s):
Maxim Kotov, FSBI National Medical Research Cancer Center N.N.Petrov, Russia

Background: Satisfaction with communication is an important patient-reported outcome for the assessment of quality of cancer care. It has been thought that patients in Russia prefer treatment in private rather than public clinics due to less prominent paternalism of health care workers in communication. The aim of the study was to compare the satisfaction of cancer patients with communication in public and private clinics.

Methods: A cross-sectional study was conducted. Satisfaction was evaluated using an online survey with 14 questions about different components of the interview: greetings (n=2), gathering information (n=4), explanation of test results (n=3), shared decision-making in treatment planning (n=3), and empathy (n=2). A five-point scale was used to assess each question with 0/1 referred to as “not satisfied” and 5 to “totally satisfied”. The mean score of each interview part is presented.

Results: Of 58 responders, 69% (n=40) had an appointment with oncologist in public clinics and 31% (n=18) in private clinics. The mean age was higher in public group, 39.8±11.9 vs 34.2±6.7 (p<0.01). There were 87.5% females in public clinics group and 100% in private. The mean total satisfaction score was significantly lower among patients in public than in private clinics: 2.80±1.21 vs 4.31±0.84, respectively (p<0.01). There were the following difference between public and private clinic groups in mean scores for each interview component: greetings – 3.15±1.40 vs 4.58±0.71 (p<0.01), information gathering – 3.00±1.22 vs 4.54±0.71 (p<0.01), test results explanation – 2.86±1.22 vs 4.14±0.89 (p=0.0001), shared decision-making in treatment planning – 2.29±1.39 vs 3.94±1.30 (p=0.0001), and empathy – 2.76±1.41 vs 4.3±0.91 (p=0.0001), respectively.

Conclusion: Cancer patients in Russia are more satisfied with communication with oncologists in private clinic setting than public hospitals. It can be due to limited time for interviews, lower doctor motivation, and common use of a paternalistic model in public clinics.

O.P.22 The use of AccuRx in collection of Friends and Family Test data in a primary care network

Presenter(s):
Gordon Weight, STH, United Kingdom

Authors:
Jane Heathcote, PCS, United Kingdom

Background: The NHS Friends and Family Test (FFT) is the largest single source of patient feedback in the world, having collected over 75 million pieces of feedback since its introduction in 2013. It is traditionally
collected using paper forms after a service encounter. COVID-19 caused enormous disruption and change to primary care services across the world, and also reduced the ability of patients to give feedback about their significantly altered services. This project looked at the introduction of virtual delivery of the FFT to patients in a primary care network.

Approach: Feedback received by a primary care network from December 2019 to August 2020 was audited and compared to feedback received after the introduction of virtual FFT delivery via AccuRx software. Qualitative feedback from practice staff was collected regarding the implementation of the FFT.

Results: 61 pieces of feedback were collected per month on average prior to the introduction of virtual FFT collection across the network. Trial introduction of virtual FFT introduction in 3 practices which serve 54% of the network’s patients also returned 61 pieces per month. Issues identified included patient accessibility, potential introduction of bias in feedback collection and unequal provision of FFT between centres within the network.

Implications: Virtual FFT collection offers an effective and COVID-secure way for practices to improve their collection of FFT data, of particular relevance when performing distanced consultations. Virtual FFT collection will now be introduced across this network. Further development areas include improving language accessibility, and automation to reduce administrative burden of data collection and reduce bias.

O.P.23 Communication as pillar for anxiety management in the nursing during the COVID-19: a scoping review

Presenter(s):
Caroline Pereira, University of São Paulo, Brazil

Authors:
Divane Vargas, University of São Paulo, Brazil
Priscila Araujo Evangelista, University of São Paulo, Brazil
Natalia Mayumi Ueda, University of São Paulo, Brazil
Karen Oliveira Santana, University of São Paulo, Brazil

The Coronavirus Disease - 19 (COVID-19) outbreak is generating changes and increasing of symptoms of anxiety in the general population, even in the health professionals. Among the health professionals, nursing stands out, as it is considered the backbone of the health system because they are on the front line of care in integral period with patients. This research aimed to map the production of knowledge on the strategies used for the management of anxiety, in nursing professionals, during the COVID-19, Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The methodology adopted was a scoping review conducted in the BVS, EMBASE, PUBMED, CINAHL, PsycINFO, SCOPUS and Web of Science information sources. The review protocol is registered in International Prospective Register of Systematic Reviews under number CRD42020192918. A total of 31 studies were included in the review, and the interventions identified were based on communication as the role for the strategies of anxiety’s management in the nursing team. The interpersonal communication was frequently mentioned, mainly to offer psychological support and exchange of experiences. However, intrapersonal communication was also efficient in the management of anxiety symptoms. The communication allowed the ramification of interventions into 5 groups, entitled: emotional support, social support, educational campaign, implementation of safety policies, and adoption of a positive coping style. The synthesis of evidence for the management of anxiety, based on communication, are essential to the mental health of nursing staff during the COVID-19, once through this synthesis, it was possible to identify the main interventions to manage anxiety, based on the power of communication, and such knowledge can be applied in the development of an anxiety management protocol for nursing professionals.
P36 Language Profile of the United States Physician Workforce: A Descriptive Study

Presenter(s):
Pilar Ortega, University of Illinois College of Medicine, United States

Authors:
Natalie Felida, Association of American Medical Colleges, United States
Santiago Avila, University of Chicago Pritzker School of Medicine, United States
Sarah Conrad, Association of American Medical Colleges, United States
Michael Dill, Association of American Medical Colleges, United States

Background: Physician-patient language concordance increases access to high-quality, equitable care for the growing United States (US) population with non-English language preferences. However, little is known about the physician workforce's language skills and use patterns. The primary objective was to evaluate the language profile of the US physician workforce and describe the characteristics of multilingual physicians, defined as speaking one or more languages besides English.

Methods: This study analyzed the Association of American Medical College’s 2019 National Sample Survey of Physicians data. A total of 6,000 physicians garnered from sampling a nationally representative panel of active physicians responded to the online survey. The main measures included respondent demographics, practice characteristics, languages spoken, and frequency of language use in patient care.

Findings: 39.7% of physicians reported speaking a language other than English, and 9.6% reported using their multilingual skills always or often in patient care. Multilingual physicians were more likely to originate from urban settings, identify as Hispanic/Latinx or Asian, and be international medical graduates. Those who reported speaking Spanish (35.5%), Hindi (17.1%), French (10.2%), Chinese (Mandarin; 8.0%), and Russian (5.7%) accounted for the largest proportions. The percentage of multilingual physicians who reported frequent non-English language use with patients was highest among Spanish-speaking physicians (59.3%). Respondents reported several other languages as frequently used in patient care by over 30% of physicians who speak the language, namely: Vietnamese (41.5%), Chinese (Cantonese, 41.2%), Korean (39.5%), Japanese (33.0%), and Polish (31.3%).

Discussion: Many US physicians report multilingual skills and use their non-English languages with patients. Understanding the language profile of US physicians can inform educational initiatives to increase multilingualism in healthcare delivery and the development of proficiency standards for clinical use and provide context for future research. Furthermore, characterizing physicians’ language skills is a valuable step in improving health equity among historically marginalized linguistic communities.

O.P.24 Language Profile of the United States Physician Workforce: A Descriptive Study

Presenter(s):
Pilar Ortega, University of Illinois College of Medicine, United States

Authors:
Natalie Felida, Association of American Medical Colleges, United States
Santiago Avila, University of Chicago Pritzker School of Medicine, United States
Sarah Conrad, Association of American Medical Colleges, United States
Michael Dill, Association of American Medical Colleges, United States

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Presenter(s):
Sembakuttige Amali Chinthika Dalpatadu, General Sir John Kotelawala Defence University, Sri Lanka

Authors:
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Rm Mudiyanse, University of Peradeniya, Sri Lanka

Introduction and Objectives: Midwifery practice influences maternal and child health. Patient centeredness
provides a foreground for compassionate care. This study focuses on the impact of patient centered
attitudes on adaptations made by the Public health midwives to improve communication amidst challenges
during COVID 19 pandemic.

Methods: A mix-method cross sectional study recruited all public health midwives from Anuradhapura
district Sri Lanka in 2021 December. Their patient centeredness was assessed using Validated Sinhala
version of the Patient-Practitioner Orientation Scale (PPOS) and their communication adaptations was
assessed by using a Likert type a questionnaire

Results: Participants aged between 25-66 years. Duration of service ranging from 3 months to 39 years
(mean12.75). Seventy-six 76 (30.4%) trained in communication. The study group had higher PPOS total
scores ). They were more caring than sharing ( P < 0.05)

More frequently used adaptations includes communication through telephone (83%), wearing PPE (79%),
telephone follow up (73.9%), not allowing patient to remove mask (73.8%), ask to cough in elbow (73.1%)
and raised voice to control or convince (70.8). PHM with higher PPOS were associated with more adaptations

Conclusion: Communication skills training had positive impact on patient centeredness. PHMs adopted a range of practices to overcome challenges they face. Higher PPOS and communication skills training seems to correlate with a tendency to use adaptations more frequently.

14:15 - 15:45

Orals: O.7 Communication training and feedback

O.7.1 Feedback Conversations: First Things First?

Presenter(s):
Katharine Robb, University of Iowa Stead Family Children’s Hospital, United States

Authors:
Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States
Lauren Peters, University of Iowa, United States
Susan Lenoch, University of Iowa, United States
Donna Lancianese, University of Iowa, United States
Jane Miller, University of Iowa Carver College of Medicine, United States

Background: Observation and feedback are central components of medical education. A variety of approaches to feedback are described in existing literature, most of which advocate for either beginning with positive observations or allowing the learner’s agenda to guide the order of the conversation. While many models have been based on each of these approaches, identification of the most effective order for feedback delivery has received very little research attention. This study explores learners’ perceptions about the order in which feedback is given and its impact on how that feedback is received.

Methods: Medical students were interviewed regarding their feedback experiences during medical school. Thematic analysis was applied to interview transcripts to identify salient themes in students’ comments regarding their experiences related to the order in which feedback had been received and preferences regarding feedback order.

Findings: Twenty-five second- through fourth-year medical students participated in the study. Second-year students tended to prefer that conversations begin with positive comments, while nearly half of the third-year students indicated that conversations with an initial focus on negative observations or suggestions for improvement were the most helpful. Unlike some of their more junior peers, senior students were universally able to identify a favored feedback approach, with the majority favoring feedback guided by learner self-assessment. Although students varied in how they personally preferred to receive feedback, the majority said that they would teach others to give feedback starting with positive comments or using the feedback sandwich.

Discussion: Our Findings: indicate that learner preferences regarding feedback order may evolve with experience. Any model dictating a specific feedback order may therefore also vary in efficacy with learners at different stages of training. Further investigation is warranted to examine the impact of preferred versus less favored approaches on subsequent learner performance.

O.7.2 Bring your worst. Residents’ perspectives on video review of challenging patient communication

Presenter(s):
Background: It is well-established that video review can be a helpful method for training and improving communication skills. Video is often used with simulated patients or used to record high-performance patient encounters for example as part of assessments. In the mandatory communication skills courses in the Central Denmark Region, 1st year residents were asked to bring a video recording where they found themselves challenged and not satisfied with their performance. We investigated learners’ perspectives on recording, showing and getting feedback on a “low-performance” video, i.e. a video of a patient encounter that they found communicatively challenging.

Methods: We used a two-part qualitative design. In part one, we asked 1st year residents who took part in mandatory Danish communication skills courses to write a short reflexive text with their perspectives on recording, showing and getting feedback on a low-performance video. In the second part, we conducted three focus groups.

Findings: Participants mainly expressed positives experiences with showing “low performance” videos, including feeling less pressure when the learner knew beforehand that elements could be improved, enhanced learning when feedback of challenging parts could be given, as well as the opportunity to see that other doctors were not performing perfectly. Negative aspects included the vulnerability and anxiety involved in showing their own weaknesses to colleagues.

Discussion: The use of ‘low-performance’ videos as a learning method for communication skills might provide better learning opportunities as well as provide a less daunting situation for learners, which has previously been presented as one of the drawbacks of the method.

O.7.3 A Nominal Group study to identify characteristics of a skilled communicator in the patient encounter

Presenter(s):
Michelle Verheijden, Care and Public Health Research Institute (CAPHRI), School of Health Professions Educations (SHE), Maastricht University, Netherlands

Authors:
Esther Giroldi, Care and Public Health Research Institute (CAPHRI), School of Health Professions Educations (SHE), Maastricht University, Netherlands
Valerie van den Eertwegh, Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands
Marscha Luijkx, School for Public Health and Primary Care, Faculty of Health Medicine and Life Sciences, Maastricht University, Netherlands
Trudy van der Weijden, Care and Public Health Research Institute (CAPHRI), Maastricht University, Netherlands
Anique de Bruin, School of Health Professions Education (SHE), Maastricht University, Netherlands
Angelique Timmerman, Care and Public Health Research Institute (CAPHRI), Maastricht University, Netherlands

Background: In medical communication research, there has been a shift from ‘communication skills’ towards ‘skilled communication’, the latter implying the development of flexibility and creativity to tailor communication to authentic clinical situations. However, a lack of consensus currently exists what skilled communication entails. This study therefore aims to identify characteristics of a skilled communicator, hereby contributing to theory building in communication research and informing postgraduate medical training.
Methods: In 2020, six Nominal Group Technique (NGT) sessions were conducted engaging 34 Dutch stakeholders (i.e. physicians, residents, faculty members, and researchers) in the context of the family medicine residency program with experience and expertise in doctor-patient communication. Participants rank-ordered a ‘top 7’ of characteristics of a skilled communicator. The output of the NGT sessions was analyzed using thematic content analysis during an iterative process.

Findings: Rankings of all NGT sessions consisted of 191 items, which were organized into 41 clusters and nine overall themes, describing characteristics of a skilled communicator. These were: (A) Being sensitive and adapting to the patient; (B) Being proficient in interpersonal communication; (C) Self-awareness, learning ability and reflective capacity; (D) Being genuinely interested; (E) Goal-oriented communication; (F) Being authentic; (G) Being proficient in patient-centered communication; (H) Active listening; (I) Collaborating with the patient.

Discussion: The identified characteristics inform and conceptualize a skilled communication approach to support learning in medical training, which is outlined in a conceptual model. Two parallel processes are key in developing adaptive expertise in communication: (1) being sensitive and adapting communication to the patient, and (2) monitoring communication performance in terms of self-awareness and reflective capacity. The identified characteristics and the conceptual model may provide a base to develop a learner-centered training for skilled communication, in facilitating repeated practice and reflection. Further research should investigate how learners can be optimally supported in becoming skilled communicators during postgraduate workplace learning.

O.7.4 Student Mental health nurse communication: responding to emotion.

Presenter(s):
Paula Carroll, Edge Hill University, United Kingdom

Authors:
Peter Leadbetter, Edge Hill University, United Kingdom
Jeremy Brown, Edge Hill University, United Kingdom
Sally Spencer, Edge Hill University, United Kingdom

Background: Effective communication is core to patient care, this includes recognising and responding to patients’ emotions. Evidence suggests that when health care professionals provide facilitative (provide space) responses to patient emotions, these are associated with more positive health outcomes and satisfaction. However, less is known about emotional communication in the context of mental health and with nurses and nursing students. The aim of this study was therefore twofold.

1) To explore how student mental health nurses (SMHN) respond to patient and simulated patient emotions.
2) To explore the relationship between these responses and patient and SMHN satisfaction.

Methods: A quantitative design was adopted with a sample of second and third year undergraduate SMHNs. Three separate but linked studies assessed SMHN responses to patients’ emotional expressions in classroom and clinical settings using the Verona Consensus Coding Definition of Emotional Sequences (VR-CoDES). Patient and student satisfaction with the consultation was also measured using an adapted Interview Satisfaction Questionnaire (ISQ).

Results: Results indicated that a high number of SMHNs gave facilitative (provide space) responses for the patient to discuss their concerns further. There were significant differences in responses between academic year groups in classroom settings, with third year students giving more provide space responses that facilitated discussions with patients than second year students. In addition, positive satisfaction ratings by
both patients and SMHNs provided clinical validity to the SMHN identification of, and responses to, patients cues and concerns.

Conclusions and implications for practice: This study is unique as it is the first to explore emotional communication between SMHN and inpatient mental health population samples using VR-CoDES analysis. Findings: from this study can directly inform undergraduate mental health nurse training, learning and assessment and have implications for practice such as providing patient centred care and responding to patient emotions in such settings.

**O.7.5 Switching to remote public service interpreting with the help of training during the pandemic**

*Presenter(s):*
Suzanne Gagnon, Université Laval, Canada

*Authors:*
Noelia Burdeus Domingo, Université Laval, Canada
François René de Cotret, Université Laval, Canada
Kossigan Kokou-Kpolou, Université Laval, Canada
Yvan Leanza, Université Laval, Canada

Background: With the emergency health measures implemented to deal with the COVID-19 pandemic, remote public service interpretation (PSI-D) has become an essential practice for maintaining services to migrants and refugees, a particularly vulnerable population. Increasing the availability of interpreters and ensuring a diversity of languages interpreted are incentives for PSI-D. Preventing the spread of COVID-19 and intervening with a particularly at-risk population are other incentives that add to this list, as communication barriers have a demonstrable effect on the effectiveness of health promotion messages. PSI-D refers not only to the use of telecommunication technologies (e.g., videoconferencing) that allow an interpreter to provide services remotely, but also to a series of communication strategies aimed at, among other things, framing their use in specific practice settings and minimizing the consequences of the virtual presence.

Method: This communication will present the results of a project with a twofold objective: (1) to develop an online synchronous training for practitioners, entitled Working With Remote Interpreters: Good Practices and (2) to measure its impact on knowledge and sense of self-efficacy of participants. The project follows a pre-post design. Questionnaires were sent to participants on three occasions (T0: before the training, T1: at the end of the training, T2: three months after the training). T-test analyses have been performed to capture possible changes in knowledge and sense of self-efficacy at the different measurement times

Findings: 79, 42 and 37 participants (85% of women) completed the questionnaire at T0, T1 and T2 respectively. Results: are significant. Knowledge as well as sense of self-efficacy increase after the training and stay stable after three months. The effect is significant whatever participant profession, language mastering, experience of working with interpreters or gender.

Discussion: While such training has an impact, organizational measures are needed in order to maintain such newly acquired competences.

**O.7.6 Insights from a process evaluation of a communication intervention for adolescents with diabetes.**

*Presenter(s):*
Imelda Coyne, Trinity College Dublin, Ireland

*Authors:*
Background: We conducted a randomised control trial of an intervention (educational video and question prompt list) to improve adolescents’ question-asking and provider education during paediatric diabetes visits (PACE study). This paper reports on the process evaluation which aimed to understand the delivery, context, and receipt of the intervention by obtaining qualitative and quantitative feedback from adolescents, their parent and healthcare providers.

Methods: Using mixed methods, interviews were held with 10 child/parent dyads randomly selected from the intervention group (n=49) and healthcare providers (n=11) from two diabetic clinics in Ireland. Interviews were held via Zoom, telephone and in person, then recorded, transcribed and analysed using NVivo 12.0. The post visit evaluation questionnaires for the dyads from 3 time points were analysed using SPSS (v 27). Ethical approval was obtained.

Findings: The educational video and question prompt list (QPL) prompted and encouraged better communication between adolescents, parents and healthcare providers. Adolescents reported that the interventions enhanced their knowledge and helped them to feel more confident to ask questions and interact with doctors. They liked the format of the QPL which helped them to identify gaps in their knowledge. Completion of the psychometric tools (outcome measures) encouraged reflection on their self-management behaviour which was an unexpected finding. Adolescents found the video informative although some had a mixed reaction to watching the video three times. Parents valued being part of the study and felt that the interventions encouraged them to ‘step back’ in consultations. Providers noted an increase in the adolescents’ engagement, question-asking, knowledge and ownership of their diabetes.

Discussion: Participants’ perspectives on communication interactions and contextual factors has provided important insights that will contribute to the interpretation of outcomes and help guide adaptation of the interventions from research to practice for future use.

Orals: O.8 Health equity & health disparities in policy and practice

O.8.1 Aboriginal interpreters improve hospitalised patient experience in northern Australia

Presenter(s):
Vicki Kerrigan, Charles Darwin University, Australia
Stuart Yiwarr McGrath, Charles Darwin University, Australia

Authors:
Anna Ralph, Charles Darwin University, Australia
Marita Heffler, Charles Darwin University, Australia

Background: In hospitals globally, interpreters are underused. Low uptake of interpreters is commonly attributed to limited interpreter availability, time constraints and that interpreter-mediated communication in healthcare is an aberration. In Australia’s north at Royal Darwin Hospital (RDH), it is estimated around 50% of Aboriginal patients would benefit from an interpreter, yet approximately 17% get access. Recognising this contributes to a culturally unsafe system, a new model of Aboriginal interpreter use in which interpreters were embedded in a renal medical team for 4 weeks in 2019 was piloted.

Methods: This pilot was part of a larger Participatory Action Research study examining strategies to achieve culturally safe communication at RDH. Two Yol?u and two Tiwi language interpreters were embedded in a medical team. Data sources included interviews with doctors, interpreters, and an interpreter trainer; doctors reflective journals; and field notes. Aligning with PAR’s transformative goals a critical theory lens guided analysis.
Findings: Whilst English is the operational language of the hospital, it is not the language most spoken by renal patients. Almost 90% of patients were Aboriginal and nearly 80% spoke one or more of the 15 languages identified in the unit. The power imbalance between Aboriginal language speaking patients and English-speaking providers was equalised through the presence of interpreters. Patients described feeling “stuck” and disempowered when forced to communicate in English. After receiving access to trusted interpreters’ patients reported feeling “satisfied” with their care and empowered.

Discussion: By embedding Aboriginal language interpreters in the medical team, the power dynamics between doctors and Aboriginal clients shifted towards cultural safety. A culturally unsafe system which diminished and neglected patients’ needs was overturned by a small but significant system change. Scale up of learnings from this pilot to broader implementation in the health service is the current focus of ongoing implementation research.

O.8.2 Ask the Specialist podcast: Larrakia, Tiwi and Yolngu stories to inspire better healthcare.

Presenter(s):
Vicki Kerrigan, Charles Darwin University, Australia
Stuart Yiwarr McGrath, Charles Darwin University, Australia

Authors:
Rarrtjiwuy Melanie Herdman, Charles Darwin University, Australia
Pirrawayingi Puruntatameri, Charles Darwin University, Australia
Bilawara Lee, Charles Darwin University, Australia
Alan Cass, Charles Darwin University, Australia
Anna Ralph, Charles Darwin University, Australia
Marita Hefler, Charles Darwin University, Australia

Background: In Australia’s north, poor intercultural communication is a common way Aboriginal patients experience racism and has resulted in death. At Royal Darwin Hospital, >70% of patients identify as Aboriginal, and most healthcare providers are non-Indigenous. To assist providers deliver respectful care they are offered Aboriginal cultural awareness training: this is despite critiques globally that such training reinforces negative stereotypes. As an alternative there is momentum around cultural safety training which requires healthcare providers to develop critical consciousness. However, there is a paucity of evidence that cultural safety can achieve its intended outcomes to address racism in healthcare.

Methods: We developed and evaluated a cultural education podcast: Ask the Specialist: Larrakia, Tiwi and Yolngu stories to inspire better healthcare. We produced 7 x <18 minute episodes in which doctors ask Aboriginal leaders, known as the “Specialists”, questions about working with Aboriginal patients. The aim was to deliver cultural education in a flexible, concentrated format which promotes critical self-reflection. To evaluate the podcast, doctors listened to one episode per week over 7 weeks (29/1/20 -11/3/20) and provided feedback through weekly written reflections and an interview after listening to all 7 episodes.

Findings: Doctors reported attitudinal and behavioural changes which indicated the development of critical consciousness. Doctors changed behaviour in relation to building rapport with patients, asking patients questions, working with Aboriginal interpreters, and gaining informed consent. Doctors also reflected on long-held stereotypes and the everyday nature of racism.

Discussion: Cultural education, which addresses the problems doctors face, delivers “counterstories” from Aboriginal peoples, and encourages critical consciousness can counter racist narratives in healthcare. The podcast format was rated highly by doctors who appreciated the 7-week program which allowed for cycles of listening, reflection, and action. While the podcast was purposefully local, issues raised had applicability beyond the NT and outside of healthcare.
O.8.3 Towards the empowerment of public scientific literacy

Presenter(s):
Sara Rubinelli, University of Lucerne and Swiss Paraplegic Research, Switzerland

Authors:
Maddalena Fiordelli, University of Lugano, Switzerland
Nicola Diviani, Swiss Paraplegic Research, Switzerland

Background: As demonstrated during the Covid pandemic, evaluating health information and identifying mis/disinformation is very demanding for the general public, making informing the public a key action in pandemic response. Nonetheless, this information is grounded in and contains scientific evidence and concepts. It implicitly assumes some level of scientific knowledge to be understood and used in a correct and actionable manner (e.g., knowledge of how a vaccine is tested for safety and efficacy). Thus, the ‘scientific literacy’ of the general population becomes prominent. The objective of this presentation is to illustrate a model of public scientific literacy.

Methods: A conceptual review of existing conceptualisations and operationalisations of scientific literacy found in the literature through comparative evaluation, i.e. the models by Norris and Philis, the Science-Technology Society (STS), OECD Pisa, Ying Zhan and Chiappetta et al.

Findings: Five main components of public scientific literacy are identified as most prominent. Specifically, the model includes knowledge and evaluation skills on the following topics: the concept of ‘scientific evidence’ versus an opinion (even of an expert); the different types of quantitative and qualitative evidence; how science works as a process to achieve knowledge based on the principle of falsification; the peer-reviewed process for science publication and the ethical standards for scientific work and its implementation.

Discussion: Scientific literacy is the basis of critical thinking and thus of individual and collective decisions and behaviors that are non-ideological and non-stereotypical. Scientific literacy allows dynamic adaptations of behaviors and modifications of beliefs and knowledge transparently and adaptively, which can integrate knowledge advancements and new information as complex phenomena that are progressively better understood and explained. Findings: from this study can inform the development of measurement instruments and interventions for public scientific literacy. Also they are a basis for strengthening institutional communication of evidence-based recommendations.

O.8.4 (WIP) Beyond 3rd-Person Personal Pronouns: Removing gender-language from written healthcare communication

Presenter(s):
Mark Dalgleish, Deakin University, Australia

Background: Language choice in healthcare communication is integral and fundamental to ensuring safe, effective, person-centred, and holistic care. Moreover, awareness of, and sensitivity regarding, diverse gender identities when providing health care is seen as essential in affirming dignity and maintaining respect for persons. Particularly, failure to affirm gender identities of transgender and non-gender-conforming community members may hamper attempts to adequately provide care, and may also lead to greater harms to individuals and to society.

Some people are worried about using incorrect or potentially offensive third-person personal pronouns (TPPPs) or gendered language, whereas initiating conversations about gender identity and pronouns can
sometimes seem awkward and disruptive to the natural flow of interactions. Additionally, asking individuals about pronoun preferences ‘singles-out’ transgender or gender-non-conforming individuals, since cisgendered individuals would be less likely to want this asked or clarified.

Methods: An innovation trialled in our clinical practice to mitigate against the incorrect use of gendered language and TPPPs was to remove TPPPs from all written communication. This would reduce the risk of misgendering individuals, and potentially change attitudes and the way we think about those in our care. Going beyond using gender-neutral TPPPs (They/Them/Their) to use first-person collective pronouns (We/Us/Our) changed our advocacy from “advocating for” to an “advocating with” approach. Sometimes, the structure of sentences needed to change to avoid the need for TPPPs and more substantive grammar change was necessary.

Findings: With practice and increasing familiarity, we noticed that community members took up a more grammatical ‘subject’ rather than “object” status in written communication, leading to more person-centredness overall. This demonstrates an example of when sensitivity to the needs of marginalised and diverse members of our communities can often lead to benefits for all of us, regardless of where we sit in the wide arrays of those diversities.

O.8.5 Public perception of institutional health communication during pandemic: a cross-sectional study.

Presenter(s):
Maddalena Fiordelli, Institute of Public Health, Università della Svizzera italiana, Switzerland

Authors:
Sara Rubinelli, University of Lucerne, Switzerland
Nicola Diviani, Swiss Paraplegic Research, Switzerland

Background: To inform future efforts on institutional public health emergency management, investigating public perception of institutional health communication is key. It is of paramount importance to monitor what happened that made acceptable institutional decisions among the public during the pandemic. The main aim of our study is to understand factors associated with the acceptance of governmental public health measures during COVID-19 pandemic in Switzerland.

Methods: We conducted a cross-sectional survey of the Swiss population to investigate their information-seeking behavior, attitudes, and beliefs towards the COVID-19 pandemic and the protective measures enforced by public health institutions, and their trust in public institutions. Data were collected in January 2022, right after the decision of the Federal Office of Public Health to further restrict protective measures (e.g., covid certificate check regulating access to public spaces), through computer-assisted web interviews (CAWI).

Findings: A total of 2587 people composed the final sample. Participants were on average 49 years old (SD: 16) and were equally distributed in terms of gender (Male 49.7%). The majority were Swiss (95%), Swiss German mother tongue (64%), living with family (70%), and in a Swiss-German canton (65%). One in five was infected at the time of the survey and the vast majority were vaccinated (85%). Overall, Swiss residents seemed to accept the different public health measures enacted over almost two years of pandemic, and some factors can explain a stronger acceptance. There are some Findings: worth noting, which result in clear implications for public institutions in the management of a public health crisis. These implications related both to the content (what) and the mode (how) for institutional health communication.

Discussion: Our study suggests areas of improvement in institutional health communication, both in terms of resources that can be saved and further efforts needed.
O.8.6 Challenges of public institutional communication during the COVID-19 pandemic: A qualitative study.

Presenter(s):
Nicola Diviani, Swiss Paraplegic Research / University of Lucerne, Switzerland

Authors:
Maddalena Fiordelli, Università della Svizzera italiana & University of Lucerne, Switzerland
Sara Rubinelli, Swiss Paraplegic Research & University of Lucerne, Switzerland

Background: With the spread of the COVID-19 pandemic, health institutions worldwide were urged to inform the public daily about an uncertain epidemiological situation and the introduction of new measures. They had to do so in an infodemic context, i.e., a context with too much information, including false or misleading information. This study aims at identifying the main challenges encountered by Swiss health institutions in their communication with the public during the first two waves of the COVID-19 pandemic.

Methods: In-depth qualitative interviews with representatives of key health institutions (N = 46) across Switzerland were conducted in late 2020. Participants were asked to discuss the primary issues encountered when informing the public and how these were addressed. Interviews were analyzed using thematic analysis techniques.

Findings: Internally, institutions often had to deal with rigid organizational structures that left little maneuvering space, for example, when trying out new communication channels or modalities (e.g., on social media). Externally, communication was often hindered by a lack of trust in institutions and low health/scientific literacy in the public. Finally, institutions had to face environmental challenges, in primis the spread of misinformation and disinformation in news and social media. The ability to listen and respond to the demands of the public, flexibility, creativity, and the establishment of synergies and collaborations with other key actors in the public arena (e.g., the news media) were reported as critical factors in facilitating communication.

Discussion: To prepare for future pandemics, institutions need to implement mechanisms that give space for experimenting and innovation. This is particularly important as communication modalities are constantly evolving, and there is a risk that parts of the population are left out of the discussion. At the population level, our findings underline the need to systematically invest in building trust in institutions and promoting health and scientific literacy.

Orals: O.9 Communication about risk and uncertainty

O.9.1 General practitioner’s approaches to cancer screening in older adults: A qualitative interview study

Presenter(s):
Jenna Smith, The University of Sydney, Australia

Authors:
Rachael Dodd, The University of Sydney, Australia
Vasi Naganathan, The University of Sydney, Australia
Katharine Wallis, The University of Queensland, Australia
Erin Cvejic, The University of Sydney, Australia
Jesse Jansen, Maastricht University, Netherlands
Kirsten McCaffery, The University of Sydney, Australia
Background: Older adults continue to be screened for cancer with limited knowledge of the potential harms. In Australia, general practitioners (GPs) may play an important role in communication and decision-making around cancer screening for older people. This study aimed to investigate GP’s attitudes and behaviours regarding cancer screening (breast, cervical, prostate and bowel) in patients aged ≥70 years (as screening programs recently began targeting ages 70-74).

Methods: Semi-structured interviews were conducted with GPs practising in Australia (n=28), recruited through multiple avenues to ensure diverse perspectives (e.g., practice-based research networks, primary health networks, social media, cold emailing). Transcribed audio-recordings were analysed thematically.

Findings: Some GPs initiated screening discussions only with patients younger than the upper targeted age of screening programs (i.e., some thought 69 or 74 years). Others initiated discussions beyond recommended ages. When providing information, some GPs were uncomfortable discussing why screening reminders stop, some believed patients would need to pay to access breast screening, and detailed benefit and harms discussions were more likely for prostate screening. When navigating patient preferences, GPs described patients who were open to recommendation, insistent on continuing/stopping, or offended they were not invited anymore, and tailored their responses accordingly. Ultimately the patient had the final say. Finally, GPs considered the patient’s overall health/function, risk, and previous screening experience as factors in whether screening was worthwhile in older age.

Discussion: There is no uniform approach to cancer screening communication and decision-making for older adults in general practice and limited understanding among both older people and GPs around why screening has an upper targeted age. Tools to support effective communication of the reduced benefit and increased chance of harm from cancer screening in older age are needed to support both older people and GPs to make more informed cancer screening choices.

O.9.2 Oncology nurses’ perceptions of advance directives for patients with cancer

Presenter(s):
Breanne Hobden, University of Newcastle, Australia

Authors:
Jamie Bryant, University of Newcastle, Australia
Amy Waller, University of Newcastle, Australia
Jan Shepherd, University of Newcastle, Australia
Rob Sanson-Fisher, University of Newcastle, Australia

Background: Advanced care planning (ACP) is important for all adults but particularly for individuals diagnosed with a potentially life-limiting illness, such as cancer. As nurses often form the bridge between patient and doctor, they have both clinical and patient-level expertise which places them in a unique position to assist with the ACP process. Understanding nurses’ attitudes and beliefs surrounding ACP may highlight key barriers or enablers to their uptake. This study examined oncology nurses’ perceptions of the impact of advance directives (i.e., formalised document of ACP wishes) on oncology patients’ end-of-life care.

Methods: Nurses (n = 104), who were members of an oncology nursing society or worked in a large metropolitan cancer center, completed a cross-sectional survey assessing perceptions of advance directives.

Findings: There was high agreement that advance directives (i) make decisions easier for family (87%) and providers (82%); (ii) are doctors’ responsibility to implement (80%); (iii) reduce unwanted aggressive treatment in the last weeks of life (80%); (iv) protect patient autonomy (77%); and (v) increase the
likelihood of dying in a preferred location (76%). There was moderate or low agreement that advance directives (i) are accessible when needed (60%); (ii) are oncology nurses’ responsibility to implement (46%); (iii) are always followed (41%); (iv) reduce the likelihood of pain in the last weeks of life (31%); (v) contain difficult to follow statements (30%); and (vi) have no impact on comfort in the last weeks of life (15%).

Discussion: This research indicates that nurses perceive ADs to have several positive impacts for health professionals, patients, and their families. Nevertheless, there remains uncertainty around accessibility and implementation. Guidelines and education about advance directive processes in oncology could improve person-centered end-of-life care.

O.9.3 How physicians discuss uncertainty with parents in neonatal and pediatric intensive care units.

Presenter(s):
Sanne Prins, Amsterdam University Medical Center, Netherlands

Authors:
Annemiek Linn, University of Amsterdam, Netherlands
Anton van Kaam, Emma Children’s Hospital, Amsterdam University Medical Center, Netherlands
Moniek van de Loo, Emma Children's Hospital, Amsterdam University Medical Center, Netherlands
Job van Woensel, Emma Children's Hospital, Amsterdam University Medical Center, Netherlands
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Peter Dijk, Beatrix Children’s Hospital, University Medical Center Groningen, Netherlands
Martin Kneijber, Beatrix Children’s Hospital, University Medical Center Groningen, Netherlands
Matthijs de Hoog, Sophia Children’s Hospital, Erasmus University Medical Center, Netherlands
Sinno Simons, Sophia Children’s Hospital, Erasmus University Medical Center, Netherlands
Sandra Dijkstra, University Medical Center Groningen, Netherlands
Annelies Olthuis, University Medical Center Groningen, Netherlands
Aranka Akkermans, Amsterdam University Medical Center, Netherlands
Ellen Smets, Amsterdam University Medical Center, Netherlands
Marij Hillen, Amsterdam University Medical Center, Netherlands
Mirjam de Vos, Emma Children’s Hospital, Amsterdam University Medical Center, Netherlands

Background: In neonatal and pediatric intensive care, physicians make treatment decisions on the child’s behalf in close cooperation with parents. Prevailing uncertainties make these decisions extra complex. Adequately communicating with parents may be pivotal, as this could improve the decision-making process and parents’ coping in the short and longer term. In this observational study, we aimed to investigate how physicians discuss uncertainty with parents, and how this discussion develops over time during the child’s illness- and treatment trajectory.

Methods: Physicians working at neonatal and pediatric intensive care units of three university medical centers audio recorded their conversations with parents, starting from the moment doubts arose whether treatment was still in the child’s best interests. The researchers inductively coded transcripts of these conversations (Nconversations= 29; Ncases= 8). The identification of the topic to which uncertainty pertained and which communicative strategy the physician used, guided the analysis. Analysis was done by means of MAXQDA.

Results: Physicians discussed many uncertainties with parents regarding a large variety of topics, including uncertainty about the efficacy, risks and necessity of treatment, and the process of dying. Physicians adapted the way they discussed uncertainty to the specific phase of the child’s illness and treatment trajectory. When there were still treatment options available, physicians primarily provided explanations or presented short-term action plans. When the child’s death was imminent, physicians rather eliminated most uncertainty.
Conclusions: By means of this prospective study, we obtained a detailed overview of how physicians discuss uncertainty with parents. We identified a wide array of strategies available for physicians to discuss uncertainty throughout different phases of the child’s illness- and treatment trajectory. Our insights will help physicians to be more aware of the communicative strategies they use and to better tailor these strategies to parents’ specific needs in and over the phases of the trajectory.

O.9.4 European memory clinic clinicians’ preferences and needs for communication with patients

Presenter(s):
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Background: Increased attention to pre-dementia stages of Alzheimer’s disease (AD) creates new challenges for clinician-patient communication. To assist clinicians, we aimed to: 1) identify their perspectives on communicating about AD-biomarker results, dementia risk, and prevention, and 2) inventory their need for communication support.

Methods: Between June and November 2021, 160 memory clinic clinicians from 21 European countries (56% 31-50yrs; 59% female, 14±10yrs of experience) completed a survey in which they provided their opinions based on five hypothetical patient cases in different stages of AD, i.e., subjective cognitive decline (SCD) and mild cognitive impairment (MCI) with/without presence of AD-biomarkers, and AD dementia. Additionally, we surveyed their preference for the amount (5-point scale from very little to very much) and type (online tools and/or skills training) of communication support. Descriptive statistics were calculated.

Findings: Across cases, most clinicians indicated to communicate about biomarker results (97-100% of clinicians), prognosis/dementia risk (79-98%), and prevention (90-99%), often tailored to patient characteristics and preferences. However, clinicians were more hesitant to explicitly mention the presence of AD in the SCD case (29%), compared to MCI (68%). Over half of clinicians indicated to prefer ‘(very) much’ support regarding 9/10 listed communication skills, with highest percentages on: i)
stimulating/ensuring patient’s understanding of information provided (66%), ii) communicating with patients not (fluently) speaking their native language (66%), iii) communicating uncertainty (65%), iv) communicating about dementia risk (65%), and v) optimizing remote/online consultations (60%). They want support via online tools (34%), training (13%), or both (32%).

Discussion: Clinicians have a positive attitude towards communicating early AD diagnosis, dementia risk, and prevention. Clinicians differ in how they explain the meaning of AD-biomarkers in early stages. We identified a need for communication support regarding a variety of skills. Fulfilling clinicians’ needs might help to even better tailor memory clinic care to individual patients.

O.9.5 Preparing student pharmacists to communicate with and refer individuals with suicide warning signs

Presenter(s):
Delesha Carpenter, University of North Carolina at Chapel Hill, United States

Authors:
Amanda Stover, University of North Carolina at Chapel Hill, United States
Suzanne Harris, University of North Carolina at Chapel Hill, United States
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Jill Lavigne, Canandaigua Veterans Affairs Medical Center, United States

Background: Teaching pharmacy professionals to act as gatekeepers who recognize suicide warning signs and refer at-risk patients is part of a holistic public health approach to suicide prevention. We describe how Pharm-SAVES, a novel online gatekeeper training program, impacted student pharmacist knowledge, self-efficacy, and behavior.

Methods: Student pharmacists (N=146) from two U.S. universities completed Pharm-SAVES in required courses in September 2021. A 20-minute presentation described the steps of Pharm-SAVES (recognize Signs, Ask about suicide, Validate feelings, Expedite a National Suicide Prevention Lifeline (NSPL) referral, and Set a follow-up reminder). The training also included two video cases (15 minutes total), a 10-minute debrief, and a game about medications labelled for suicide risk. Suicide prevention knowledge (2 items) and self-efficacy (7 items measured on a 5-point scale) were measured anonymously online using pre- and post-tests. A post-test video role-play assessed self-efficacy to engage in Pharm-SAVES steps (4 items; range 1-5). In December, students anonymously reported online whether they had used Pharm-SAVES in practice. Descriptive statistics were calculated and paired samples t-tests compared pre- and post-test scores (alpha=0.05).

Findings: Few students had prior suicide prevention training (9%). Mean knowledge improved from pre-(1.26) to post-test (1.74) (p<0.001) as did mean self-efficacy (pre-= 2.99; post-test=4.04; p<0.001). Students were least confident asking about suicide (Mean=3.39), moderately confident calling the NSPL (Mean=3.86) or sharing NSPL contact information (Mean=3.73), and most confident following up with the patient (Mean=4.00). By December, 17 (12%) students had recognized someone with suicide warning signs, with 9 asking that person about suicide, 13 validating feelings, 3 calling the NSPL, and 6 sharing NSPL contact information.

Discussion: Pharm-SAVES increased PharmD students’ suicide prevention knowledge and self-efficacy, with more than 1 in 10 reporting roles as gatekeepers in less than 15 weeks. Pharm-SAVES can be easily disseminated for asynchronous or synchronous instruction.
O.9.6 (WIP) Narrative-based shared decision making in the cancer context

Presenter(s):
Weiwei Lu, City University Of Hong Kong, Hong Kong

According to Patient Centered Approach, shared decision-making (SDM) is the focus of analysis. There are three main elements discussed in SDM, including information provision, mutual engagement, and decision making based on patients’ preferences. From the literature review, previous studies mainly focus on medical information exchange and understanding patients’ preferences, but little is discussed in the area of mutual engagement.

Based on a relational perspective on agency, engagement is a kind of relational agency that emerges in a temporal and relational context. Information sharing is helpful but could not mitigate the power imbalance between doctors and patients that may hinder the mutual engagement in SDM.

This study aims to demonstrate how narrative communication exerts influences on power dynamics and relational agency during the SDM process in the cancer context. The narrative communication here refers to the co-construction of new narratives of illness. The study will apply participatory observation and interviews on the doctor and patient communication in a private hospital in Mainland China. Narrative analysis, critical discourse analysis, and conversation analysis will be applied in data analysis. This project is still in progress and does not have final results.

This presentation will discuss a preliminary model of narrative-based shared decision making to improve mutual engagement in communication which will improve the quality of healthcare. The current study will further develop a substantive theory of recontextualization that can be applied in transformative communications.

Orals: O.10 Patient and caregiver involvement

O.10.1 Parents of youth with intellectual and developmental disabilities: Research engagement and products

Presenter(s):
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Authors:
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Josh Gettinger, Mountain Area Health Education Center, United States
D’Jenne-Amal Morris, University of North Carolina at Chapel Hill, United States
Kerri Eaker, North Carolina Council on Developmental Disabilities, United States

Background: Community engagement in research is critical to design studies that answer questions that matter to patients and families and ultimately improve health services. However, standards for community engagement in research are still emerging. While parents of children with intellectual and developmental disabilities (IDD) have a long history of advocacy, documentation of the impacts of their work to shape
research is lacking. The objective of this paper is to present concrete contributions of parent involvement in a research program through participation in a parent advisory group.

Methods: Researchers and parents collaborated on a paper and proposal for external funding, meeting four times by video-conference in 2021. Parents were paid $100 per each 1-hour meeting. The process and contributions of parent engagement in the research are described. A survey captured parents’ experience participating in the project through open text and discrete responses (N=6).

Results: A manuscript for publication was prepared examining how neighborhood resources are associated with the receipt of psychotropic polypharmacy among children and young adults with IDD. Parents provided input into the design (model factors) and interpretation of complex findings. Parents are included as co-authors. A proposal was developed for external funding to examine the comparative effectiveness of two interventions to build parent self-efficacy in managing the needs of their teen/young adult child with IDD. Parents provided input into proposal design (research question, treatment arms, implications) and will serve as advisors in the study. The study has recently been approved for funding. Parent experience of engagement emphasized how researchers listened well and incorporated their ideas into research products.

Discussion: Parent engagement as research partners improved the quality of research products and led to external funding to carry on this work. Findings: can inform future research efforts to engage parents in collaborative research.

O.10.2 Development of an eHealth program to empower people with advanced cancer and their family caregivers

Presenter(s):
Vincent Van Goethem, Ghent University/End-of-life Care Research Group, Belgium

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Aline De Vleminck, Vrije Universiteit Brussel/End-of-life Care Research Group, Belgium
Lore Lapereire, Ghent University Hospital/End-of-Life Care Research Group, Belgium
Peter Hudson, St Vincent’s Hospital and the University of Melbourne/End-of-Life Care Research Group, Australia
Joachim Cohen, Vrije Universiteit Brussel/End-of-life Care Research Group, Belgium

Background: eHealth programs are a promising way to support and empower people with advanced cancer and their family caregivers. An intervention that has been proven effective in decreasing distress and improving quality of life in patients and family caregivers is the FOCUS program, developed and tested in the USA. FOCUS has already been adapted to a face-to-face program named FOCUS+ which functioned as a base for development of the web-based iFOCUS program. The aim of this paper is to describe the translation from FOCUS+ to the self-managed web-based iFOCUS program and the challenges we encountered.

Methods: Five teams were involved across seven steps of development; a research team, a web-development team, an international consortium, other audio-visual experts and potential end-users. We conducted user- and functional testing of program before implementing it in a Randomized Controlled Trial.

Results: We identified seven core features for the web-based program, i.e. psycho-educational character, based on the five FOCUS components, variation in pedagogic approach and tailoring, tailoring, facilitates dyadic communication, complementary to regular care and available outside the hospital in the language of
the dyad. Both generic and project-specific challenges were encountered during development. User- and functional testing showed that the program functioned well and was acceptable to users. Minor changes needed to be made to the content, tailoring and program flow. The program is introduced to patient-caregiver dyads through interpersonal contact.

Implications of research: Developing a self-managed dyadic eHealth program has many challenges which sometimes are related to project-specific requirements such as facilitating dyadic communication, but also to eHealth development in general such as estimating program development cost. Some pedagogic features are easier to incorporate in a face-to-face intervention due to the fluid nature of conversations. The program is currently being tested in a large-scale international randomized clinical trial. Preliminary results are promising.

O.10.3 A personalized medication overview appears to be beneficial for caregivers and medication changes

Presenter(s):
Laura Schackmann, Nivel/ Groningen University, Netherlands

Authors:
Liset van Dijk, Nivel/ Groningen University, Netherlands
Anne Brabers, Nivel, Netherlands
Sandra Zwier, University of Amsterdam/Amsterdam School of Communication Research, Netherlands
Ellen Koster, UPPER/ Utrecht University, Netherlands
Marcia Vervloet, Nivel, Netherlands

Background: Clear communication is important for proper medication use, though instructions on prescription medication labels are not always well understood. A personalized medication overview (MijnGiB) listing all prescribed medications and including visual information may support patients. This study aimed to investigate the comprehensibility of instructions on MijnGiB compared to usual-care prescription labels and assessed experiences/opinions of MijnGiB in medication users and caregivers.

Methods: This mixed-methods study included a fictious questionnaire experiment and interviews. The online questionnaires were sent to a stratified sample of 900 members from the Nivel Dutch Healthcare Consumer Panel. Outcome measures included comprehension of use instructions; how often, intake moment, usage advice and warnings. ANOVAs were used to analyze differences between experimental conditions (MijnGiB (yes/no) x fictively prescribed medications (3, 5, 8)). Medication users were interviewed twice (N=10 first interview, N=8 second interview) and N=10 caregivers once. They were asked about their opinions and expectations with regards to MijnGiB. Patient experiences were assessed in the second interview. Thematic analysis was used.

Findings: Experiment participants (N=604) understood both the MijnGiB and prescriptions label instructions well, with small differences per group. MijnGiB contains more information (for which indication and advice) than on the usual-care label only, whereby the MijnGiB-group correctly answered questions related to this information more often.

Most interviewed medication users, who routinely used medications, did not consider MijnGiB necessary for themselves. However, they believe that the overview can be useful in case of complex medication regimes and changes in medication. Caregivers also indicated that MijnGiB can provide overview to support their relatives.

Discussion: A personalized medication overview appears to be beneficial for caregivers and people with medication changes and may contribute to better patient-centered communication. Follow-up research is
needed to investigate the effect on proper medication use, and which patient types benefit most from the overview.

**O.10.4 Resident and caregiver involvement in the medicines’ pathway: healthcare professionals’ perspectives**

*Presenter(s):*

Amber Damiaens, KU Leuven, Belgium

*Authors:*

Ann Van Hecke, UGent, Belgium  
Jan De Lepeleire, KU Leuven, Belgium  
Veerle Foulon, KU Leuven, Belgium

**Background:** Person-centered care has been shown to be beneficial for nursing home residents. The know-how and attitude of healthcare professionals, however, can make its implementation difficult. Also, research on person-centered care regarding medication decision-making and the medicines’ pathway in nursing homes is lacking. This study aimed to provide an understanding of healthcare professionals’ attitudes and perspectives on resident and informal caregiver involvement in medication decision-making and the medicines’ pathway in nursing homes.

**Methods:** A qualitative, explorative study was performed by means of semi-structured interviews with 25 healthcare professionals from four nursing homes. Interview transcripts were analyzed by means of an inductive thematic framework. Analysis was performed by an interprofessional team, consisting of researchers with a Background: in pharmacy and nursing.

**Findings:** Three overarching domains were identified: 1) features of, 2) drivers and barriers for, and 3) perceived consequences of resident and informal caregiver involvement in medication decision-making and the medicines’ pathway. Involvement was mainly initiated by residents and informal caregivers themselves, pointing towards information and participation needs among both groups. Actions of healthcare professionals towards resident and informal caregiver involvement were mainly reactive and fragmentary, and were influenced by their perception of residents and informal caregivers’ desire and capabilities to be involved, the perception of their own professional role, and by organizational factors such as the nursing home’s philosophy. Furthermore, organizational concerns tempered the motivation to provide residents and informal caregivers with more medication-related responsibilities.

**Discussion:** Resident and informal caregiver involvement in medication decision-making and the medicines’ pathway remains limited in nursing homes. Information and participation needs of residents and informal caregivers were not fully acknowledged by healthcare professionals. Thus, we can conclude that there is a need for initiatives to create and improve awareness on opportunities for resident and informal caregiver involvement in medication decision-making and the medicines’ pathway.

**O.10.5 Residents’ and caregivers’ preferences on the involvement in the medicines’ pathway in nursing homes**

*Presenter(s):*

Amber Damiaens, KU Leuven, Belgium

*Authors:*

Ann Van Hecke, UGent, Belgium  
Veerle Foulon, KU Leuven, Belgium
Background: Person-centered care has been shown to be beneficial for nursing home residents. Research on person-centered care regarding medication decision-making and the medicines’ pathway in nursing homes, however, is lacking. This study aimed to provide an understanding of the experiences and preferences of residents and informal caregivers on their involvement in medication decision-making and the medicines’ pathway in nursing homes.

Methods: A qualitative, explorative study was performed by means of semi-structured interviews with 17 residents and 10 informal caregivers from four nursing homes. Interview transcripts were analyzed by means of an inductive thematic framework. Analysis is being performed by an interprofessional team, consisting of researchers with a Background: in pharmacy and nursing.

Findings: So far, four features regarding resident and informal caregiver involvement in medication decision-making and the medicines’ pathway in nursing homes have been derived from the interviews. First, interviews showed that nursing home residents and informal caregivers underestimated their own contributions to the medicines’ pathway and medication-related decisions. Second, despite negative experiences and concerns regarding the resident’s medicines’ use, it was noted that residents and informal caregivers mostly reconciled with decisions taken by others. Furthermore, interviews highlighted variation in involvement preferences among residents and informal caregivers and showed that involvement preferences of residents sometimes changed over time. Last, interviews indicated that the perception of their own medication-related knowledge and capabilities, as well as the institutional character of the nursing home, influenced the involvement preferences of nursing home residents and informal caregivers.

Discussion: Nursing home residents and informal caregivers are not aware of their own contributions to the medicines’ pathway and medication-related decisions, nor of opportunities to be (more) involved therein. As such, initiatives are needed to improve awareness on opportunities for resident and informal caregiver involvement in medication decision-making and the medicines’ pathway in nursing homes.

0.10.6 Assessment of inter-professional seminar involving partner-patients and caregivers

Presenter(s):
Maxime Etenaille, Université Libre de Bruxelles, Belgium

Authors:
Jennifer Foucart, Université Libre de Bruxelles, Belgium

Background: Teaching collaborative practices and interprofessional communication has become a central interest in health care education. Since 2018, in order to pursue this objective, interprofessional seminars are being organised in Brussels at health faculties. These seminars bring together pre-graduate students from eight health disciplines: doctors, nurses, physiotherapists, osteopaths, social workers, pharmacists, occupational therapists and public health. The two main objectives are learning interprofessional communication, and involving patients in their therapeutic decision-making process.

Methods: These seminars are held in two 3-hour sessions by groups of approximately 15 students. During the first meeting, students are encouraged to freely discuss their perception of the specificity of their future professional practice: skills, roles, limits, etc. During the second session, a clinical case is presented to them and they must define a multidisciplinary therapeutic support plan centred on the patient’s life project. During this last seminar, a patient-partner and a professional are present in each group to encourage their reflection. In order to evaluate the results of the seminars, the participants are requested to answer a pre/post questionnaire on their professional identity, multidisciplinary collaboration and the place of the patient in the care strategy.
Finding: 740 students participated in this course. The results underline that this type of teaching allows students to feel more confident in their collaborative skills ($z = -7.320; p<0.001$) and encourages them to include patients in their care process ($z = -4.529; p<0.001$). Moreover, it appears that they better define their professional identity ($z = -5.353; p<0.001$).

Contribution: This type of teaching introduces students to collaborative care practices, which, according to the studies, leads them to be more open to this type of practice after graduation by making them more confident in their abilities to implement a structured team approach and by understanding that this will promote the optimal well-being of patients and caregivers.

**Orals: O.11 Holistic care**

**O.11.1 Medical professionals’ perspective on patients’ CAM use – knowledge, attitude, communication skills**

*Presenter(s):*
Anna Kołodziejek, Medical University of Warsaw, Poland

*Authors:*
Magdalena Bilska, Poland
Antonina Doroszewska, Medical University of Warsaw, Poland

**Background:** Considering unaltering prevalence of complementary and alternative medicine (CAM) use in Central Europe, a study was designed to test parameters regarding CAM – knowledge of what CAM Methods: are, attitude to both CAM itself and the patients’ use of CAM, self-reported communication skills when talking to patients of CAM and perceived reasons for patients’ use of CAM.

**Methods:** The study was conducted among medical practitioners and medical students using an online questionnaire. Until mid-February 211 surveys were completed. Results: were analyzed using ANOVA, t-student test, chi-square test, Pearson correlation - depending on data type. In some cases non-parametrical statistics were used due to the deviations from the normal distribution.

**Findings:** Preliminary results show that subjects’ field of study seem to correlate to statements regarding medical communication. In general, respondents accurately classify Methods: as either evidence-based (EBM) or CAM. Overall convictions regarding medical communication do not seem to correlate to convictions regarding EBM/CAM. The study is ongoing, more data is collected and more Findings: are expected to emerge at a later date.

**Discussion:** Medical practitioners are in a unique position to influence patients’ perception of what healthcare is and is not. When using CAM, patient are at risk of being devoid of professional, evidence-based knowledge. Professionals’ attitude towards both CAM and patients’ using CAM, along with lacking communication skills, may negatively impact patient-medical professional relationship, limit patients’ willingness to come forward with CAM Methods: they implement and thus deprive them of a consult regarding efficacy and safety of Methods: used. Thorough research of medical professionals’ knowledge, attitudes, perspective and both self-reported and verifiable communication skills is necessary to further understanding of patient-medical professional relationship in the context of CAM use - which, eventually, should help in coming up with more precise solutions to this problem.

**O.11.2 Interprofessional counselling of oncology patients on complementary and integrative health care**

*Presenter(s):*
Nadja Klafke, University Hospital Heidelberg, Germany
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Jasmin Bossert, University Hospital Heidelberg, Germany
Ursula Boltenhagen, University Hospital Tuebingen, Germany
Daniela Fröhlich, University Hospital Tuebingen, Germany
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Jan Valentini, University Hospital Tuebingen, Germany
Barbara Stein, Paracelsus Medical University, University Hospital Nuernberg, Germany
Markus Horneber, Paracelsus Medical University, University Hospital Nuernberg, Germany
Michel Wensing, University Hospital Heidelberg, Germany
Cornelia Mahler, University Hospital Tuebingen, Germany
Stefanie Joos, University Hospital Tuebingen, Germany

Background: Patients treated for cancer may experience physical and psychological side-effects of their treatment and often express the need to alleviate their symptoms with complementary and integrative health care (CIH). To address patients’ needs, an interprofessional counselling structure has been implemented in the study CCC-Integrativ, in four Comprehensive Cancer Centres (CCC) in Germany. This study aimed to explore doctor-nurse-patient interactions during CIH counselling whilst being treated at the CCC.

Methods: This qualitative study analysed 32 audio-recorded counselling sessions (8 per CCC), of which only the first 16 were interprofessional sessions. The coding system was developed in a deductive-inductive way on the basis of a literature review and also included the communication goals of the blended-learning program all doctors and nurses attended prior to the start of counselling. Thus, all transcripts will be coded according to the following communication goals: patient-centred, interprofessional, evidence-based, and activating. MAXQDA was used to achieve inter-rater reliability between the two main raters.

Findings: The qualitative analysis is still ongoing. Data will be analysed comprehensively if the patient was in the centre of counselling, if the goal of a patient-centred counselling was achieved, if there were differences with regard to diadic and triadic counselling, and if/how the patient became a “member of the interprofessional counselling team”.

Discussion: Triadic interaction in the CIH consultation is complex and requires that the doctors and nurses not only have interprofessional skills, but also support and activate the patients in the use self-care Methods: such as CIH.

O.11.3 Impact of a Whole Health System of Care on patients’ experiences of care engagement and well-being

Presenter(s):
Ekaterina Anderson, Center for Healthcare Organization and Implementation Research, United States

Authors:
Barbara G. Bokhour, Center for Healthcare Organization and Implementation Research, United States
Rian DeFaccio, VA Center of Innovation (COIN) for Veteran-Centered and Value-Driven Care, United States
Rachel Hunter-Merrill, VA Center of Innovation (COIN) for Veteran-Centered and Value-Driven Care, United States
Lauren Gaj, Center for Healthcare Organization and Implementation Research, United States
Anna Barker, Center for Healthcare Organization and Implementation Research, United States
Jamie Douglas, VA Center of Innovation (COIN) for Veteran-Centered and Value-Driven Care, United States
Hannah Gelman, VA Center of Innovation (COIN) for Veteran-Centered and Value-Driven Care, United States
Background: The US Veterans Health Administration (VHA) has been developing a patient-centered Whole Health (WH) System of care, comprised of the WH pathway, clinical care aligned with patient goals, preferences and priorities, and well-being programs including complementary integrative health services. This evaluation assesses the impact of receiving WH care on patient-reported outcomes for patients with chronic pain.

Methods: We conducted a longitudinal survey assessing change in patient-reported outcomes at 6 months among a stratified random sample of chronic pain patients receiving healthcare at 18 medical centers piloting the WH System. The primary outcome was change in pain measured with the 3-item PEG, measuring pain intensity and interference. Twenty-two secondary outcomes, guided by a WH logic model, were examined including satisfaction with care, experiences of care as being patient-centered (CARE), patient engagement (ACE), and well-being (PROMIS-10).

Findings: 19,790 Veterans were invited to participate with a 49.0% baseline and 34.6% overall response rate. Among responders, 1,053 received Whole Health (WH) and 3,150 received conventional care (CC). Pain PEG scores improved among the WH group (p=0.007) however in adjusted analyses compared to the CC group, WH was not associated with greater improvement in PEG. WH was, however, associated with greater improvements in satisfaction with care (p<0.001) experience of care (p=0.006), engagement in self-care (p=0.036) and healthcare decisions (p=0.031). Scores improved for other measures, including PROMIS-10 but these improvements were not significantly different between the WH and CC groups.

Discussion: Large scale system-change to improve patient-centered care that focuses on well-being is complex. It is known that patients who have better experiences of care and are more engaged, as were patients receiving WH, have better long-term outcomes. These Findings: provided sufficient evidence to policy makers that they now mandate incorporation of WH into mental health and primary care services throughout the VHA system.

O.11.4 Personal health planning for patients with COPD: Staff perspectives from VA’s Whole Health system

Presenter(s):
Ekaterina Anderson, VA Center for Healthcare Organization & Implementation Research, VA Bedford Healthcare System, United States

Authors:
Renda Wiener, VA Center for Healthcare Organization & Implementation Research, VA Bedford Healthcare System, United States
Brianne Molloy-Paolillo, VA Center for Healthcare Organization & Implementation Research, VA Bedford Healthcare System, United States
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Megan McCullough, VA Center for Healthcare Organization & Implementation Research, VA Bedford Healthcare System, United States
Seppo Rinne, VA Center for Healthcare Organization & Implementation Research, VA Bedford Healthcare System, United States
Background: The need for person-centered care that promotes well-being and empowers patients is well-recognized. The Veterans Health Administration (VA), the largest U.S. healthcare system, is undergoing an enterprise-wide cultural transformation toward a Whole Health (WH) model of care that addresses this imperative. VA clinicians are asked to elicit what really matters to patients (Veterans) and help them set personal health goals, i.e., engage in WH personal health planning (WH-PHP). To inform ongoing implementation efforts, we sought to understand clinicians’ perspectives on WH-PHP for patients with chronic obstructive pulmonary disease (COPD), a widespread and debilitating condition.

Methods: Between 10/2020-11/2021, we conducted 22 semi-structured interviews with clinicians in primary, pulmonary, mental health, and palliative care services at a large urban VA site. After coding transcripts for barriers and facilitators to implementing WH-PHP, we applied inductive thematic analysis to generate themes.

Findings: Staff generally viewed WH-PHP as appropriate for patients with COPD, with nuances by service: Palliative and mental health clinicians questioned the “value added” of WH-PHP compared to their established practices. Their primary care counterparts worried about feasibility. Staff in pulmonary clinics had concerns about operationalizing WH-PHP in their work. These perspectives are nested in broader themes of interrelated individual and organizational factors we identified: (1) individual clinicians’ openness to practicing patient-centered, proactive care approaches, as influenced by prior education and professional socialization, (2) alignment of the service’s culture with the principles of patient-centered care and patient empowerment, and (3) availability of organizational support for implementing WH-PHP.

Discussion: The concept of WH-PHP was both attractive and ambiguous for clinicians. It is vital for patients with complex chronic conditions like COPD to be supported in pursuing personally meaningful health and wellbeing goals. For approaches like WH-PHP to become normalized, implementation efforts must account for the dynamic interplay of relevant individual and organizational factors.

O.11.5 (WIP) Planting the seed of nutrition communication: Nursing students and plant-based diets

Presenter(s):
Julia Kish-Doto, Marymount University, United States

Background: Individuals worldwide are turning towards plant-based diets for environmental, ethical, and health reasons. Plant-based food sales are escalating and food industries are heavily promoting numerous plant-based products. Health professionals may be faced with questions from patients about plant-based diets and their impact on health. While a body of evidence demonstrates health care providers receive limited nutrition training overall, little is known about their knowledge of plant-based diets. Nurses often conduct nutrition screenings, make dietary referrals, and are poised to play an important role in educating patients about their diets. The primary purpose of our pilot study is to identify nursing students’ knowledge about plant-based diets and to assess their self-efficacy to provide patients with specific nutrition information.

Methods: Using a mixed approach, we will conduct three in-person focus groups (N = 27) and an online survey of 75 undergraduate nursing students. Thematic qualitative analysis will be used to summarize participant focus group responses and descriptive statistical analyses and t-tests will be performed on survey data. Findings: We will report on the following key measures: 1) participants’ nutrition training, 2) perceptions of nutrition expertise, 3) knowledge of plant-based and other alternative diets, 4)
strategies regarding patient-provider nutrition communication, and 5) self-efficacy for strategies regarding nutrition communication.

Discussion: Research on patient-provider communication about plant-based nutrition is timely and necessary. A shift is occurring in the commercial space regarding the availability of plant-based foods. Nurses can leverage these changes within the medical system to help promote plant-forward diets for their patients. However, more research is needed on their knowledge about and confidence for talking with their patients about plant-based diets. Recommendations for training in nutrition communication styles is provided.

O.11.6 Exploring the relationship between GP and patient language use: The case of (un)explained symptoms

Presenter(s):
Inge Stortenbeker, Radboud University, Netherlands

Authors:
Tim olde Hartman, Radboudumc, Netherlands
Wyke Stommel, Radboud University, Netherlands
Sandra van Dulmen, Netherlands Institute for Health Services Research (NIVEL), Netherlands
Enny Das, Radboud University, Netherlands

Background: In previous research, we found that general practitioners (GPs) systematically vary their language use when patients present with medically unexplained symptoms (MUS) versus medically explained symptoms (MES). Yet, we did not observe such difference in various linguistic markers of patients with MUS versus MES. This raises the question whether and how GP and patient language use are related, e.g. are GPs’ diminishers (“this is a little red”) related to patients’ use of intensifiers (“it’s really painful”)?
The current study therefore explores the overall relationship between GP and patient linguistic markers.

Methods: Observational study combining two annotated datasets of linguistic markers in GP and patient utterances in 82 consultations (41 MUS, 41 MES). We calculated relative frequency scores per consultation of GP linguistic markers (negations ["not"], intensifiers ["really"], diminishers ["a little"], uncertainty markers ["maybe"]). These scores were included as predictor variables in linear regression models with relative frequencies of various relevant patient markers (negations, intensifiers, diminishers, subjectivity markers ["I believe"]), 1st person subject ["me" or "my body"] as outcome variables. We then added the interaction terms between GP markers and patients’ MUS or MES, and potentially relevant confounders in a step-wise approach.

Findings: We identified 2590 relevant GP utterances and 2752 relevant patient utterances. We observed no main effect of GPs’ language use on patients’ linguistic markers, and this appeared to be similar for patients with MUS or MES.

Discussion: No overall systematic relationship between GP and patient language can be observed in a selection of linguistic markers. This means that linguistic markers used by patients does not depend on those used by GPs, e.g. GPs’ diminishers ("somewhat painful") do not relate to patients’ intensifiers ("really awful") at the consultation level. In this presentation, we will discuss the implications of combining two previously annotated datasets to generate new research questions.

Workshops

W.4 Shared decision making in code status discussions
Presenter(s):
Christoph Becker, University Hospital Basel, Switzerland
Sabina Hunziker, University Hospital Basel, Switzerland
Katharina Beck, University Hospital Basel, Switzerland

Rationale: A patients’ decision regarding their code status in case of a cardiac arrest has important medical and socioeconomic consequences.

Still, patients often have insufficient information about expected outcomes from resuscitation measures. Research shows that <20% of patients, who require CPR survive and subsequently many have permanent brain damage or disability. Although challenging in clinical routine, sharing information about expected prognosis with patients is a prerequisite for informed decision-making.

Research shows that physicians often do not actively involve patients in the decision-making process, but relying decisions on the presumed preferences without in-depth discussions of patients’ values and goals of care.

Learning objectives: This workshop introduces the main principles of shared decision-making and provides practice in the core skills applied in the setting of a code status discussion – a highly relevant topic in clinical practice of emergency and hospital medicine. The workshop will deliver an overview of strategies for engaging patients in the decision-making process including the use of decision aids and identifying preferences of care.

By the end of this workshop participants will be able to:
- Identify goals of care in the setting of a cardiac arrest
- Elucidate potential treatment options whose outcome is uncertain
- Apply the core elements of shared decision-making
- Incorporate decision aids to empower patients to make a shared decision

W.5 Post pandemic teaching: Sharing what we’ve learned, letting go of the bad and developing the good

Presenter(s):
Ruth Serlin, Royal Veterinary College, United Kingdom
Carol Gray, Hartpury University, United Kingdom

The pandemic has forced many universities to do the majority of their teaching of healthcare professionals online. This has presented many challenges, but has also created new understanding and skills. Now that we are entering a new ‘normal’ in our societies, it’s a good to take time to reflect on what we’ve learned in the last couple of years of teaching communication in the formal curriculum.

Do we really want to go back to the old normal?
Or would we like to take the best of what we’ve learned over the last couple of years to develop our teaching for the future?

In this workshop, participants will reflect on their during pandemic teaching and develop a new strategy for post-pandemic times.

Learning outcomes: At the end of this session, participants will be able to
- Recognise the elements of blended learning
- Evaluate their current pandemic driven teaching Methods: Develop a blended learning strategy for their own teaching, integrating what they’ve learned through the pandemic.
The workshop will take an appreciative approach and will ask participants to share and discuss positive educational processes and outcomes during the pandemic.

We will then consider different types of student learning and dip into blended learning theory in a short presentation.

We will introduce participants to a teaching resource from a veterinary clinical communication curriculum and challenge the participants to incorporate it into their own post-pandemic teaching, bringing in their own positive experiences together with theory.

We will discuss the plans and compare them with how the resource was used originally.

Finally, participants will create a short 3 element post-pandemic teaching strategy which we will discuss in the larger group.

W.6 Shedding the masks to build the team - Surprising tools for self-disclosure, effecting collaboration

Presenter(s):
Maaike Matulewicz, Amsterdam UMC locatie VUmc, Netherlands

Authors:
Doortje Roosdorp, Amsterdam UMC location VUmc, Netherlands
José v.d. Kreeke, Amsterdam UMC location VUmc, Netherlands

Background: Collaboration is an essential competency for physicians. However, as soon as medical-students enter clerkships, group dynamics change, often leading to conflicts. Personality differences, workload and competition seem to be underlying factors.

Literature shows that sharing personal experiences/views will lead to mutual understanding and enhance collaboration. We developed a training for clerks who collaborate closely. They engage in methods for self-disclosure, followed by reflection on their group process. The issuing insights are applicable in their collaborations.

Structure of Workshop: Participants to this workshop will experience working with tools that enhance self-disclosure and reflection on their group process. Participants engage in exercises in groups of various compositions:
1) warming-up: line-up,
2) multicolored reflection cards (multilingual: including English, Swedish and Finnish),
3) cross the line,
4) social psychology exercise,
5) compliment exercise,
6) meta Discussion: In the meta discussion participants will exchange experiences and discuss conditions and applicability of the tools in their ‘home’ education setting.

Intended Outcomes: Participants will
• apply a variety of tools that enhance self-disclosure and awareness of own group processes,
• recognise barriers to discussing personal feelings related to the group process,
• become aware of conditions for creating a ‘safe’ atmosphere in small group work,
• understand the pros and cons of several tools for self-disclosure,
• have access to all the presented tools to use or adapt for their ‘home’ education setting.
If necessary, workshop can be presented online. An extra intended outcome will than be that participants will have tools on how to discuss groupdynamics when working remotely.

Who Should Attend: Medical educators and physicians who teach groups of students during clerkships, or who coach individual clerks. Curriculum designers who develop clerkship programmes. Students and residents are very welcome to participate and share their experiences.

W.7 How to train simulated patients; different working formats and perspectives

Presenter(s):
Ellemieke Rasenberg, Radboudumc, Netherlands
Evelien Plattel-van Os, Radboudumc, Netherlands
Annelies Lovink, University of Twente, Netherlands
Sandy Nelissen, Maastricht University, Netherlands
Ivan Bank, Sanquin Bloedbank, Netherlands

Rationale: Teachers and faculty members are familiar with simulated patients (SPs) when teaching students clinical communication skills. SPs play an instrumental role in teaching clinical communication skills. Most medical schools include SP programs in their curriculum to create an effective learning environment. Different Learning objectives: require different approaches, also in the way SPs are involved. This means that SPs have to be trained in several ways. In this workshop we will collect, share and demonstrate several formats, all related to different Learning objectives:

Learning objectives: After this session you are able to
1. Tell your colleagues about several ways to train SP for different educational purposes.
2. Argue when a specific format is a valuable addition is to your SP training program.
3. Implement a new SP training format in your SP training program.

W.26 Negotiating effectively with policy makers/powerbrokers to change healthcare communication policies

Presenter(s):
Shakaib Rehman, Phoenix VA Healthcare Systems/University of Arizona College of Medicine-Phoenix, United States
Conor Gilligan, The University of Newcastle, Australia
Demi Krystallidou, University of Surrey, United Kingdom
Edgard Eeckman, University Hospital Brussels, Belgium

Research shows that most patients around the world do not get humanistic, patient-centric, and empathic care resulting in poor care with high disease burden despite the availability of very effective therapies. Members of EACH have contributed heavily to the literature that demonstrates how an absence of effective communication has contributed to this deficit. pEACH is committed to supporting the implementation of research Findings: into effective, evidence-based practice, as well as influencing policymakers to develop humanistic medical practice policies.

Influencing policy is challenging, requiring motivation and skill to effect change. pEACH is determined to educate our members on effective, efficient, and evidence-based communication skills, and providing ready to use resources to engage policymakers and other key health stakeholders to build a system that can serve the needs of our patients.

Great communicators are great negotiators, they resolve seemingly intractable disputes and enhance working relationships. Their negotiation/communication skills determine their effectiveness as
communicators and influencers of policy. EACH members are often involved in communication and negotiation with an array of stakeholders, including healthcare system governing boards/C-suites/patients/end-users/government/health plans/insurance/EMR vendors/pharmaceuticals etc.

The ability to negotiate requires a collection of interpersonal and communication skills used together to bring about a desired result. It is based on exploring underlying interests and positions to bring parties together in a constructive way. Effective negotiators use innovative thinking to create lasting value and forge strong professional relationships. They take a deep dive in to what motivates and influences differing perspectives to better understand and tackle challenges and disagreements.

This highly interactive session provides evidence/data-based tools/interventions for identifying individual communication preferences/delivery methods/conflict resolution styles.

The session will be a dynamic discussion and role-play in small groups with challenges posed to attendees for group ‘problem-solving’ activities, to ensure that attendees meet the needs of our policymakers, and patients.

15:45 - 16:45

Posters

P1 Implementation of EMA recommendations regarding verbal labels for the risk of side effects in Poland

Presenter(s):

Agnieszka Olchowska-Kotala, Wroclaw Medical University, Poland

Background: The European Medicines Agency (EMA) recommends a description of drug side effects based on the frequency format and the associated verbal description. Although the recommendations refer to English-speaking countries, in several non-English speaking states, official authorities have accepted the proposed recommendations on how the patient information leaflets should be designed for descriptions of side effect frequencies. The aim of the study was to examine how manufacturers of authorized medicines in Poland implement the EMA recommendations regarding the verbal descriptors of the frequency of side effects.

Methods: A qualitative study. Five major drug manufacturers from the Polish pharmaceutical market were selected from among 150 pharmaceutical companies operating in Poland. From each manufacturer, five drugs were assigned based on random sampling. Then, given up to 25 of the medicines their relevant package leaflets were taken from the manufacturers' websites. The assessments of the EMA recommendations in the written information about the frequency of side effects.

Findings: For all manufacturers, word labels of the frequencies of side effects selected for the study were the same but the additional notes explaining their meanings were different. There were various explanations of how to understand verbal descriptors of the frequency of side effects not only across different manufacturers but also across different medicines from one manufacturer.

Discussion: There is no single standard in the Polish pharmaceutical industry for implementing the EMA recommendations into the written information about the frequency of side effects. The observed differences for an explanation of how to understand a given verbal term do not favor a uniform interpretation of the verbal frequency labels meaning by patients.

P2 The role of time in patient participation in cancer treatment decision making: A scoping review
**Presenter(s):**
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Background: Patients and clinicians often mention time as a barrier for patient participation in cancer treatment decision making. Yet, little is known about how patients, their decision partners, and clinicians perceive the role of time in effective patient participation in cancer treatment decision making, and which strategies can be applied to overcome time-related barriers to patient participation. Our aims are to 1) understand the role of time in patient participation in making decisions about their cancer treatment, and 2) identify strategies to overcome time-related barriers.

Methods: We carry out a scoping review and conducted a literature search in seven biomedical databases: PubMed, EMBASE.com, Emcare (via Ovid), The Cochrane Library (via Wiley), CINAHL and APA Psycinfo (both via EBSCO) and Web of Science, from their inception until October 5th 2021. Publications are eligible if they report on the role of time in the participation of adult patients (18+) with cancer, and/or on strategies to overcome time-related barriers to patient participation. Reviewers work independently and in pairs to select publications and extract data. We will analyze the data thematically.

Findings: Our literature search identified 3657 publications. After deduplication, 2064 publications were left for title/abstract screening. We selected 789 publications for full-text screening, which is currently ongoing.

Discussion: Based on our scoping review findings, we aim to develop: 1) a conceptual model of the role of time in the participation of patients in cancer treatment decision making, and 2) an inventory of strategies to overcome time-related barriers to patient participation. Both outcomes will help to understand how and when time can be used most effectively for patients with cancer to participate in treatment decision making.

**P3 Development of a patient decision aid for kidney failure treatment modality decisions**

**Presenter(s):**
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**Authors:**
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Background: Real-world outcome information may improve patients’ risk perception and help patients make decisions congruent with their expectations and values. Our aim was to develop a patient decision aid...
(PtDA) that supports kidney failure treatment modality decision-making with real-world outcome information, and facilitates shared decision-making (SDM) in clinical practice.

Methods: The International Patient Decision Aids Standards (IPDAS) development process model was complemented with a user-centred and convergent mixed-Methods: approach. An exploratory evidence review and a needs-assessment among end-users were conducted to guide a multidisciplinary steering group in an iterative process of co-creation. Patients ranked fifteen treatment outcomes derived from the International Consortium for Health Outcome Measurement (ICHOM) and the Standardised Outcomes in Nephrology initiative (SONG) initiative on their usefulness for decision-making. Outcomes were incorporated in the PtDA when > 60% of patients considered them useful.

Findings: The evidence review revealed that a minority of PtDAs are implemented in clinical practice, and that PtDAs should be streamlined with existing care pathways to facilitate implementation. Patients in our needs-assessment valued tailored outcome information and wanted autonomy in viewing treatment outcomes. Participating clinicians stressed the importance of data visualization and guidance on the interpretation of outcome information. Patients considered the effect of each treatment modality on the residual kidney function, and the flexibility and survival of each treatment modality after treatment initiation the most useful to support treatment modality decision-making.

Discussion: The ‘Kidney Failure Decision Aid’ consists of three components designed to facilitate SDM in the Dutch advanced chronic kidney disease (CKD) care pathway. Real-world outcome information for thirteen different treatment outcomes has been incorporated in the PtDA. Patients-like-me infographics were developed to visualize treatment-outcomes where applicable. Involving end-users in the developmental process was invaluable in gaining insight on their needs and preferences regarding the design and content of the PtDA.

P4A Factors influencing patient willingness to participate in shared decision making in oncology

Presenter(s):
Kadi Lubi, Tallinn University of Technology, Estonia

Authors:
Birgit Aasmäe, Tallinn University of Technology, Estonia

Background: Ageing population, growing prevalence of cancer and decline of oncology specialists in Europe’s workforce has brought forth necessity of patients to self-manage their conditions with the help of the treating physician. Patient engagement is widely recognized as a feature of good quality health care and an elementary part of patient management. Ensuring cancer patients’ good understanding of molecular profiling data is crucial for their active participation in illness-related decisions. Although shared decision making (SDM) improves patients’ knowledge and consideration of patients’ needs, several difficulties remain in implementing SDM in cancer care.

Aim: This research aims to examine aspects influencing patients’ willingness to participate during SDM. Research questions: Whether and how the knowledge of cancer related topics and willingness to participate in SDM in Estonia differ between socio-demographic groups and between groups with different exposure to cancer within social sphere?

Methods: A cross-sectional study using a web-based questionnaire was conducted including 1066 respondents among the population of Estonia. Descriptive statistics are provided to summarize the characteristics of the data set and logistic regression was used to answer research questions.
Findings: From patients’ and their relatives’ side, there is a lack of knowledge and willingness to participate in SDM. Unlike previous studies, higher readiness for SDM was observed among ethnic minority and rural citizens.

Discussion: In addition to the previously identified factors, there is need to consider a potential role of political and historical Background: of healthcare system in determining the willingness and readiness of patients to participate in SDM. Also, a role of ethnicity and location of a patient is crucial in it. If there is a lack of readiness or willingness of a patient to participate in SDM, a physician should be ready to accept the situation and provide alternative options to support their patients.

P4B Challenges of preventive healthcare under global pandemic: the case of HPV-vaccination in Estonia

Presenter(s):
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Background: Cervical cancer is the fourth leading cause of cancer-related death among women and although HPV vaccination is the most beneficial preventive method, the coverage for girls between the ages of 12-14 is below recommended (>70%) rate. In Estonia, the main communication is mediated by school nurses who manage HPV vaccinations in the school environment. A global pandemic has risen new challenges due to lockdowns and limited access to healthcare services. The aim of the research is to analyze the communicative and organizational challenges that the parents of target group girls and service providers experienced regarding HPV vaccination under the circumstances of the global pandemic.

Methods: qualitative methods, namely in-depth interviews (n=14) with nurses and midwives and focus group interviews (3 with n=13) with parents of 12-14-years old girls were conducted. Thematic textual analysis was conducted. The research was granted ethical permission.

Findings: for parents, the main challenges related to HPV vaccination are the decreased ability to find relevant information that would support decision-making. For nurses, it is challenging to find appropriate ways to counsel and support parents and girls in decision-making. Both target groups found that innovative and trustworthy communication channels are needed, but also earlier start for the communication, involvement of schools and discussion groups. The study revealed that one of the weak links might be the lack of a country-wide (crisis) strategy to support the continuation of necessary preventive activities despite potential lockdowns and/or restricted access to healthcare services.

Discussions: there is a need for updated health political strategy in terms of managing future health crises but there is also a need to develop appropriate and target group-specific new and innovative communicative and educational sources. The examples could be derived from other countries (e.g. FightHPV application from Norway etc.) but the country- and culture-specific analyses are needed.

P5 Medication Challenges in the Post-Stroke Patient: A Qualitative Study

Presenter(s):
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Jennifer (Raymy) O’ Flynn, University College Cork, Ireland
Helen Kelly, University College Cork, Ireland
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Luis Negrao, Portuguese Heart Foundation, Portugal
Henna Riemenschneider, Technische Universität Dresden, Germany
Laura J Sahm, University College Cork, Ireland

Background: Medications play an essential role in the management and treatment of patients who have suffered a cerebrovascular accident (CVA). As risk of recurrent stroke rises to 30-43% within five years of the initial stroke, secondary prevention medications are essential in preventing stroke recurrence. However, in the post-stroke period, patients face a multitude of medication-related challenges. These challenges are poorly characterised in the literature, particularly at the transition of care between hospital and home.

Primary care providers such as community pharmacists, occupational therapists and speech and language therapists are important points of contact for stroke patients post-discharge. However, poor communication and inadequate transfer of information can impede the ability of Healthcare Professionals (HCPs) to adequately support patients during this transition period.

The primary objective of this study is to elicit knowledge, attitudes and beliefs of patients/carers in relation to medication challenges post-discharge from stroke unit, alongside investigation of knowledge, attitudes and beliefs of professional challenges faced by pharmacists, occupational therapists and speech and language therapists in continuity of care post-discharge from stroke unit.

Methods: This qualitative phenomenological study examines the lived experience of patients, carers and HCPs in relation to the continuity of care post-discharge from stroke unit. Participant groups are comprised of patient/carer dyads and community HCPs. Data will be collected via a series of semi-structured interviews. Data will be analysed using thematic analysis.

Findings: This project is a work in progress and does not yet have final results.

Discussion: Knowledge of medication-related challenges will better inform stroke discharge planning, with the ultimate aim to improve medication adherence in the post-stroke patient thereby reducing risk of recurrent stroke. As this project is part of a wider European collaboration, it is expected that the results will contribute to improved continuity of care in an international context.

P6 Does interprofessional communication change after introducing EPR? A qualitative network analysis

Presenter(s):
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Marina Beckmann, University of Cologne, Germany
Background: Communication between healthcare professionals is critical to patient safety and highly influenced by digital transformation. We are using the innovative research method of qualitative network analysis to investigate the research question whether communication patterns change as a result of the introduction of EPR in hospitals. We assume that communication channels and partners are changing due to the digital possibility. Messages may lack details (e.g., regarding urgency) or have a higher degree of standardization (e.g., based on text modules).

Methods: Three case studies are conducted, one with pre-post design and two cross-sectional. All cases represent different hospital wards within one German University Hospital. In the first step, we collect data by observing healthcare professionals (expected N=45) in the form of shadowing. For each observation, we write a protocol and code the actors and communication channels. The codes are used to create a network map for each observation. At the end of the observation period, the network maps for each professional group are aggregated into one network map, which is presented to the corresponding professional group within interviews (expected N=14) and validated by them.

Findings: The final data collection will be completed until summer. Preliminary analyses show clear dominance of oral communication channels, even after introduction of EPR. With and without EPR, we see key professionals transmitting information between several actors, showing the importance of information mediators for clinical communication.

Discussion: As shown in the study in hand, observations provide viable data to create network maps which offer insights in clinical communication patterns. The results highlight the complexity of clinical communication. This complexity might be a reason for the persistent dominance of oral communication channels and small changes in communication patterns. In this context, oral communication seems to contribute to patient safety from the perspective of healthcare professionals.

P7 Communicative difficulties perceived by medical students in their first interviews with patients

Presenter(s):
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Background: to explore the communicational difficulties that medical students experience previously going to their clerkships in their first interviews with patients with the main purpose of taking a medical history

Methods: A qualitative and quantitative study in 126 3rd year medical students from a university. The students consecutively interviewed three simulated patients (SP) with the aim of taking the history and develop a professional conversation. After each interview, a workshop was held in small discussion groups where the problems experienced were systematically collected. These results were categorized by four faculties following an inductive process and corroborated by the students. Through scales, the SP valued the kindness, respect and interest in their concerns shown by the students. Students also reported the level of comfort perceived along the conversations.

Findings: 84 students completed the three interviews and attended the three workshops. The reported difficulties were conversational and related to such basic aspects as: lack of medical knowledge and responding appropriately to situations such as changes of direction or interruptions in the conversation, the need to overcome presuppositions, prejudices, or avoid parallel internal dialogues that are not aligned with
the main topic of the talk. The perception of the SP improved from the first (73.6) to the third interview (82) (95% CI, 2.9 -14.1) (p=.003).

Discussions: Students are insecure in their knowledge and have difficulties to keep spontaneity and two way talks with patients. This prevents them from actively listening, affecting the natural flow of the conversation and the search for a balance to focus on the patient and at the same time to develop their own “agenda”. These findings, different from those usually communicated, must be confirmed with more powerful methodological strategies, and can guide more specific educational interventions at these academic levels to help students face more complex conversations.

P8 Positive oral communication enhances pain management strategies

Presenter(s):
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Background: A positive communication about an intervention can lead to lower anxiety and better pain management through the increase of the patient trust. However, an important issue is to understand how communication interacts with modalities of pain management. The present study aimed to determine whether a positive oral communication restricted to the effect of intervention has an impact on analgesic effect of touch and verbal expression during an experimental induced pain.

Methods: We compared pain rating (visual analog score, VAS) in 51 participants undergoing two cold pressor test (immersing a hand in 1°C water during max. 5 min.) at T1-referential and T2-experimental. During T2, 2x2 groups received a pain management modality (verbal-group or touch-group) with or without previous oral standardized communication (preconditioned, non-preconditionned), about the positive influence of the specific modality (respective to groups) on pain management. A last control group received no modality nor communication at T2.

Findings: We found an effect of time on the VAS (F(1,46) = 72.197, p<0.001), as well as an interaction between the time and the group (F(4,46) = 3.023, p = 0,027). Post-hoc analysis showed a highly significant decreased VAS at T2 compared to T1 in the two preconditioned groups (p ≤ 0.001). dVAS analysis indicated that the preconditioned verbal-group reported decreased pain compared to non-preconditionned ones (p ≤ 0.038), while the preconditioning touch-group show only a trend (p = 0.089).

Discussion: These results suggested that simple positive communication enhances effect of pain management strategies. However, modalities of intervention seemed to modulate this effect. In particular, the intrusion of the experimenter in the intimate space of the patient during touch contact would mitigated the positive effect of previous communication in some patients. It is therefore important that the communication cautiously consider the specific needs of each patient towards what the treatment implies.

P9 Medical Improvisation in Emergency Medical Training

Presenter(s):
Judit Fekete, University of Pécs, Hungary

Authors:
Introduction: Improving communication skills in emergency medicine is an understudied and underutilized research field, however physicians in emergency medicine must be prepared for the unexpected. Medical improvisation is a novel method in improving skills of interpersonal communication, flexibility and adaptability to change. With the aid of improvisation techniques pitfalls in medical communication can be rectified by increasing empathy, active listening, and adjusting oneself to accommodate to the communication needs and values of the others while managing to deliver clear messages both at interprofessional and interpersonal levels at high-stress, high stake environments.

Methods: A group of postgraduate trainees (n=17) in emergency medicine were recruited at the a tertiary university hospital emergency department (Department of Emergency Medicine, Clinical Centre, University of Pécs) for a pilot study to take part in a two session training. During the training applied improvisation Methods: were implemented to prime the participants to sensitive and effective communication. Changes in communication skills were measured pre- and post training. We hypothesized that communication skills would improve following the improv training. Statistical analysis was carried out by one sample T-test and linear regression.

Results: A significant improvement was detected between interpersonal communication skills regarding the questionnaires completed before and after training. Apart from a statistical difference, individual responses and feedback on the usefulness of such training were encouraging.

Conclusion: Introduction of elements of medical improvisation proves to be an effective method to improve communication in acute care providers. We would like to extend our research to other groups of stakeholders in acute medicine with appropriately tailored trainings, along with the introduction of a new approach in acute care providers under huge pressure due to the pandemic.

P10 Active development of written communication skills curricula via a forum of UK Medical Schools

Presenter(s):
Caroline Sprake, Newcastle University, United Kingdom

Background: The General Medical Council’s Outcomes for Graduates states that students should be able to “communicate by spoken, written and electronic Methods: (including in medical records) clearly, sensitively and effectively”. Many clinical teachers have reported written communication is a “presumed skill” once later years are reached and often not done well even after graduation. As students become more actively involved in the care of patients, contributing to the patient record is an increasingly important part of their role. Writing in notes and becoming part of the medicolegal record requires an explicit framework to protect the patient and student. There is little in the literature about “how” to teach written communication. Medico-legal advice is clear regarding expectations of what should be included in clinical records and responsibility for the accuracy of the records remains with the supervising clinician. The introduction of open access for patients to the free text in their medical record makes this a topical issue and one that Medical Schools must address.

Methods: The UK Council on Clinical Communication (UKCCC) is a representative body of the communication teaching leads from all the Medical Schools in the UK. At a planned meeting in Summer 2022, the issues surrounding written communication teaching and assessment will form a large part of the agenda. Further discussion will take place via an online Forum, with Medical Schools sharing best practice and collaborating on the development of resources.

Findings: Preliminary Findings: to be presented at ICCH. Examples of resources developed will be shared within the presentation.
Discussion: Collaboration has been shown to be an effective and efficient way of developing educational materials. It is hoped that this intervention will allow the rapid development of Learning objectives: , teaching scenarios, assessment Methods: and resources that can be shared across all members of the UKCCC and beyond.

**P11 Influence of healthcare providers’ interactions on female carriers’ cancer risk management decisions**

*Presenter(s):*
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*Background:* Following the disclosure and discussion(s) of a pathogenic or likely pathogenic (P/LP) variant in a hereditary cancer gene with healthcare providers, a patient is faced with cancer risk management (CRM) decisions. In the U.S., the National Comprehensive Cancer Network (NCCN) updates CRM guidelines at least annually with cancer prevention and early detection recommendations (e.g., cancer surveillance, risk-reducing surgery). It remains unclear why some women follow NCCN guidelines while others do not, especially among those with P/LP variants in genes that confer only moderately increased risks. This mixed-methods study investigated CRM decisions among females with P/LP variants in BRCA1/2, PALB2, CHEK2, and ATM.

*Methods:* A subset of 62 female participants completed in-depth interviews. Phone interviews lasted 60-90 minutes, were recorded, and transcribed. Survey and interview data were cross-analyzed using a three-stage approach focusing on CRM practices that are inconsistent with NCCN guidelines.

*Results:* Cross-analysis identified 15 participants who underwent CRM that is inconsistent with breast and/or ovarian NCCN CRM guidelines. Data revealed three reasons prompting additional CRM that is not warranted based on risk levels associated with the gene: (1) reduce worry/fear or 2) prevent cancer by engaging in additional risk-reducing surgeries not endorsed in NCCN guidelines; and (3) provider recommendations that were inconsistent with NCCN. Comparative analysis further revealed two reasons prompting CRM adherence among participants with a PALB2, CHEK2, or ATM P/LP variant: (1) trust in healthcare providers and/or cancer screening and (2) lower anxiety.

*Discussion:* Findings: indicate the importance of context in CRM decision-making. P/LP variants were not the only factor, and often not the most salient factor for CRM decisions. Interactions and trust in providers were strongly associated with decision-making. Findings: from this study highlight the importance of provider awareness of their influence on patient decision-making.

**P12 Learning communication skills- Polish students’ approach.**

*Presenter(s):*
Iwona Drozdowska, Medical University of Warsaw, Poland

*Authors:*
Background: Medical communication is essential for the effective work of a doctor. In Poland compulsory communication classes have been introduced for several years, previously they were only in the form of electives. At the Medical University of Warsaw such classes have been conducted for 3 years. In the medical faculty, they are held during the 2nd, 3rd and 6th year. Due to the fact that medical communication classes are just entering the curriculum, the attitude of 2nd year students who are just starting to improve their communication skills to learning this subject is worth attention.

Methods: Two studies of 2nd year students of the Medical University of Warsaw were conducted. 240 medical students completed the anonymous online questionnaire at the beginning of the communication skills course (after introductory e-learning course). 93 students took part in the second study, after practical classes with simulated patients. The aim of the study was to explore the students’ opinions about learning communication skills.

Findings: The results of the first study showed that the majority of students are positive about the communication course and understand the importance of communication in clinical practice. Based on the answers to the questions in the second questionnaire, it can be concluded that students find e-learning as a good theoretical introduction to classes, appreciate the possibility of learning communication skills with simulated patients and feel that after the first module of classes their communication skills (such as exploring the patient's perspective, dealing with the patient's emotions, motivating patients) improved.

Discussion: In the opinion of the surveyed students, blended learning allows them to develop their communication skills. Students appreciate the possibility to learn the theory at their own pace. After the practical classes, students evaluate their communication skills better, although some initially thought that communication can only be learned during work.

P13 Effects of patient education interventions for parents of children with long-term conditions

Presenter(s):
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Karen Therese Sulheim Haugstvedt, Akershus University Hospital, Norway
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Background: This scoping review aims to give a comprehensive and systematic overview of published evaluations and the potential impact of patient education interventions for parents with children and adolescents who are living with long-term conditions and/or disabilities.

Methods: Relevant literature published between 2010 and 2020 has been comprehensively reviewed, with attention to variations in study design, intervention and parent/child characteristics. Arksey and O'Malley's framework (2005) for scoping studies guided the review process, and thematic analysis was undertaken to synthesize extracted data.

Results: Of 12 570 titles identified, 32 studies were included in this scoping review. In total, 1612 parents participated in the interventions. All the interventions were group-based, and aimed at increasing parents’ quality of life, self-efficacy and health literacy. Parents’ reported benefits in the quantitative studies
included reduced levels of stress, anxiety and depression, improved empowerment and health-related knowledge. The participation alone seemed to have positive influence on parents’ levels of distress in addition to their ability to cope with the situation. By sharing experiences, parents learned from each other and gained new insight on how they could manage their situation and role as a parent. Results: from qualitative studies complemented the reported benefits with additional three themes: 1) increased awareness and self-understanding, 2) mutual understanding and accept, 3) a new beginning.

Discussion: Study results validate previous Findings: from other research and suggests that different types of group-based patient education interventions have a positive impact on parents with children who are living with different long-term conditions and/or disabilities. This review highlights the need for further research and evaluation to develop a comprehensive approach to evaluate group-based patient education programs tailored at parents of children with long-term conditions and/or disabilities.

P14 An evaluation of materials co-created to support access to primary care in the COVID 19 pandemic

Presenter(s):
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Authors:
Andrew James Williams, University of St Andrews, United Kingdom
Gozde Ozakinci, University of Stirling, United Kingdom
Mara van Beusekom, University of St Andrews, United Kingdom

Background: Throughout the COVID-19 pandemic there has been hesitancy and uncertainty around access to primary care. Systems and processes for getting appointments have often changed and people have sometimes felt like a burden. Public health messaging is key in alleviating these issues. The messages conveyed often do not reach those most in need and can be confusing. Therefore, co-creating these messages with those who are most likely to benefit is necessary. This study reports on the evaluation of the messages and materials developed.

Methods: Evaluation (Phase 3) of materials developed in a three phased co-creation process. The materials developed, including a video, booklets, social media posts and posters, each targeting specific barriers to accessing primary care were evaluated to determine acceptability. Views on style, accessibility, intentions and trustworthiness of both Health Care Professionals (HCP) and the public (with a focus on those at greater risk from COVID-19) were explored. Methods: included an online survey for both HCPs (n=18) and the public (n=13), an offline survey for HCPs (n=4) and telephone interviews with the public (n=5). Qualitative data was analysed thematically, and descriptive statistics conducted for quantitative data.

Findings: Members of the public reported the materials helped them feel confident about calling to make an appointment with their GP. Some mentioned learning new things, for example the different roles in the practice. HCPs generally thought the materials would be useful to distribute to patients. Differences between practices may not be portrayed well in the materials. Both HCPs and the public agreed the materials should be endorsed by the NHS to ensure trustworthiness.

Discussion: Communication in healthcare is key to ensuring access and support. The co-creation process resulted in clear, useful messages that were generally positively received. Future work considering communication in healthcare may benefit from using a similar collaborative approach.

P16 Interprofessional Communication in an Interprofessional Student Training Primary Health Care Centre

Presenter(s):
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In 1996 Linköping University launched the world’s first Interprofessional student training ward KUA at the Orthopedic Clinic.

WHO states that collaborative practice strengthens health systems and improves health outcome. In the new curriculum for medical students the importance of interprofessional learning (IPL) and the first line of health care is emphasized.

In 2019 the medical education in Linköping expanded to three other cities, among them was Jönköping. Here we wanted to take the concept further and implement the developing interprofessional education in the primary health care and create a collaborative practice for students from the different professions working in health care. The idea was that the patient centered primary health care with holistic view would benefit the interprofessional exchange.

It demanded collaboration of the different faculties teaching the students, logistics and scheduling.

In the spring of 2021 the new KUM (Klinisk Undervisningsmottagning, Clinical Educational Recipiency) started in 2 primary health care centres. To begin with medical students, nurse students and occupational therapy students attend a two week mandatory interprofessional collaborative practice. Students work in teams to plan and organize the communication, examination and treatment of the patient. They see real patients and they examine them together. The students reflect on their learning experience with their supervisors and team leader. In the future we aim to include more professions e.g. physiotherapy students and social science/counselling students.

The interprofessional communication is the base. A new primary health care centre was built, Råslätt, with suitable premises for IPL where the skills of communication to learn about, from and with the other professions are trained.

The early evaluations of both students and patients show good satisfaction. There is going to be more evaluation and research to see if the learning outcomes differ from that in KUA.

P17 User centered design for the development of health technology: Towards sustainable healthcare systems

Presenter(s):
Annemiek Linn, University of Amsterdam, Netherlands

Authors:
Sara Groos, Amsterdam UMC, University of Amsterdam, The Netherlands

Background: User-oriented problems in healthcare application design are a major threat to intervention effectiveness. Despite recommendations that end-users should be involved in the development of these technologies, few studies involve their end-users in systematic and meaningful ways to ensure that applications are customized to their needs and preferences. User-centered design (UCD) involves end-users throughout the development process to ensure that all design aspects and support tasks are easy to operate and of value. This study provides an overview of UCD Methods: to aid researchers in the selection...
of appropriate methods to improve application design. Additionally, we aim to showcase how end-users can be successfully involved in each stage of the development process.

Methods: An overview of UCD Methods: has been developed by (1) using an interdisciplinary theoretical approach, drawing on theories from communication science, health psychology, marketing, and health informatics, (2) identifying specific stages of development in which end-user participation is crucial; and (3) understanding barriers to end-user participation. Best practices of UCD will be discussed.

Results: Each method has its unique value in contributing to UCD; personas can be used to make design decisions, think-a-loud Methods: are valuable in receiving user feedback about which aspects of technology are confusing. Prototypes are useful to gather user requirements at an early stage of the development while how focus groups are fundamental in getting consecutive feedback about these prototypes. Barriers to end-user participation are a cognitive burden and a lack of affinity with technology.

Implications: Knowledge about end-user values and needs is essential to create meaningful and effective interventions. Adopting a UCD method will have an immense benefit to end-users as increased usability can have advantages such as reduced stress level, improved accessibility, and reduced threat of damage. This study will help researchers, developers, and designers to create more user-friendly and sustainable healthcare systems.

P18 Digital Health Alongside Human Connection: Initial Results: of RCSI’s Coach Connect Platform

Presenter(s):
Róisín O’Donovan, RCSI, Ireland

Authors:
Padraic Dunne, RCSI, Ireland
Croia Loughnane, RCSI, Ireland

Background: The Centre for Positive Psychology and Health at the Royal College of Surgeons in Ireland (RCSI) focuses on research and engagement to build health and maintain resilience through evidence-based interventions based on positive psychology and lifestyle medicine approaches. This project connects digital health opportunities with theoretical and empirical foundations of relationship-centered care. A significant component is to integrate the digital support platform with human coaches using relationship-centered approaches. In this project, we describe initial results of a feasibility study of RCSI’s Coach Connect digital platform designed to mitigate burnout and enhance wellbeing among healthcare workers based at the RCSI hospital group.

Methods: Healthcare workers (N=23) randomly stratified into waitlist control or intervention groups completed online surveys to assess burnout (Oldenburg Burnout Inventory) and wellbeing (PERMA-NHL-Profiler) at two time points (week 1 and 12). Users reported their competency in pillars of lifestyle medicine (exercise and movement, eating well, sleep, mental health, relationships, meaning and substance control). The intervention group engaged with the coach via the online platform to set health and wellbeing goals and received targeted content about specific goals.

Findings: The primary outcome examined user engagement and secondary outcomes examined changes in burnout and wellbeing. Mean intervention group PERMA scores increased from 6.51(SD: 2.01) to 7.31 (SD: 2.14), indicating significant improvement in wellbeing (p=0.03). Mean control group PERMA scores decreased 6.15 (SD: 2.49) to 6.13 (SD: 2.30) (p=.881). Mean intervention group burnout scores decreased from 2.56 (SD: .79) to 2.36 (SD: .82) (p=.0.04). Mean control group burnout scores remained stable (2.57(SD: .71) to 2.55(SD: .77)) (p=.861).
Discussion: Despite lower than desired engagement, participants who used the RCSI Coach Connect platform indicated improvements in overall wellbeing and burnout. We describe implications for the strengths of digital health alongside the relational human essence of connecting and social support in healthcare.

P21 PACCT: an intervention to increase clinical trial invitations for Black and White men with cancer

Presenter(s):
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Susan Eggly, Wayne State University/Karmanos Cancer Institute, United States

Background: Cancer clinical trial enrollment rates are low, with Black individuals especially underrepresented. We tested Partnering Around Cancer Clinical Trials (PACCT), an intervention designed to improve patient-physician communication and increase trial invitations among Black and White men with prostate cancer.

Methods: Black and White men with prostate cancer and their physicians were invited to participate. Patients were tracked for two years for trial eligibility, with eligible patients randomized to usual care or intervention. Intervention patients received a brochure promoting patient-physician partnerships and a trials-focused Question Prompt List to encourage them to participate actively in clinic visits, such as by asking questions. Patient-physician visits were video-recorded. After the visits, communication (i.e., patient active participation and physician patient-centered communication) was assessed via patient self-report and observer ratings of video-recordings. Medical chart abstractions determined trial invitations. Univariable logistic mixed-effects models nesting patients within physicians tested intervention effects by race on communication and trial invitation.

Findings: Among 199 participants (91 Black; 108 White), 22% (n=44; 20 Black, 24 White) became eligible for a trial and received the intervention (n=19) or usual care (n=25). Regarding communication, Black intervention patients reported participating more actively than those in usual care (difference=0.41, 95% CI -0.27-1.08), while White intervention patients reported participating less actively than those in usual care (difference=-0.34, 95% CI -0.72-0.05). No differences in observer ratings of active participation or self-report or observer ratings of physician communication were found. Regarding trial invitations, findings, although nonsignificant, showed more intervention patients (74%) than usual care patients (60%) received invitations (logOR=1.97, 95% CI -0.30 to 4.24), with Black intervention patients having higher odds of receiving invitations (80%) than White intervention patients (67%) (logOR=3.84, 95% CI -0.92 to 8.59 vs. logOR=-0.14, 95% CI -4.61 to 4.50).

Discussion: The PACCT intervention showed promise in increasing Black patients’ active participation and clinical trial invitations.
P22 Trust between dental professionals and patients: a scoping review

Presenter(s):
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Authors:
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Background: A trusting dentist-patient relationship is pivotal in providing person-centred care. Effective communication is instrumental in building a trusting relationship during the dentist-patient interaction process. Trusting relationship can enhance patient satisfaction, reduce anxiety, and improve patient’s compliance. This scoping review aims to identify how trust is defined, measured in the dental literature and how trust is valued by dental professionals.

Methods: A scoping review methodological framework informed by Arksey and O’Malley was adopted, following the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses: Scoping Review). A search strategy was developed using MeSH terms and key words. Medline/PubMed, EMBASE, psychINFO and CINAHL were searched. Data were synthesised using thematic analysis.

Findings: Fifteen studies met the inclusion criteria and were included. Studies were predominantly quantitative primary research. Very few studies (n=4) provided a clear definition of trust. Many studies used either Dental Trust Scale or Dental Beliefs Survey to measure dentist-patient trust, although other studies developed their own items. In the available assessment tools, communication is a key aspect to measure trust. Little research has explored dental professionals’ views of patients’ trust, although Findings: indicate communication was appreciated by dental professionals as important to build trusting relationship with patients.

Discussion: The review found in dentistry there was no consensus on the definition of trust, nor on the assessment tool to measure dentist-patient trust. Communication and ethics/professionalism have been used interchangeably in the limited available assessment tools. The limited research has found that dental professionals acknowledged the importance of effective communication in building trusting alliance with patients. The scarcity of relevant research highlights the need for a more robust investigation of trust in dental care, particularly developing a validated measure with a clear definition of the role of communication in assessing trust.

P24 Teaching approaches for dialogue in a digital simulation

Presenter(s):
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Lena Heyn, University of South-Eastern Norway (USN), Norway

Authors:
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Background: The aims of this study are twofold: a) To adapt a coding system for dialogic facilitation developed for classroom setting to a virtual classroom setting and b) explore the facilitator’s dialogic communication approach to achieve group dialogue. The research question is: ‘Which teaching approaches are used by facilitators in a digital simulation group with students to conduct dialogue’?
Methods: The study has an exploratory descriptive design. Sixteen video-recordings of digital simulation with virtual patients in groups with first year nursing students were coded. The simulations were performed through a video conferencing system with one facilitator to stimulate the discussions. Video recordings were analysed using a coding system for evaluating classroom dialogue with three main categories, waiting, listening and asking, divided in 15 different approaches. Each approach has three sub-codes. Quantitative descriptive analyses were performed to identify the approaches used.

Findings: One approach with 4 sub-codes were added to cover class-management in the virtual classroom. One sub-code was added to an existing approach. The facilitator used approaches in the categories asking, listening and waiting. The most used approaches in the category asking were ‘big questions’ and ‘question linked to resources or tasks’, often the approaches ‘no-hands-up-questioning’, ‘negotiating whether answers are right or incorrect and why’, ‘Using incorrect or partially correct answers to prompt responses’, and ‘Rich-questions’. The facilitator uses in the category listening very often the approach ‘Modelling prompts and body language to encourage continuation’ and often the approach ‘Modelling interest and enthusiasm’. The facilitator uses in the category waiting, a few times the approaches ‘Wait-time after a facilitator question’, ‘Varying length of wait-time’, and ‘Pausing to scan or survey’.

Discussions: The novel coding system is a promising tool to identify dialogic practice in virtual settings. How the students respond to the facilitator’s approaches should be explored in future research.

P25 From Manchester to Alexandria: Are there fundamentals of communication teaching

Presenter(s):
Emmanuel Oladipo, University of Manchester, United Kingdom

Authors:
Sonia Allam, University of Alexandria, Egypt
Douglas Corfield, University of Manchester, United Kingdom
Sarah Shepherd, University of Manchester, United Kingdom

Background: The University of Manchester has a collaboration agreement for the joint delivery and award of MBChB/MBBCH with the University of Alexandria, Egypt. Medical students studying in Alexandria will therefore undertake the Manchester clinical communication course. This course is established on relationship-based teaching, frequent experiential sessions, and patient centred care. Reflecting specifically on the translation of the clinical communication course this presentation will discuss the challenges and opportunities in translating a UK based curriculum to Egypt.

Methods: The University of Alexandria have begun delivery of the Manchester curriculum. We will reflect on our experience of training staff in Alexandria, queries that were raised and how we responded to them and feedback about how delivery of the communication curriculum is progressing so far, with demonstration of adapted materials.

Findings: Some of the challenges posed include: how to respond to different cultural norms both in the approach to teaching and in the patient scenarios used in the sessions and identifying where session content can be adapted to suit the context yet does not change significantly the core learning outcomes of the sessions. An unanticipated and significant challenge raised was the use of British colloquial language in session notes not understood by our Egyptian colleagues.

Discussion: This collaboration poses several questions:
- Are there fundamental aspects of communication that should exist across cultures?
- What aspects of communication teaching require cultural and contextual adaptation? How ought this to be managed where a joint degree will be awarded?
- UK doctors are delivering healthcare to an increasingly diverse patient population, are we equipping students to navigate the different health care needs and expectations of patients with different cultural backgrounds?

- International students come to programme with a different set of expectations around health care provision and approaches – are we supporting them fully?

**P26 Micromundo: Science Communication Teaching To Improve Communication Skills Among Health Students**

*Presenter(s):*
Margarida Braga, FMUP, Portugal

*Authors:*
Paula Ramos, FMUP, Portugal
Patrícia Antunes, FCNAUP, Portugal

*Background:* MicroMundo@Portugal is a multidisciplinary project where health sciences university students are prepared to teach elementary and high school students on microbiology and antibiotic resistance, aiming to improve science, research interest and academic performance. The content now integrates scientific and communication within general public since academic Background: is usually insufficient to assure an effective communication.

This research project aims to investigate participant’s expectations, fears and specific learning needs concerning teaching Methods: and communication competences, as well as efficacy, applicability of the training and overall perception of its content usefulness.

*Methods:* A questionnaire was applied to university students to evaluate general demographic information and specific learning needs concerning teaching methodologies and communication skills.

Semi structured focus group interviews (n=25) were conducted to evaluate student’s perceptions of the importance of communication and teaching Methods: preferences when communicating science. Interviews were transcript and major themes were generated and summarized.

A specific course was designed to respond student’s needs on how to effectively communicate science to general public, based on the constructivist learning theory and a theoretical-practical approach. Two digital questionnaires are going to be applied after the specific course to evaluate short and long-term impact of its usefulness on the development of transversal competencies including communication skills.

*Findings:* During a pilot intervention students highlighted the following aspects: captivating tone, enthusiasm, tolerance towards errors and doubts, a good interaction between student and teacher to facilitate learning, active listening, practical examples, feedback, learning evaluation and less scientific approaches. Students valued the integration of clinical communication content.

*Discussion:* This study suggests that health students prefer more impersonal teaching Methods: and communication approaches, highlighting the importance of simplifying science through student centered communication teaching. They appraise this training as enhancing their ability to communicate scientific information to the general public and contributing to improve clinical communication skills.

**P27 The role of constructive feedback in taking medical history through simulation practices**

*Presenter(s):*
Katalin Eklicsné Lepenye, University of Pécs Medical School, Hungary
Authors:

Judit Fekete, University of Pécs Medical School, Hungary

Background: Effective communication skills need to be mastered during medical education to collect information about the patient’s complaints, previous surgeries, risk factors, and diseases running in the family to make a diagnosis and plan therapy accordingly. Our objective is to show, how effective the constructive feedback approach is, that we applied in medical communication and language classes, ensuring that students learn from role-playing in simulation practices receiving feedback on interpersonal communication skills, coping mechanisms in emotionally demanding situations, and offering suggestions for improvement.

Methods: We piloted a questionnaire survey on the role of feedback provided by participants (students and simulated patients (SP)) and observers (linguist, physicians and peer students) of simulated doctor-patient scenarios. The participants were undergraduate students of the University of Pécs Medical School: 26 Hungarian students attending online history taking courses in English for Medical Purposes, and 32 international students attending an in-person simulation-based course with actors in 2020 and 2021.

Findings: Students stated that simulated patients provided valuable, informative and supportive feedback on the student’s performance. However, they considered feedbacks in the in-person classes more informative than in the online classes, especially received from the actor SPs, the clinicians and the linguist. Both groups claimed to have achieved overall professional improvement, and growth of confidence.

Discussion: Based on the teaching experience we propose integration of regular constructive feedback into medical curricula throughout the medical and clinical training, since it raises student awareness in doctor-patient interactions. Effective feedback is an influential tool to inform the student of their progress, and it contributes to reinforcement of good practice and motivation of the learner towards the desired outcome. Quality education can be achieved by quality evaluation with trainings of lecturers and clinicians on giving constructive feedback.

P28 The ABCC-tool: supporting communication between healthcare provider and patient during consultation

Presenter(s):

Lotte Keijsers, Maastricht University, Netherlands

Background: The Assessment of Burden of Chronic Conditions (ABCC-)tool measures and visualizes perceived burden of disease to promote health-related quality of life (HRQOL) for people with chronic conditions. The ABCC-tool is currently available for people with COPD, asthma, diabetes mellitus type 2, and chronic heart failure. Further evaluations in both primary and secondary healthcare institutions into effectiveness and implementation among healthcare providers and patients are currently ongoing.

Methods: The ABCC-tool was developed based on clinical guidelines, literature, expert opinion, and input of people with the aforementioned chronic conditions, and healthcare providers. Psychometric properties were evaluated in people with the aforementioned conditions separately for convergent validity, known-groups validity, internal consistency, and test-retest reliability.

Findings: The ABCC-CHF tool consists of a short questionnaire with a generic module that is supplemented with disease-specific modules. The outcomes are translated into a balloon figure in which each balloon represents a domain of burden of disease. The balloons are accompanied with advice per domain.
ABCC-tool proved valid and reliable in people with COPD, asthma, diabetes mellitus type 2, and chronic heart failure.

Discussion: The ABCC-tool for people with CHF integrates perceived burden of disease in daily healthcare, thus it may support person-centered care in people with the separate aforementioned chronic conditions. A next step is the evaluation of psychometric properties of the ABCC-tool in people with multimorbidity, for example in people with COPD and chronic heart failure.

**P29 The Impact of Being One of Few: Black Female Pediatricians’ Experiences With Microaggressions**

*Presenter(s):*
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*Background:* Racial microaggressions are intentional or unintentional negative insults or slights toward people of color. Microaggressions are categorized as microassaults, microinsults, microinvalidations, and environmental microaggressions. The lack of racial/ethnic diversity in medical schools and medical training can lead to negative workplace experiences for minority physicians. Black female physicians make up around three percent of physicians in the United States, despite making up 13% of the female population. Experiencing constant microaggressions from patients, their families and instructors may be detrimental to the providers’ ability to communicate effectively with aggressors. Here we examine Black female physicians’ medical education and career experiences, assessing their encounters with microaggressions, bias and racism.

*Methods:* Pediatricians from a large pediatric network were interviewed as part of a larger study examining the experiences of pediatricians serving diverse populations. Six investigators deductively coded and interpreted 17 video-recorded semi-structured interviews, six of which were conducted with Black female pediatricians. We inquired about their medical education and training, in addition to their early and recent experiences with race, bias, and cultural competence.

*Findings:* Three major themes emerged from the narratives: Black female pediatricians recalled experiencing persistent microaggressions from their attendings during medical training, patients’ caregivers, and other hospital staff. Pediatricians who narrated experiencing microaggressions in the workplace also described an ambiguity to those microaggressions, where they found themselves questioning why the negative interaction occurred. Lastly, Black female pediatricians expressed needing to work harder than their white colleagues to prove themselves as competent. One pediatrician in particular expressed that her communication was negatively impacted after these experiences with caregivers/families of patients.

*Discussion:* Black female pediatricians experience racial bias and microaggressions in their learning environments and workplace. This may impact their comfort level in communicating effectively with colleagues or patients. These microaggressions put undue stress on Black female physicians.

**P30 “Don't worry, you can trust me”: Indicators of the role of trust in residents’ reflective writing**
**Presenter(s):**

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

**Authors:**

Monica O’Reilly-Jacob, Boston College, United States
Andrea Vicini, Boston College, United States

**Background:** Trust occurs when a person feels they can be vulnerable to others because of the sincerity, benevolence, truthfulness and sometimes the competence they perceive within a specific context. This project examines the various types of trust captured in written reflections of family medicine residents. Our goal is to understand the roles trust plays in residents’ self-examination and to develop a framework for developing further understanding of trust in healthcare.

**Methods:** We analyzed 767 reflective writings of 33 residents submitted anonymously, to identify explicit uses of the word “trust” but also explicit or implicit indicators attention to trust or relationship development. Two authors independently inductively coded the entries. Three authors developed a final coding structure that was checked against the entries. These codes were sorted into categories from which themes were developed.

**Findings:** We identified 102 written reflections contained one or more indicators of trust. These codes were compiled into five code categories: Trust of self/trust as the basis for confidence in their decision making; Trust of others in the medical community; Trust of the patient and its effect on themselves; Assessment of the trust of them exhibited by the patient; and, Assessment of the effect of the patient’s trust on the patient’s behavior.

**Discussion:** Trust is both relationship-centered and institutionally situated. Trust is a process, built on reciprocity. There is tacit acknowledgement of the interplay among what the residents do is good for the patient, good for themselves, and good for the medical institution. A focus on moments in which trust is experienced or missed, as well as on types of trust, misses this complexity.

A greater awareness of how trust is present or absent could lead to a greater understanding of what has beneficial effects on physicians’ performance, personal and professional satisfaction, and improved quality in patients’ interactions.

**P31 Authentic and skills-based assessment of multilingual health care managers in challenging contexts**

**Presenter(s):**

Jolien Smet, University College Ghent HOGENT, Belgium
Berdien Debal, University College Ghent HOGENT, Belgium

The Health Care Management programme, a three-year professional Bachelor, specialises in medical administration and trains students to become multilingual and empathic healthcare professionals, with excellent administrative and organisational skills. Health care managers (or medical management assistants) are the approachable and reliable intermediaries between members of the care team and patients. They connect people and function well in an intercultural and international environment. Therefore, they need to be able to communicate adequately with all target groups.

The first year focuses on the basics of professional and service-oriented communication. Both patient communication and communication in the care team are covered in the second year in respectively the first and second semester. The third year consists of a training to adequately deal with challenging communicative contexts with patients and stakeholders. They learn how to deal with verbally aggressive
patients, manipulative members of the care team and how to handle intercultural conflicts, complaints, motivational conversations, highly emotional conversations, conversations about addiction, eating disorders, vulnerable patient groups (illiterates, low-literates, children, elderly, etc.), mental health. The topics are taught in Dutch, English, and French. We offer role-plays, real-life simulations, co-teaching, debates, blended learning to prepare them fully for the grand finale: a twelve-week internship.

This intensive training is followed by an authentic assessment, in which we imitate a medical practice, and work with improvisation actors, playing both patients and stakeholders and present the students with challenging situations. It is up to them to manage the situation the best they can. Communicating with illiterate, verbally aggressive, or non-compliant patients; managing intercultural differences are only a few of many examples. Students indicate that they feel more prepared for their internships and jobs afterwards and appreciate the authentic training in a safe educational context.

P32 Communicating about clinical trials to culturally and linguistically diverse (CALD) communities

Presenter(s):
Robyn Woodward-Kron, University of Melbourne, Australia

Authors:
John Hajek, University of Melbourne, Australia
David Story, University of Melbourne, Australia

Aim/ objective: The benefits of clinical trials should be available to all of society. To facilitate this, trial participants need to be representative of society. A body of research has identified significant language and cultural barriers to trial participation for culturally and linguistically diverse communities such as the ethical-legal requirements of recruitment and consent processes. This presentation reports on a program of research and development using digital communication platforms to enhance communication about clinical trial participation.

Methods: Three interrelated studies in Melbourne, Australia, informed the design and development of a proof of concept bi-lingual digital platform for informed consent, and in-language web-based informational videos about clinical trials. Interviews with older Italians about their experiences and knowledge of clinical trials informed the development of the prototype, which was evaluated with older Italians in community settings and English speaking patients in an inner city hospital. In the third study, scripts in-language for an informational video were piloted with community members and clinician researchers.

Findings: The findings from the interview studies showed that as well as language and cultural barriers, the older Italian participants had little understanding about the purpose of clinical trials. The bi-lingual Italian-English prototype was well received by community members as well as researchers and human research ethics committee (HREC) members. These Findings: informed the development of a short, captioned informational video, Clinical Trials and You, available in English, Vietnamese, Italian, Chinese, and Greek.

Discussion: Clinical Trials and You has been endorsed by the HREC of a large Victorian health service, allowing the videos to be uploaded to clinical trial webpages for potential participants to access. Current research involves working with infectious disease clinician researchers to adapt the Clinical Trials and You methodology to participation and consent information for a large multi-centre platform trial.

P33 Positive emotions expressed during optometric consultations: An exploratory study

Presenter(s):
Vibeke Sundling, University of South-Eastern Norway, Norway
Authors:
Espen Andreas Brembo, University of South-Eastern Norway, Norway
Lena Heyn, University of South-Eastern Norway, Norway

Background: Positive emotions build various cognitive resources and the flourishing of mental health. Studies of positive emotions in optometry are scarce. The study aims to explore positive emotions expressed by patients and optometrists during an eye examination and the function of these expressions.

Methods: The study had an observational, exploratory design. The data material consisted of 34 video-recorded eye examinations, including 34 patients and 11 optometrists. We used a two step-approach to investigate expressions of positive emotions during the eye examination. First, we coded positive emotions using the Positive Emotion Communication (PEC) coding system. Second, we analyzed the content of the expressions of positive emotions inductively. The coding was done independently by three coders. Coding disagreements were discussed and reached a consensus. In collaboration, the three coders analyzed the content of the expressions to identify themes. This abstract provides preliminary Findings: of the study.

Findings: We have so far analysed two eye examinations. In all, we identified 66 expressions of positive emotions. Both patients and optometrists initiated these expressions, including statements of connection (n=1), savouring/taking joy (n=1), gratitude and appreciation (n=0), positive focus (n=26), praise and support (n=6), humour (n=15) and perfunctory statements (n=17). The themes included spectacles, vision, age, eye examination, ocular health, general health, work, leisure activities, decision making and purchase of spectacles.

Discussion: A variety of positive emotions are expressed by patients and optometrists during the eye examination, covering a range of themes. We will further explore the data and present an analysis of the function of these expressions in optometric practice.

P34 Exploring Associations between Communication, Patient-level Factors, and Adjuvant Chemotherapy

Presenter(s):
Kerri-Anne Mitchell, Austin College, United States

Authors:
Joseph Boyle, Virginia Commonwealth University, United States
Richard Brown, Virginia Commonwealth University, United States

Background: Between 2016 and 2020, almost 2 million Americans were diagnosed with breast or colon cancer; almost half a million of these diagnoses resulted in death. Adjuvant chemotherapy (AC) significantly improves survival and recurrence rates in these patients, however past studies indicate wide variation in primary non-adherence (no AC) rates in breast cancer patients (10 – 83.7%), and high rates of primary non-adherence in colon cancer patients (36 – 38%). We examined the relationship between patient-level factors (demographics, disease and treatment factors, and patient experience), patient-centered communication (PCCM), and non-adherence to AC guidelines at two levels, primary non-adherence and non-persistence at three months (less than three months of AC) in elderly breast and colon cancer patients to better understand the role of PCCM in AC non-adherence.

Methods: Descriptive statistics for patient-level factors, PCCM, primary non-adherence, and non-persistence at three months were obtained. Multiple logistic regression models estimated AC non-adherence after accounting for patient-level factors and PCCM.

Findings: The sample (n = 577) was mostly white (87%), female (94%), diagnosed with breast cancer (87%) and reported PCCM: provider communication score ≥ 90% (73%) and provider communication score = 100%
Both levels of AC nonadherence were higher in breast cancer patients (69% and 81%), respectively than colon cancer patients (43% and 45%), respectively. Male sex, survey assistance, and low/average ratings of a personal doctor, specialist, and healthcare were associated with lower PCCM. Older age, breast cancer diagnosis, and diagnosis group following 2007-2009 increased the likelihood of both levels of AC non-adherence. Comorbidities and PCCM-90 were exclusively associated with non-persistence at three months.

Discussion: PCCM’s relationship to AC non-adherence varied by level of PCCM, time period, and the presence of comorbidities. Simultaneous and routine evaluation of PCCM, the receipt of value-concordant care, and identified covariates may further our understanding of these interrelationships.

**P35 Feasibility study with process evaluation of a return-to-work intervention for burned-out employees**

*Presenter(s):*
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*Authors:*
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**Background:** Burnout is a work-related mental health problem and may cause long-term sickness absence. Return-to-work interventions for burned-out people on sick leave aim to prevent long-term work disability. Based on a systematic literature review and focus groups with professionals we made a care pathway that supports return to work for sick-listed people with burnout. This multidisciplinary care pathway contains three essential elements: 1) cooperation between a general practitioner (GP) and a psychologist to correctly diagnose burnout 2) quick referral to a psychologist after start of sickness absence and 3) efficient communication between all stakeholders (including the insurance physician and the occupational physician). The aim of this study is to undertake a process evaluation of the care pathway to assess its feasibility and acceptability.

**Methods:** This study is a cluster-randomised feasibility trial, with an embedded process evaluation. Fifty-one general practices and 50 burned-out patients were recruited. Thirty-five patients received the care pathway (intervention group) and 15 patients received care as usual (control group). We used a mixed-Methods: approach: we collected demographic data, logbooks, questionnaires, verbal feedback and conducted semi-structured interviews with patients, GPs and psychologists. The Medical Research Council Framework was used as a guideline to analyze context, reach, dose delivered and dose received of the care pathway.

**Findings:** Patients and GPs are of the opinion that the care pathway can support communication between different care givers (e.g. GP, insurance physician, occupational physician). Patients allow GPs to share information with insurance/occupational physicians because they believe this potentially facilitates their return to work. However, GPs do not often share information with insurance/occupational physicians: they forget to share information, lack of time, they don’t know how to contact the insurance/occupational physician.

**Discussion:** These findings give insight in the communication between different stakeholders, and can be used to further adjust the care pathway.

**P37 Virtual Reality communication training tool for optimizing placebo- and minimizing nocebo-effects**

*Presenter(s):*
Background: Among experts and clinicians in the field of placebo research, there is consensus that healthcare providers should preferably be trained to optimize placebo- and minimize nocebo-effects while treating their patients. However, no widely available training currently exists to teach them how to do this. We are developing an innovative virtual training tool based on the most recent scientific insights and expert consensus, that has been investigated systematically by Delphi methodology during two expert meetings.

Methods: The aim of the training is threefold: 1) to familiarize healthcare professionals with state-of-the-art theoretical knowledge on placebo- and nocebo-effects, 2) to raise awareness of placebo- and nocebo-effects in everyday clinical practice, 3) to train skills to optimize placebo-effects and minimize nocebo-effects. During the developmental process there is structural collaboration with communication experts and clinicians. To ensure that the virtual training tool is successful and user friendly, usability and feasibility assessments are performed by experts in the field of placebo research and naïve end-users.

Findings: The training is currently under development and will include both theoretical and hands-on practice, including communication with simulated virtual patients. The training uses advanced virtual reality elements, allowing healthcare providers to interact with simulated patients. Results: of the usability and feasibility assessments are currently being collected and analyzed.

Discussion: This training offers a pioneer application of a field of research that has been shown to have great potential to improve health outcomes. The tool is unique in its broad applicability, since it can be used by physicians of all disciplines as well as other healthcare providers. Healthcare providers will be able to access the tool on a virtual platform from their own workspace. Future research projects will investigate the effects of the virtual training tool in healthcare professionals on treatment outcomes in patients.

P38 Teaching communication skills - a new curriculum and feedback from students

Presenter(s):
Abdulsalam Sultan, AlKindy medical College / University of Baghdad, Iraq

Objectives: To elicit the opinion of students about various aspects of teaching/learning of communication skills, as adopted in Basrah Medical College.

Method: A questionnaire-based study was designed and conducted by the Curriculum Development Committee at the College. The questionnaire was distributed to 100 students and positive response was
Results: Most students showed high degree of satisfaction (80%). Some students showed special interest in the subject; more than 54% of the students mentioned the skills of listening as one of the most important information they received, which was associated with emphasis on patient’s narration (43.2%). In addition, giving the patient sufficient time to talk about his suffering without interruption was among the important information they were impressed by. The introduction of the art of medical dialogue (Arabic Textbook) was considered as a point of strength that can contribute to students’ early readiness for practical life, and can establish the principles of professionalism and ethics in dealing with patients. Students identified lack of practical application of these concepts and principles as the main point of weakness. This point will be addressed as the program progressed in the next years.

Conclusion: We concluded that teaching communication skills to first year medical students was successful because of intensive preparation, working as a team, consulting international experts, students’ positive interaction and high satisfaction rate. The support exhibited by the college administration was essential for the success and continuity of the initiative.

P39 Support needs of siblings of children with Metachromatic leukodystrophy, the parents experiences

Presenter(s):
Torun Marie Vatne, Frambu resource centre for rare disorders, Norway

Background: Having a child diagnosed with the lethal illness Metachromatic leukodystrophy (MLD) implies a major trauma for the affected family and increased risk of psychological difficulties in siblings. However, family-centered support may reduce this risk. This study describes parents experience of reactions and adaptation in siblings of children with MLD, and proper support in daily life.

Method: Six parents (two fathers) of children with, or deceased from MLD the last five years, who also had normally developing children were interviewed based on a semi-structured interview guide. The interviews were transcribed verbatim and conventional content analysis applied.

Results: Participants described siblings to express love and concern, anger and frustration, fear, sadness and sorrow, a longing for normality, and hope in relation to the diagnosis and its effect upon the family. Positive changes as such as increased maturity, care, appreciation, patience, and sociability in siblings were also described. However, siblings’ social life and leisure activities were described to be negatively affected. Resources at home such as medical aids and assistants for the child with MLD were described as having a supportive function for siblings. Enabling a close relation with both parents and the child with MLD were described as important support. Providing information about MLD to siblings were described as important, but opinions differed in terms of the timing and content of the information. Extended family and friends were described as a potential source of support in daily life, and systematic sibling support from the social welfare system as important, but often lacking.

Conclusions: Support to siblings of children with MLD should be family centered and aim for stability, interaction, and communication within the family. Most of the support may be delivered within the frames of daily life at home, by adults the child already knows, with support from palliative care units.

P42 The role of self-compassion, emotion regulation in academic performance of medical students.

Presenter(s):
Nora Alshareef, Lancaster University, United Kingdom
Introduction: Medical students have higher rates of depression, test anxiety and burnout. Students who are burnt out are three times more likely to think of suicide, and suicidal idea is more common among medical students worldwide than in any other field and these are alarming signs for the global medical education.

Aim: This study proposes that applying emotion regulation and self-compassion strategies may help medical students alleviate test anxiety and improve academic performance.

Methods: Quantitative methodology was used, three scales were distributed to 2000 medical students; Westside test anxiety scale, Self-compassion scale and Emotion regulation questionnaire. 552 questionnaire were received and analysed by SPSS and moderation and mediation analyses was used. Result: Test anxiety was higher in male students than female students. self-compassion score was average and student who had B grades showed more self-compassion of than other students. Also, emotion regulation score was low in male students and high in D grade students. self-compassion and emotion regulation moderate the relationship between test anxiety and academic performance. also, self-compassion is a significant positive effect on student’s self-regulation, empathy and perceived stress. Also, medical students showed better competency and confidence in patient care. mediation analyses showed non-significant result.

Impact of research: This study found that applying emotion regulation and self-compassion strategies may help medical students alleviate test anxiety and improve academic performance. Self-compassion is also considered to be an adaptive way of coping and responding to stress and academic challenges. It also has many benefits to students including enhancing task engagement and performance, and reducing burnout, stress, depression and anxiety in the healthcare field. Also, the author suggests that self-compassion training in the medical field to respond to uncertainties and challenges will enhance professional wellbeing and improve patient care. also, there is lack of research in emotions of medical students.

P43 Preparation for cardiac catheterisation: patient endorsement and experiences of patient-centred care

Presenter(s):
Kristy Fakes, University of Newcastle, Australia

Authors:
Trent Williams, John Hunter Hospital, NSW, Australia
Nicholas Collins, John Hunter Hospital, NSW, Australia
Andrew Boyle, John Hunter Hospital, Cardiovascular Department, NSW, Australia; and Hunter Medical Research Institute, New Lambton Heights, NSW, Australia
Aaron Sverdlov, John Hunter Hospital, Cardiovascular Department, NSW, Australia; and Hunter Medical Research Institute, New Lambton Heights, NSW, Australia
Allison Boyes, Health Behaviour Research Collaborative, University of Newcastle, NSW, Australia; and Hunter Medical Research Institute, New Lambton Heights, NSW, Australia
Rob Sanson-Fisher, Health Behaviour Research Collaborative, University of Newcastle, NSW, Australia; and Hunter Medical Research Institute, New Lambton Heights, NSW, Australia

Background: Cardiac catheterisation is a common procedure to diagnose and treat heart conditions. To examine patient-centred communication and identify any gaps in care, this study examined outpatients': 1) views on what characterises essential care and 2) experiences of care in relation to cardiac catheterisation and any subsequent heart procedures.

Methods: A cross-sectional descriptive study was undertaken. Surveys were posted to outpatients who had undergone cardiac catheterisation in the prior six months at an Australian public hospital. Participants completed 65 items to determine: a) aspects of care they perceive as essential for a healthcare team to
provide to patients receiving care for a heart condition (Important Care Survey); or b) their actual care received (Actual Care Survey). Numbers and percentages were used to calculate the most frequently identified essential care items; and the experiences of care received. Items rated as either ‘Essential’ or ‘Very important’ by at least 80% of participants were determined, reflecting patient endorsement of the importance of the component of care. A gap in patient-centred care was identified as being any item that was endorsed as essential/very important by 80% or more of participants but reported as received by less than 80% of participants.

Findings: Of 582 eligible patients, 264 (45%) returned a completed survey. 43/65 items were endorsed by over 80% of participants as essential/very important. Of those, for 22 items, less than 80% of respondents reported the care as received. Gaps were identified in relation to GP consultation (3 items), preparation (4 items), having the angiogram (2 items), follow-up care (1 item), decision making for treatment (4 items), prognosis (6 items) and post-treatment follow-up (1 item).

Discussion: Methods: to address communication gaps across the health care trajectory, particularly in relation to the general practitioner consultation and referral process, and information on patient prognosis, warrant investigation.

P44 Development of a Tool to Assess Medical Oral Non-English Language Proficiency

Presenter(s):
Lisa Diamond, Memorial Sloan Kettering Cancer Center, United States

Authors:
Steven Gregorich, University of California - San Francisco, United States
Leah Karliner, University of California - San Francisco, United States
Javier Gonzalez, Memorial Sloan Kettering Cancer Center, United States
Cristina Pérez-Cordón, United Nations, United States
Reniell Iniguez, University of Illinois, United States
Jose Alberto Figueroa, Northwestern University Feinberg School of Medicine, United States
Karen Izquierdo, SUNY Downstate College of Medicine, United States
Pilar Ortega, University of Illinois, United States

Purpose: To communicate with linguistically diverse patients, medical students and physicians often use their non-English language skills. However, there is no standard protocol to determine whether those skills are adequate prior to patient care. This causes many physicians, institutions, educators, and learners to forgo non-English language proficiency assessment altogether. The purpose of this study is to report on the development, refinement, and inter-rater reliability of the Physician Oral Language Observation Matrix (POLOM), a rater-based tool assessing six language skills categories observed during clinical interactions: comprehension, fluency/fluidity, vocabulary, pronunciation, grammar, and communication. This study focused on the use of the POLOM in Spanish interactions.

Method: Beginning with an existing language observation tool, the authors adapted it for use in clinical settings, creating the preliminary POLOM. Next, they iteratively refined the tool from April to July 2021 using videorecorded medical student-standardized patient encounters from a US-based medical Spanish program. In each refinement iteration, four bilingual raters, two physicians and two linguists, independently rated 3-6 encounters and convened to discuss ratings with the goals of improving instrument instructions, descriptors, and subsequent rater agreement. Using the final POLOM, raters independently rated 50 videos in rotating interdisciplinary pairs. Generalizability theory was applied to estimate reliability via inter-rater agreement (dependability) coefficients (range 0-1) for each POLOM category and the total score.
Results: POLOM total score dependability equaled 0.927 (single rater) and 0.962 (averaged across two raters). The highest mean score was observed for the comprehension category (mean=4.15; range: 1-5), while the lowest was for communication (3.01; range 1-5).

Conclusions: Raters achieved a high level of agreement on POLOM assessments of students' medical oral Spanish proficiency. The POLOM is the first such assessment tool that provides examinees and instructors with both a holistic and detailed review of clinician non-English oral language skills as contextualized for patient care.

**P45 Embedding diversity into the Virtual Learning Environment**

*Presenter(s):*
Karen Lobb-Rossini, St George's, University of London, United Kingdom

*Authors:*
Anees a Zaidi, Guys and St Thomas' NHS Foundation Trust, United Kingdom
Paige Bishop, Basingstoke and North Hampshire Hospital, United Kingdom
Margot Turner, University of London, United Kingdom

The impact of Covid on final year electives led to a staff-student partnership to create digital learning resources to embed diversity into the curriculum using the virtual learning environment.

The World Health Organization define violence as ‘the intentional use of physical force or power, threatened or actual that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation’ (WHO, 2002). As final year medical students, we recognized the responsibility of becoming a doctor in identifying and supporting these vulnerable groups and therefore created digital learning resources to support students in both learning and clinical environments.

Final year medical students worked with senior lecturers in Clinical Communication to create digital resources for medical students to support them in their clinical environment. The resources were also developed as part of a ‘flipped classroom’ approach to final year simulated teaching which focused on communicating effectively with patients experiencing domestic abuse, FGM, sexual exploitation, and assault.

The student staff partnership strengthened the student experience particularly at a time when Covid had impacted elective placements. Initial evaluation of the resources and simulated teaching using both quantitative and qualitative methods have been positive with 99% of students (n=188) showing a post-session increase in confidence levels in communicating with patients who have been affected by violence or abuse. “Amazing session, best we’ve had so far at medical school” “Resources were very helpful”.

A successful student-staff partnership has facilitated the development of digital resources to further embed diversity into the medical curriculum whilst inspiring our future doctors to bring diversity into postgraduate training.

**15:45 - 16:45**

Workshop (online)

**O.W.1 Hot topics you always wanted to address when assessing communication skills**

*Presenter(s):*
Geurt Essers, tbc, Belgium
Marc van Nuland, KU Leuven, Belgium

Rationale: many healthcare educations struggle with questions concerning the assessment of communication skills (CS), that reflects how learners improve their interaction with patients.

Learning objectives: participants will be able to move forward with the answers they receive on their questions regarding assessment of communication skills.

Workshop outline: In assessment of communication skills, many questions and delicate topics, such as standard setting or selecting raters, may arise, sometimes even to the extent that implementing CS assessment may be postponed or stopped. Also, when having succeeded in finding a way to assess communication skills of students, residents or clinicians, questions can linger on or new questions or dilemmas may arise. On the other hand, in many places, communication teachers and faculty have found ways to answer some of the questions on CS assessment, maybe even in more than one way. In this workshop, we like to connect people (teachers, faculty, policy makers) to bring forward and discuss their questions regarding the assessment of communication skills. In small groups, facilitated by 2 senior experts, participants will discuss their questions and dilemmas in some depth and exchange expertise to help each other with this topic. Participants will be randomly assigned to break-out rooms, in order to maximize input from different perspectives.

Time line:
- Short introductions of participants and facilitators (5 min)
- Break-out rooms with 3-5 participants (35 min). An inventory will be made of the questions and dilemmas of participants that will be discussed. Breakout rooms will be facilitated by one of the experts.
- Plenary exchange of answers found (15 min)
- Exchange of names and addresses for further contact (5 min, if requested)
- Closure

16:45 - 17:45

Symposium (online)

O.S.1 Better care for newcomers is better care for all: International perspectives on migration communication issues

Presenter(s):
Anna Sonkin, St Jude Children's Research Hospital, United States
Stéphanie De Maesschalck, Ghent University, Belgium
Alka Walter, University of Iowa, United States
Anastasiya Leukhina, Ukraine

International migration has steadily risen over the last several decades. Some of this migration is due people fleeing their home countries due to war, climate change, politics or economics. The recent war in the Ukraine has once again highlighted the impact of migration on those persons displaced by conflict and on the host countries in which they find themselves. The communication needs of these “newcomers” is important for health care learners, providers and systems to understand and work to address. The purpose of this symposia panel is to explore key communication in healthcare issues for newcomers from perspectives of being health care providers with newcomer populations and/or recent migrants to new countries. Panelists from 5 different countries will discuss the impact on patients and healthcare providers of different labels for these patient populations (refugee, displaced persons, newcomers); different expectations of patient-provider relationships; specific communication needs of newcomer patients; diversity among newcomer groups; consequences of effective and ineffective communication with these patients; and implications of these issues of education of health care professionals. The majority of the
session will allow each panelist to share their experiences and insight regarding these important areas of communication in healthcare. This will be followed by interactive discussion with all session attendees. The symposium will highlight the ways in which addressing the communication needs to newcomers and other migrants can ultimately lead to improvement of communication and care for all patients in a health care system.

Presenters:
Chair: Dr Anna Black is a GP in Glasgow providing medical services to diverse patient populations. She teaches and conducts research on health inequalities faced by asylum seekers and refugees through the Department of General Practice and Primary Care at the University of Glasgow. She is a non-executive of Public Health Scotland, a trustee of the Govan Community Project which is a charity supporting asylum seekers and refugees in Glasgow; and a Scottish Human Rights Commissioner.

Anastasiya Leukina, is a communication consultant with particular emphasis on communication in healthcare. She lived and worked in Kyiv, Ukraine, until she was forced to leave with her family because of the war in Ukraine and currently living in Germany. Anastasiya will bring the perspective of being a “newcomer” to another country and navigating a different healthcare system. Both as a newcomer and someone with a Background: in healthcare communication, she will provide a personal insight into needs and opportunities in clinician patient communication particular to these immigrant populations.

Anna Sonkin, is a pediatrician, palliative care physician and healthcare communication trainer from Russia who moved to the USA two weeks after the start of the war in Ukraine. She now works at with the SAFER Ukraine program at St. Jude’s Research Hospital, Department of Global Pediatric Medicine, that focuses on the evacuation of children with cancer and blood disorders from Ukraine to hospitals in Europe and North America. She will provide personal perspective as someone displaced by war as well as professional perspective on communication needs of vulnerable families.

Stéphanie De Maesschalck is a GP in Ghent working with a diverse patient population including people who have recently arrived in Belgium awaiting a decision in their asylum procedure. She previously was head of the medical team in a refugee reception centre. She teaches communication and diversity in health care to students and faculty at Ghent University focusing on how to provide (and teach) diversity sensitive, inclusive and equitable care. She also volunteers at migrant camps in Dunkerque, France.

Alka Walter is a Family Medicine physician at the University of Iowa in the US who interacts with immigrant and refugees in the International Family Medicine Clinic. She coordinates a Free Medical Prenatal Clinic to provide care to recent immigrants/refugees without medical insurance and is also a board member of the Congolese Health Partnership which helps immigrant/refugee families overcome health care obstacles.

8 SEPTEMBER 2022
10:15 - 11:45
Orals:  O.12 Teaching Medical Students
  O.12.1 Transforming Medical Students: Reviewing Communication Skills Training Using OSCEs

Presenter(s):
Mehmet Gokhan Gonenli, Koc University School of Medicine, Turkey

Authors:
Jacob Chizzo, Koc University School of Medicine, Turkey
Sucheta Dandekar, Era’s Lucknow Medical College, India
Background: A structured clinical communication skills training program was introduced in 2019 at the Koc University School of Medicine. Handling sensitive issues (HSI) and breaking bad news (BBN) were introduced as two specific communication skills in the program. This study aimed to measure the effectiveness of the HSI and BBN training on students’ communication skills.

Method: Forty-five medical students in their first clinical year were initiated into the program and randomly divided into two groups. The first group received HSI training while the second group received BBN training; one month later, they were interchanged. The training included lectures, video discussions, and role-playings. Students were trained to use NURSE statements for showing empathy, the CDC’s 5Ps approach for taking a sexual history, and the six-step SPIKES protocol for BBN. Two different OSCE stations were used to assess students after each training session. Each group encountered a scenario based on the related training; the other station presented a scenario for which they were not trained. Students were graded using a pre-validated checklist. Students also submitted written self-assessments and feedback after the two trainings were completed. The OSCE scores of both groups were analyzed and compared.

Findings: A total of 43 students completed the training. In both the HSI and BBN groups, the post-training OSCE mean score increased significantly. There was no significant decrease in the mean score of the OSCEs performed one month after the training. Students endorsed the training, saying it would help them face real situations in clinical settings.

Discussion: HSI and BBN training significantly improved the students’ communication skills. This study’s results provide evidence to stakeholders about the importance and effectiveness of the program and encourages us to redesign other communication skills lessons within the curriculum to provide the students with the most efficient and effectual training and practice.

O.12.3 Bringing authenticity to teaching intimate examinations

Presenter(s):
Karen Lobb-Rossini, St.Georges Medical School University of London, United Kingdom

Authors:
Sharmi Sivakurum, St. Georges University of London, United Kingdom
Angela Kubacki, St.Georges Medical School University of London, United Kingdom
Laura Valley-Ogunro, St.Georges Medical School University of London, United Kingdom
Amy Spatz, St.Georges Medical School University of London, United Kingdom
Cherry Buckwell, St.Georges Medical School University of London, United Kingdom
Anabelle Ilves, St.Georges Medical School University of London, United Kingdom
Rakin Anwar, St.Georges Medical School University of London, United Kingdom

Background: Breast examination is an important skill to acquire and needs to be conducted sensitively and systematically to minimize patient discomfort whilst effectively integrating clinical and communication skills to ensure important diagnoses are not missed. The experience of learning and performing intimate examinations can cause student unease however they are essential skills for graduates (GMC, 2018).

This experiential session was developed to move away from a hybrid model to allow students to practice a breast examination on female simulated patients to bring greater authenticity to teaching in preparation for examining and communicating with real patients in the clinical environment.

Methods: The teaching built upon prior knowledge and skills whereby students gathered a patient centred focused history from a simulated patient and performed a breast examination. A core component centred on integrating key clinical communication skills whilst performing an intimate examination. Students received constructive feedback post examination from the patient, peers, and facilitators.
The 60-minute session was co-facilitated by a communication skills tutor and clinician to reflect an integration of both skills sets. Group sizes consisted of 6 students working through 3 different scenarios with 3 different patients. 8 parallel groups ran 3 times to accommodate all students.

Findings: The teaching was evaluated using qualitative and quantitative methods. Initial Findings: are positive with 97% (n=184) of students rating the session as good or excellent with a post session increase in confidence levels. “The breast session was brilliant, made me think about how I interact with a patient during an intimate exam”. “Examining real patients was so helpful, I feel much more confident”

Discussion: Shifting from a hybrid model of teaching to one that incorporates female simulated patients is effective in increasing students’ confidence in performing an intimate examination and prepares them for examining and communicating with patients in clinical practice.

O.12.4 Innovative Communication Skills Training for First and Second Year Medical Students

Presenter(s):
Yvonne Finn, National University of Ireland Galway, Ireland

Authors:
Michael Smith, National University of Ireland, Galway, Ireland
Anne Browne, National University of Ireland, Galway, Ireland

Background: In the early stages of training, medical students frequently learn communication skills through experiential learning in the simulation lab. In our medical programme we were tasked with revision of the communication skills curriculum in Year 1 and Year 2, aiming to maximize learning, while adhere to the prevailing public health guidelines. With a class size in excess of 200 and limited space in the timetable this was a challenge.

Methods: We developed a learner template which served to support students in preparation and practice of ‘doing’ a medical interview. Cognisant of the need for psychological safety and to maximize buy-in we explained the ‘basic assumption’, and agreed a ‘fiction contract’ with our students. Students practiced in groups of 6, being both interviewer and observer of their peers. We trained simulated patients to roleplay and give feedback. Finally, we developed a feedback template based on the ‘plus-delta approach’.

Evaluation: We report Year 1 student evaluation, academic year 2021-2022. 148 students (69%) completed the evaluation. Students agreed/strongly agreed that they gained valuable practice in initiating the medical interview and putting the patient at ease (n=148/100%), using open and closed questions (n=146/99%) and receiving feedback that supported their learning (n=144/97%). Free text responses included “the environment felt safe and helpful” and “it was great listening to everyone else and pick up and learn from their feedback”. Facilitators commented on the positive learning environment and student engagement.

Discussion: Our expectations were exceeded in terms of the high proportion of positive responses and positive free text comments. We speculate the combination of psychological safety, students’ ‘buy-in’ to the ‘fiction contract’, use of the ‘plus-delta approach’ of feedback and peer-learning all contributed to the success of these communication skills labs. Our students come from diverse cultures and countries, increasing the generalisability of our findings.

O.12.5 (WIP) How Touching. Analysis Of Expressive Touch By Medical Students To Standardized Patients

Presenter(s):
John Wilde, University of Iowa Hospital and Clinics, United States
Authors:
Marcy Rosenbaum, University of Iowa Hospital and Clinics, United States

Background: Expressive touch is defined as warm, friendly physical contact with patients that is not solely for performing a task. Extensive literature discusses the positive impact that touch can have on building rapport, providing comfort, and demonstrating empathy. However, systematic research examining patient and healthcare provider preferences around receiving or using expressive touch is lacking. Also, the recent pandemic may have impacted patients’ perspectives on being touched and providers’ perspectives on using expressive touch. The purpose of this research is to explore potential patients’ and providers’ preferences on appropriate timing, context, and approach to expressive touch.

Methods: This study evaluates patient and medical trainees’ preferences/comfort related to expressive touch. Simulated patients (N=100) and medical students (N=100) have been invited to complete surveys on expressive touch preferences. Simulated patients (SP) were chosen for this pilot study as they can reflect on encounters with more medical learners than a typical patient. Using Likert scale items and open-ended questions, surveys for each group explore comfort levels and preferences of various touch locations, context/timing of touch, and quality of touch as well as the impact of the pandemic on touch perspectives.

Findings: By ICCH 2022 survey data collection and analysis will have been completed. Quantitative and qualitative Findings: will provide a comparison of SP and medical student perspectives toward expressive touch as a form of empathic communication as well as the impact of gender and age on touch attitudes.

Discussion: Findings: from this study can inform the development of a healthcare communication curriculum focused on effective expressive touch. This study can provide a methodological basis for stimulating further methodological perspective studies that may be expanding express touch research to patients, families, and practicing providers.

Note: First author is a new faculty member in Palliative Care.

Orals: O.13 Use of online information

O.13.1 COVID-19 information sources in culturally diverse communities in Australia: Cross-sectional survey

Presenter(s):
Julie Ayre, The University of Sydney, Australia

Authors:
Danielle Muscat, The University of Sydney, Australia
Olivia Mac, The University of Sydney, Australia
Carys Batcup, The University of Sydney, Australia
Erin Cvejic, The University of Sydney, Australia
Kristen Pickles, The University of Sydney, Australia
Hankiz Dolan, The University of Sydney, Australia
Carissa Bonner, The University of Sydney, Australia
Dana Mouwad, Western Sydney Local Health District, Australia
Dipti Zachariah, Western Sydney Local Health District, Australia
Una Turalic, Nepean Blue Mountains Local Health District, Australia
Yvonne Santalucia, South Western Sydney Local Health District, Australia
Tingting Chen, Western Sydney Local Health District, Australia
Gordana Vasic, Western Sydney Local Health District, Australia
Kirsten McCaffery, The University of Sydney, Australia
Background: Culturally and linguistically diverse communities are a priority group that has been disproportionately affected by the pandemic. However, they have been largely excluded from Australian surveys that capture data about people’s knowledge, attitudes, and experiences relating to COVID-19. This study sought to investigate preferred COVID-19 communication channels and information-seeking experiences within these communities.

Methods: The cross-sectional survey was co-designed with Multicultural Health and bilingual staff, and translated into 11 languages. Participants were recruited in Sydney, Australia, from March 21 to July 9, 2021, with supporting bilingual staff. Linear regression models identified factors associated with difficulty finding easy-to-understand COVID-19 information.

Results: Across 708 participants (88% born overseas, 31% poor English proficiency), difficulty finding easy-to-understand COVID-19 information was rated 4.13 for English materials (95%CI: 3.85 to 4.41) and 4.36 for translated materials (95%CI: 4.07 to 4.66) (1 easy to 10 hard). Participants who were older (p<0.001), had low health literacy (Mean Difference (MD)= -1.43, 95%CI -2.03 to -0.82, p<0.001), or poor English proficiency (MD= -1.9, 95%CI -2.51 to -1.29, p<0.001) found it harder to find easy-to-understand English-language COVID-19 information. Those who had greater difficulty finding easy-to-understand translated COVID-19 information were younger (p=0.004), had poor English proficiency (MD= -1.61, 95%CI -2.29 to -0.9, p<0.001), university education (MD= 0.77, 95%CI 0.00 to 1.53, p=0.05), and had spent longer living in Australia (p=0.001). They were more likely to rely on friends and family for COVID-19 information (p=0.02). There was significant variation in information-seeking experiences across language groups (p's<0.001).

Conclusions: Easy-to-understand and accessible COVID-19 information is urgently needed and must meet the needs of people in culturally and linguistically diverse communities. The findings are highly applicable to other public health issues, highlighting the limitations of a one-size-fits-all approach to public health communication. Health services must work alongside these communities to tailor public health messages and leverage existing communication channels.

O.13.3 Predictors of the online communication with healthcare providers in later life

Presenter(s):
Dennis Rosenberg, University of Haifa, Israel

The goal of the study was to examine the associations between patient-provider communication quality, health-related Internet use, and online communication with healthcare providers in later life.

The study employed data from the Health Information National Trends Survey 5, Cycle 4, conducted in February-June 2020. The sample included US older Internet users (N = 1165).

The results show that low patient-provider communication quality was associated with lesser likelihood of communicating online with healthcare providers. In contrast, no association was found between each component of patient-provider communication and the studied phenomenon. Online health information seeking was found increasing the likelihood of communicating with healthcare provider online. The results imply that the overall quality of patient-provider communication matter more than its components when assessing the likelihood of online communication with healthcare provider. They also imply that engagement in online health information seeking and online patient-provider communication complement rather than substitute each other. The results can serve public health officials in developing programs aimed at improving healthcare provision quality for older people. The results can also serve healthcare providers in their efforts to improve the quality of communication with their older patients.

O.13.5 Assessment of the variability and accuracy of readability scores across online calculators
Background: Readability assessment is the most common approach for evaluating the health literacy demands of written health information. However, there are no uniform guidelines for conducting and reporting readability analyses. Readability scores can vary by up to five reading grades across formulas. They may also vary depending on the online calculator used and subjective decisions about how to prepare the text for analyses. This study aimed to quantify the variability of readability scores, assess the effect of text preparation, and to assess the agreement of online calculated scores with the reference standard (hand calculated scores).

Methods: Two readability scores for ten samples of text were obtained by each calculator: one using unedited text and one in which text was prepared (e.g., by removing incomplete sentences). We reported the Simple Measure of Gobbledygook (SMOG), Flesch Kincaid Grade Level (FKGL) and the Automated Readability Index (ARI). We used Bland-Altman plots to assess the agreement of online readability scores with the reference standard.

Findings: We identified eight online calculators. There were 16 combinations of calculator and formula (4 for SMOG, 6 for FKGL and 6 for ARI). Across the online calculators, the same text produced scores that varied by up to 12.9 grade reading levels even when the same formula was used. Text preparation markedly decreased this variability between online calculators (range: 2.1 grade levels). SMOG index scores from two calculators, and FKGL scores from one calculator showed good agreement with the reference standard. The remaining calculators showed poor agreement with the reference standard.

Discussion: Readability scores are inconsistent and often inaccurate. There is a need for more comprehensive and accessible guidelines for conducting and reporting on readability studies. Those evaluating written health information may consider complementing readability assessment with other tools, especially when the text is largely fragmented.

O.13.6 (WIP) News coverage about cancer screening in the Netherlands: A content analysis

Presenter(s):
Inge Stortenbeker, Radboud University, Netherlands

Authors:
Hanneke Hendriks, Radboud University, Netherlands
Suzan Verberne, Leiden University, Netherlands
Gert-Jan de Bruijn, Antwerp University, Belgium
Enny Das, Radboud University, Netherlands

Background: News media content and social media discussions affect cancer screening behavior (e.g. Niederdeppe et al., 2013). Though participation rates of cancer screening programs in the Netherlands (i.e. cervical, breast and colorectal cancer screening) are generally high, negative news reports and misinformation may negatively affect the public perception of and participation in cancer screening programs. Yet, it is unknown how the news media report about cancer screening, and how this may affect informed decision making. The current study will therefore analyze news media coverage about cancer screening in the Netherlands.
screening in the Netherlands. We aim to investigate 1) the volume, tone and content of news media reports, 2) how media coverage may differ for different cancer types, and 3) how it may have changed over time (2010 to 2022).

Methods: A quantitative content analysis of Dutch news reports from 2010 to 2022. News reports will be retrieved from the LexisNexis database with a search query including strings related to cancer and screening methods. We will manually (double-)code approximately 1,000 news articles. Content of news media reports will be coded in term of framing (e.g. risk framing), costs and benefits (e.g. overdiagnosis vs. early detection) and linguistic features (e.g. metaphors). The manual annotation will serve as a ground truth dataset to develop machine learning classifiers using traditional models (e.g. Support Vector Machines) and state-of-the art models (e.g. Bidirectional Encoder Representations from Transformers; BERT) to classify the full corpus (approximately 10,000 news articles).

Discussion: The codebook is currently being developed, and we intend to use a similar codebook to annotate social media posts related to cancer screening. Relevant questions for feedback are: What are important topics that should be involved in the codebook? Could this be different for our social media data? What are the potential implications of this project for patient-provider interactions?

Orals: O.14 Shared Decision-Making - decision support tools

O.14.1 Provider use a participatory style with African Americans during glaucoma visits

Presenter(s):
Betsy Sleath, University of North Carolina School of Pharmacy, United States

Authors:
Delesha Carpenter, University of North Carolina School of Pharmacy, United States
Nacire Garcia, University of North Carolina School of Pharmacy, United States
Donald Budenz, University of North Carolina School of Medicine, United States
Kelly Muir, Duke University School of Medicine, United States
Alan Robin, American Glaucoma Society, United States

Background: Little is known about the extent to which providers involve patients in glaucoma treatment decisions and use a participatory decision-making style. Our purpose was to examine the impact of a pre-visit video/glaucoma question prompt list intervention on provider use of a participatory style and involving patients more in treatment decisions.

Methods: African American patients with glaucoma were enrolled and randomized to the intervention or usual care. Intervention patients watched a video on the importance of asking questions during visits and then checked questions that they wanted to ask their provider on a patient question prompt list. Visits were audio-taped, transcribed, and coded. Patients were interviewed after visits. Multivariable regression was used to analyze the data.

Findings: One hundred and eighty-eight African American patients agreed to participate (74%); 92 patients were randomized to the intervention group. Forty-six percent of the sample was female; patient age ranged from 29 to 91 years (mean=67 years). Patients completed 7 to 25 years of education (mean=14 years). Forty-three percent of patients were on glaucoma medications for 5 years or more. Providers gave patients treatment choices during ten visits. Providers were more likely to ask patients in the intervention group about their choices for treatment (8.7% versus 2.1%, p<0.05). Patients in the intervention group were not significantly more likely to rate their providers as using a more participatory style. Female (p =0.02) and less educated (p=0.02) patients were less likely to rate their providers as using a participatory style. Rating a provider as using more of a participatory style was not significantly associated with providers asking patients about their choices for treatment.
Discussion: Providers were more likely to ask patients in the intervention group about their choices for treatment. The intervention did not increase patient perceptions of provider use of a participatory style.

O.14.2 Context-sensitive implementation of conversation aids in diverse settings

Presenter(s):
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Authors:
Danielle Schubbe, Dartmouth College, United States
Rachel Forcino, Dartmouth College, United States
Jaclyn Engel, Dartmouth College, United States
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Background: There is no “one-size-fits-all” approach to implementing conversation aids into practice workflows. Every clinic and health system has different healthcare delivery processes. Taking a context-sensitive approach to the implementation of conversation aids may better increase sustainability in real-life practice. In a multi-site implementation project of uterine fibroids conversation aids, we aimed to understand the barriers and facilitators to context sensitive implementation.

Methods: We collected qualitative data from a current implementation study of two uterine fibroids conversation aids in five diverse practices. We have taken in-depth notes at weekly site meetings with site research staff, monthly project meetings, quarterly Steering Group meetings, quarterly Community Advisory Board meetings, and ad hoc meetings with stakeholders at each site when we discuss context-sensitive delivery strategies. From these notes, we have synthesized main themes for barriers and facilitators to help create learning lessons for future implementation efforts.

Findings: Buy-in at the clinic level, led by clinical champions, can reinforce sustainability of an implemented conversation aid. System-level barriers include prioritizing shared decision making and conversation aids. Integrating the conversation aids in electronic health record and patient portal systems is key to sustainability. However, the integration must be done in a way that will be utilized by busy clinicians and clinic staff.

Discussion: We have learned that the transition from a funded project to context sensitive implementation takes time, especially for sites that heavily rely on research staff to deliver the conversation aids. We believe that automation and/or embedding these processes in standard operating procedures, where possible, will help better facilitate sustained context sensitive implementation. It is important to understand the barriers and facilitators of context sensitive implementation of conversation aids in clinical practices if they are adopting new conversation aids to better engage their patients in shared decision making.

O.14.3 Effects of illustrations and narratives in decision aids on cognitive load, satisfaction, and recall

Presenter(s):
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The effectiveness of decision aids is often evaluated based on their content (i.e., what information is presented), but less on how information should be presented. Prior research on online health information has suggested that patient outcomes may be enhanced when information is presented via multiple media presentation modes, such as verbally and visually, and when information is presented in narrative rather than in factual form. Possibly these two information provision strategies are effective because they decrease cognitive load. The current study tested the potential benefits of these information presentation styles in the context of decision aids specifically with regards to cognitive load, satisfaction with the information and recall. Further, it was tested whether a match between the type of illustration and the type of narration style was more effective than no match, and whether age and decision making style moderated these effects. (Former) cancer patients (n=432) participated in an online experiment with a 3 (text only vs. text + affective illustration vs. text + cognitive illustration) x 2 (narrative versus factual information) between-subjects design. No effects of modality and/or narration style on cognitive load and subsequently satisfaction and recall were found. Furthermore, a match between the type of illustration and type of narration style was not found to enhance the outcomes. However, independent of information presentation styles, a decrease in cognitive load resulted in increased satisfaction and in turn increased recall. Besides, patients with a more intuitive decision making style perceived more cognitive load, resulting in worse satisfaction and recall, than patients with a more rational decision making style. The results suggest that multimedia information and narrative information might not be effective in decreasing cognitive load within the context of online decision aids, but it can be carefully concluded that information should be adapted to patients’ decision making style.

O.14.4 Elicitation of personal perspective during patient-clinician conversations using a decision aid

Presenter(s):
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Background: Shared decision-making (SDM) is reliant on eliciting the patient’s personal perspective. It is assumed that the use of encounter patient decision aids (ePDAs) facilitate this. We named this element personal perspective elicitation (PPE). We define this as the disclosure (either elicited by the clinician or spontaneously expressed by the patient) of information related to the patient’s personal preferences, values, and/or context, that is potentially relevant to the process of decision-making. It is unclear whether PPE happens in daily clinical practice. We aim to evaluate to what extent PPE occurred in conversations between patients and clinicians in which an ePDA was used.

Methods: We audio-recorded 20 encounters from May 2021 until January 2022 in outpatient clinics of three Dutch hospitals. The analysis primarily focused on coding the extent of PPE using a codebook based on two coding schemes for observational data: the VR-CoDES (developed for coding emotional talk) and the Voice of Lifeworld and medicine dynamic (developed to distinguish between biomedical and contextual aspects). To study PPE in the context of SDM, we used the Observer OPTION-5 and a fidelity-of-use checklist. Reliability scores were calculated. Finally, we tested whether item 4 of the Observer OPTION 5
Findings: We included 13 audio-recordings from the gynaecology clinics, and 7 from the dermatology clinic. Analysis of the audio-recordings by two researchers independently will be done from February 2022 – June 2022.

Discussion: We anticipate finding low levels of PPE, based on the results of a recently conducted scoping review (under review). This is because attention to biomedical issues remains the main focus in current clinical practice, and interest in personal and contextual perspectives is rare.

O.14.6 (WIP) What values steer the behavior of actors in shared decision-making? An analysis of the models

Presenter(s):
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Anne Stiggelbout, Leiden University Medical Center, Leiden, The Netherlands

Background: During the past decades various shared decision making (SDM) models have been developed to enable or study SDM in clinical practice. There can be a difference between how SDM is conceptualized in scientific literature and how it is understood and experienced by patients and healthcare professionals (HCPs). Also, views of specific groups such as ethnic minorities have seldom been considered in the development of SDM. The aim of this study is therefore to investigate the values underlying SDM models that, according to the SDM models, steer the behavior of the actors involved (healthcare professionals (HCPs), patients, relatives and important others).

Method: Research papers in which SDM models have been conceptualized were included in this study. We used the SDM models recently analyzed by Bomhof-Roordink et al (2019) (n=40). The research papers are currently analyzed using the reflexive thematic analysis and coded through the lens of Schwartz’s value theory.

Findings: We included 40 models in total, published in English between 1997-2019, coding revealed that predominantly the values universalism (equality, respect), self-direction (of both patients and HCPs), achievement (expertise, knowledge and skills) and security were reflected in the explanation of the models. In more recent models benevolence (supporting, helping) appeared to be an additional predominant value.

Discussion: Identifying and analyzing the underlying value structure of SDM models enhances our understanding of what values, according to the SDM models, steer the behavior of different actors involved in SDM in clinical practice. Furthermore, a description of the value structures underlying SDM enables a comparison of the values of the models with those of the actors involved in SDM in a specific context (e.g. SDM among ethnic minorities). A representation of the value structure underlying SDM can contribute to the alignment of the model with values of actors in SDM.
Orals: O.15 Clinician responsiveness to emotional expressions

O.15.1 Are doctors’ responses to patient concerns patient-centred?

Presenter(s):
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Authors:
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Background: Patient concerns are an important indicator of patients’ needs. Doctors respond to concerns in numerous ways, so identifying whether responses work towards achieving patient-centredness is complex. This study aimed to examine whether doctors’ responses to patient concerns align with patient-centred communication.

Method: This observational study examined 78 verbatim transcripts of simulated consultations from a national examination for hospital physicians. Concerns and responses were coded using the Verona Coding Definitions of Emotional Sequences. Additional doctor-patient concern-relevant talk was captured using linguistic principles of cohesion and coherence. All concern-related talk within a consultation was examined as a single, ongoing process. The alignment of responses with principles of patient-centred communication was explored.

Results: Patient concerns and doctor responses manifested as an ongoing communicative process, involving the interweaving of concerns with an evolving, multi-faceted response. Doctors’ responses sometimes performed multiple (and at times, contradictory) functions. The alignment of responses with the aims of patient-centred communication varied across responses and shifted during the consultation. For example, the effect of postponement depended on whether or not the doctor returned to the concern. Alignment with patient-centredness depended on the function of the response in context. For example, the provision of information-advice might align with patient-centredness if it responded to a patient need for information and met that need. Identifying whether a need had been met often required examination of further doctor-patient talk beyond the concern-response dyad.

Discussion: Doctors’ responses to concerns manifested as a complex, longitudinal process. The ‘response’ did not always occur immediately after the concern, and the function of responses needed to be examined in context. It is important to distinguish between communication process and outcome when exploring ‘patient-centredness’. These Findings: have implications for how doctors’ responses to concerns and patient-centred communication are understood and measured.

O.15.2 Interactional trouble and compassion during clinical assessments: A conversation analytic study.

Presenter(s):
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Alison Pilnick, University of Nottingham, United Kingdom
Joanne Cooper, Nottingham University Hospitals NHS Trust, United Kingdom

Background: Compassion has become an overarching value in twenty-first century healthcare policy, with the NHS Constitution (DoH, 2015) stating that compassion is “central to the care we provide”. Both policy
and previous research associate compassion with generic communication practices; however, there has been limited exploration of how compassion is enacted within actual interaction. As part of a larger study on compassion in advanced clinical practitioner-patient interaction, the current paper explores effective care and compassion, when there is trouble hearing or understanding patient talk during clinical assessments.

Aim: To identify and describe how ACPs respond to problems of hearing or understanding patient talk during clinical assessments.

Methods: Collection of twenty-seven audio-visual recordings of naturally occurring interaction between ACPs and older people in hospital in-patient settings.
-Analysis uses conversation analysis, a qualitative, inductive approach which aims to understand how participants construct and understand what is happening within the context of turn-by-turn interaction.

Findings: Fine-grained analysis of audio-visual recordings shows that problems with hearing or understanding a patient’s talk during an assessment can be an interactionally delicate issue. As the ACP needs to obtain accurate information, to ensure safe, effective care, they address the interactional trouble through repair. However, ACP other-initiated repair potentially exposes issues with patient competency, and could cause embarrassment. Using recordings, I will show the interactional practices ACPs use to minimise any potential harm which results from their other-initiated repair.

Discussion: Researching interactional trouble and compassion during clinical assessments shows how ACPs navigate the need to provide safe effective care, which potentially reduces long-term suffering, and compassionate responses within the immediate interactional context. These Findings: have implications for our knowledge regarding the enactment of compassion within its interactional context, and how healthcare professionals navigate the competing demands of providing safe, effective and compassionate care.

O.15.3 Dealing with being prescribed cardiovascular preventive medication.

Presenter(s):
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Carl Edvard Rudebeck, Kalmar County Region, Sweden
Anita Kärner Köhler, Linköping University, Sweden

Background: Prescriptions of cardiovascular preventive drugs are common. Guidelines recommend the use of decision aids and shared decision-making, but this has been difficult to implement into practice. Patients are generally reluctant towards medicines, and face a burden of treatment when being prescribed long-term treatments. Understanding how cardiovascular preventive drug prescriptions play out in the lives of patients could make physicians better prescribers. This study aimed to explore how patients with experience of acute coronary heart disease make sense of, and deal with, the fact of being prescribed cardiovascular preventive medication.

Methods: A narrative analysis of interviews with twenty-one participants with experience of being prescribed cardiovascular preventive medication.

Findings: “A matter of living” concerns an awareness of the will to live linked to being prescribed cardiovascular preventive medication. “Reconciliation of conflicting self-images” is about restoring an identity of someone who both is responsible and a pill-taker, in spite of seeing pill-taking as morally dubious. Feeling healthy and being someone in need of medication were also conflicting identities. Taking
medication was framed as necessary, not as an active choice. “Being in the hands of expertise” reflects the process of claiming reassurance from the prescriber, that taking cardiovascular preventive medication was an inevitable necessity “Taking medicines no longer a big deal” could be the resulting experience of this process.

Discussion: Unmet existential needs seem to be a component of the burden of treatment. The prescriber may facilitate the patient’s reconciliation of conflicting self images and support patients in their efforts to incorporate their medicines taking into daily life. Patients frame cardiovascular preventive medication as an inevitable necessity and not an active choice. Their placement of the responsibility with the prescriber to determine whether the prescription is necessary, is not fully consistent with the theoretical ideal of shared decision-making.

O.15.4 Good collaboration with professionals as predictor for emotional wellbeing of bereaved family carers

Presenter(s):
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Background: Family carers are considered to be an essential part of the healthcare team in the care for people with a serious illness. Consequently, it is crucial that family carers and healthcare professionals collaborate efficiently. In this study, we aim to investigate emotional wellbeing of family carers of people with serious illness post-bereavement and its association with pre-bereavement collaboration with healthcare professionals.

Methods: Population-based cross-sectional survey of bereaved family carers of people with serious illness (N=3000) who cared for a person who had died two to six months before the sample was drawn (November 2019), identified through three sickness funds in Belgium. Emotional wellbeing of family carers was measured using the PANAS. Collaboration between healthcare professionals and family carers was measured using a self-developed scale with 9 items, based on modification of existing instruments, and preceding qualitative interviews.

Findings: Response rate was 55.0%. Family carers scored lower on positive affect (PA) and higher on negative affect (NA) compared to a normative sample. Most family carers evaluated pre-bereavement collaboration with healthcare professionals positively. Family carers’ evaluation of collaboration with healthcare professionals pre-bereavement was positively associated with PA and negatively with NA, irrespective of relationship with patient, patient capability of making decisions, patient staying at home, family carer living situation, family carer being only carer, palliative care received, employment status, sex, healthcare degree, education, age of family carer and diagnosis and age of patient.

Discussion: A good pre-bereavement collaboration between family carers and healthcare professionals is a predictor for a better emotional wellbeing post-bereavement in family carers. This finding highlights the
potential for healthcare professionals to improve end-of-life collaboration with family carers and how this can positively affect emotional wellbeing of family carers post-bereavement.

O.15.5 Is weight an emotional issue? Direct observation of weight discussions in primary care consultations

Presenter(s):
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Authors:
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Background: Primary healthcare professionals (PHPs) frequently cite beliefs that body weight is an affective issue for many patients and concerns about upsetting patients with overweight and obesity present a barrier to weight discussion and management. Our direct observation research of weight-related communication processes in primary care consultations found that patients with overweight and obesity exhibited little explicit emotional expression during weight discussion, suggesting weight may not be an emotive issue for patients, however emotion is not always expressed explicitly. This study investigated the explicit and implicit expression of negative emotion during weight discussions between PHPs and patients with overweight and obesity.

Methods: We applied the Verona Coding Definitions of Emotional Sequences (VR-CoDES) to 54 video recorded consultations between PHPs and patients with overweight (n=27) and obesity (n=27) that contained discussion about patient weight. Patient expressions of explicit (concerns) and implicit (cues) emotion, and the PHP communication response to each expression (providing/reducing space), were systematically coded using The Observer XT software. Code frequencies during weight discussion and all other consultation discussion were compared. The relationship between PHP response type and patient consultation satisfaction was examined.

Results: Patients expressed less explicit and implicit emotions during weight discussion than non-weight discussion. Cues a, b and d (vague/indirect or neutral emotional expression) were less frequently expressed during weight discussion (p<0.01). PHPs response to patient emotional expression were not related to patient consultation satisfaction.

Conclusion: Emotion was rarely expressed, explicitly or implicitly, by patients with overweight and obesity when discussing their weight with a PHP, suggesting that weight was not considered an affective issue for these patients. PHP response to patient emotional expressions did not affect patient satisfaction, highlighting that PHP concerns about upsetting or offending patients may be unfounded.

O.15.6 Cues and concerns of seriously ill patients during advance care planning discussions with their GP

Presenter(s):
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Background: This study aims to a) explore to what extent patients with a serious illness express emotional cues and concerns during ACP conversations with their GP; b) explore the content of these cues and concerns and; c) to explore the GPs’ verbal responses to these cues and concerns.

Methods: A total of 20 ACP conversations were audio-recorded. Expressions of emotional cues and concerns and GPs’ responses were coded using the Verona Coding Definitions of Emotional Sequences (VR-CoDES) and the Verona Codes for Provider Responses (Verona Codes-P). A qualitative directed content analysis was used to study the content of the identified cues and concerns and identify overarching themes.

Findings: Expressions of emotional cues and concerns occurred in 17 of the 20 (85%) conversations. A total of 216 cues and concerns were identified (range: 1-28; median: 11). Most frequently identified were implicit expressions of cues (n = 183) rather than explicit concerns (n = 33). In 72% of responses, the GP provided space for the patient to elaborate on the expressed cues or concerns. The most common response was explicit providing space (41%) and the least common was explicit reducing space (11%). The cues and concerns were categorized into eight themes. The most common theme was “Values, norms and important aspects of quality of life”.

Discussion: Emotions during ACP conversations were mainly communicated implicitly as cues. The amount of cues/concerns expressed show that ACP topics can evoke emotions in patients. It is therefore important that GPs are attentive to these cues from the patients. The content of the cues/concerns also varied greatly. An important characteristic of good ACP conversations, is that discussions are tailored to the patient. GPs should thus be aware of the possible topics to discuss and provide patients the space to discuss their worries and needs regarding these topics.

Orals: O.16 Patient involvement and empowerment

O.16.1 Effectiveness of a discharge intervention to improve stroke survivor outcomes and website engagement

Presenter(s):
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Rob Sanson-Fisher, Health Behaviour Research Collaborative, University of Newcastle, NSW, Australia; and Hunter Medical Research Institute, New Lambton Heights, NSW, Australia

Background: There is increasing recognition that not all survivors receive the post-discharge information and support they require to adjust to life after stroke. Web-based interventions may assist in post-discharge communication and care. However, strategies for maximising intervention uptake and engagement are needed. Aims: To determine the: (1) effectiveness of a proactive discharge support intervention (EnableMe website and proactive strategies to encourage use) in improving quality of life and
reducing depression, anxiety and unmet needs of stroke survivors; and (2) use and acceptability of EnableMe by stroke survivors.

Methods: An open, parallel-group, multi-centre randomised controlled trial of a proactive discharge intervention compared to usual care for adult stroke survivors and their support persons. Participants recruited from eight public hospitals completed questionnaires at baseline, 3 and 6 months. Outcomes included quality of life, depression, anxiety and unmet needs.

Findings: 98 survivors enrolled in the RCT (n=52 intervention, n=47 control). No statistically significant differences were found between groups in survivor quality of life, depression, anxiety or unmet needs at 3 months. At 3 months, 45% of intervention survivors self-reported using EnableMe in the last 3 months (vs. 14% control group). Of these 64% found it helpful, particularly information about stroke and managing health, goal setting, links to services; blogging/discussion forum and the strokeasaurus. Duration of use ranged from 10 minutes to one hour; 26% used weekly and 52% used monthly.

Discussion: The proactive discharge support intervention was not effective in improving survivor outcomes. Use of the EnableMe website was less than expected. However, acceptability was demonstrated with largely positive attitudes towards EnableMe. Whilst effectiveness was not demonstrated, proactive discharge support should not be ruled out as an approach altogether. Future research should explore more intensive engagement strategies including more facilitated or tailored approaches to improve stroke survivor uptake of information and communication technologies.

O.16.2 Nurse-patient communication: An integrative review for future direction in nursing research.

Presenter(s):
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Sandra van Dulmen, NIVEL (Netherlands Institute for Health Services Research), Netherlands
Hilde Eide, University of South-Eastern Norway
Annelie Sundler, University of Borås, Sweden

Background: There is an increased demand for effective communication and competent communication skills within healthcare. Registered nurses (RNs) often work independently to care for a variety of patients, managing complex conditions and illnesses, which inevitably puts a high demand on their communication skills. However, the number of physician-patient communication studies has, until now, been much higher than that of RN-patient communication studies, and there is no recent literature review that focuses on observational studies of RN-patient communication. An overview of studies on RN-patient communication would help to set an agenda for future research and the aim was to investigate the theoretical approaches, methods, content, and perspectives in research on real-life communication between RNs and patients.

Method: An integrative review of 49 articles, published between 1996-2020, to assess nursing research on real-life communication between RNs and patients.

Findings: Different methods were used for studying real-life communication, but no clear picture of the theoretical underpinnings of communication was revealed. The communication between RNs and patients was complex and important for relationship-building and patient-centered care. Patients' communication was affected by how RNs communicated, and both RNs and patients used different communication styles and strategies.
Discussion: Healthcare is changing, and so is the demand for effective communication. RN-patient communication is multifaceted and needs further exploration as it is essential for high-quality care. The importance of RNs’ communication for interaction and relationship-building is well established, but little research focuses on patients’ communication with RNs, and integration of theories, such as nursing or communication theories, is weak in most studies. Hence, more research is needed, especially on patients’ communication with RNs and their perspective on communication, the impact communication has on patient outcomes, and what communication skills are required.

O.16.3 Pharmacists’ experiences of using a QPL to improve patient activation during dispensing of medicines

Presenter(s):
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Melina Khashi, Uppsala University, Sweden
Lisa Guirguis, University of Alberta, Canada
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Background: Pharmacists often control patient encounters in community pharmacies. Surprisingly, few interventions have focused on activating patients. In community pharmacies, no previous study has used a question prompt list (QPL) during dispensing of medications. It is essential to understand how pharmacists value the QPL in their workflow for a successful implementation. Therefore, this study investigates the experience of community pharmacists using a QPL to activate patients' participation during dispensing of prescribed medications.

Methods: In 2021, an explorative, qualitative study was carried out. We developed a QPL for community pharmacies based on previous literature. The QPL was placed on the counter and used for about a week by the pharmacists. At the end of the study period, semi-structured interviews were held with pharmacists. An analysis inspired by Systematic Text Condensation was done.

Results: Twenty-nine pharmacists from seven community pharmacies in Sweden participated. Two themes were identified: 1) Making medication communication visible and 2) Making the visible (QPL) invisible. The pharmacists perceived patients as more active in the meeting when using the QPL. They described the QPL as empowering for the patients, as they took the initiative to ask questions or bring up topics for discussion more easily. Further, more patients asked questions with the QPL compared to standard care. Together with the patients, the pharmacists thought they found new openings to discuss patients' medication use. In addition, sensitive topics were easier to bring up, such as alcohol, interactions, and side effects.

Discussion: No previous research has examined a QPL in community pharmacy. The QPL can be an easy, cheap and quick way to improve communication during dispensing in community pharmacies. Participating pharmacists perceived that using a QPL improved patient participation and increased patients' question-asking behavior in the encounter.

O.16.4 Transitions of care in blood cancer: Exploring supportive care needs from treatment into survivorship

Presenter(s):
Carma Bylund, University of Florida, United States

Authors:
Background: The transition from treatment into survivorship care is a critical juncture for cancer patients and more research is needed to understand this period of adjustment for family caregivers fully. Furthermore, there has been very little focus on sequential transitions that occur in some cancers, like blood cancers, as patients and caregivers move first from primary treatment to maintenance treatment and then from maintenance treatment to survivorship care. This study aimed to understand caregivers’ experiences as their family member with blood cancer transitions between treatments and into survivorship care.

Method: We conducted in-depth, semi-structured interviews with 39 family caregivers of an individual living with a blood cancer. Interview transcripts were thematically analyzed using a constant comparative approach to better characterize transitional experiences of care, with a focus on understanding supportive needs during transitions. Data were segmented based on caregivers’ experience with two distinct treatment transitions: 1) primary sequential treatment and/or maintenance therapy (n = 25) and 2) end of treatment/survivorship care (n = 14).

Findings: Caregivers in both groups experienced a “new normal” that included personal, relational, and environmental adjustments. Caregivers in the sequential/maintenance group also described uncertainty challenges (e.g., “waiting for the other shoe to drop”) and disrupted expectations (e.g., feeling little or no relief), whereas those in the end-of-treatment group described relief coupled with worry (often persistent).

Discussion: Caregivers’ experiences differed based on the type of care transition (i.e., transitioning from sequential to maintenance treatments versus starting survivorship care). Although some experiences and support needs (e.g., managing uncertainty) persisted across types of care, these Findings: highlight the need for tailored care based on the type of care transition. Clinicians should use these transitions to initiate conversations with caregivers about their evolving support needs.

O.16.5 Person-Centeredness in Clinical Reasoning of Interprofessional Stroke Teams

Presenter(s):
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Authors:
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Background: Although person-centered care is prioritized in healthcare, challenges remain before such care is integrated in everyday communication and practice. One way to strengthen person-centered care is that health professionals’ clinical reasoning (i.e., assessment and management) is pervaded by patient participation and individualized to patient needs. Interprofessional team meetings, focusing on goals and management planning, is an opportunity to improve person-centeredness. However, there is a lack of understanding of how person-centeredness is created in the clinical reasoning of teams. This study aims to explore how clinical reasoning is performed from a person-centered perspective in team meetings with patients with stroke and next of kin.
Methods: Explorative qualitative design employing a thematic analysis of audio recorded communication at three team meetings. In total, three patients, two next of kin, and 15 professionals representing eight health professions, participated in the meetings.

Findings: Four themes and eight subthemes were established: a) Emphasizing the patient’s resources; b) Struggling to find a common understanding, including subthemes: Unite the person’s narrative, the relative’s view, and the expertise of the interprofessional team, missed opportunities to clarify patient needs and wishes, and active listening and receptiveness; c) Balancing the patient’s goals and professionals’ goals, including subthemes: Shared goals, the professionals’ view of appropriate goals, and the professionals’ assessment governs achievement of goals; d) Ambiguity in decisions about the management plan, including subthemes: Initiating shared decision making and lack of clarity and consensus.

Discussion: This study reveals how the patient, next of kin and team contribute to shared understanding of the patient’s problem. Goals were guided by the patient’s and professionals’ expertise. To improve person-centeredness in clinical reasoning, the team need to further put the patient’s personal goals and perception of goal-achievement in the forefront as well as improve communication skills to catch patient needs and facilitate shared decisions.

O.16.6 (WIP) Provision of consultation recordings in cancer care – study protocol of a feasibility study

Presenter(s):
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Isabelle Scholl, University Medical Center Hamburg-Eppendorf, Germany
Pola Hahlweg, University Medical Center Hamburg-Eppendorf, Germany

Background: Patient-centered care and shared decision-making are highly relevant in cancer care. Providing patients with audio recordings of their own patient-physician consultation improves their recall and understanding of medical information. The intervention thus contributes to patient-centered communication and shared-decision making. While this intervention has already been investigated internationally, there is barely any research on this topic in Germany, except for some preliminary qualitative work. Thus, the study aims 1) to assess attitudes of cancer patients and oncologists towards the provision of audio recordings of their own doctor-patient consultation, 2) to test the feasibility of this intervention, and 3) to investigate factors influencing feasibility.

Methods: A mixed-Methods: study is planned. In phase 1, cancer patients (n=300) and physicians (n=100) will receive a survey to examine attitudes and qualitative interviews will be conducted. In Phase 2, the intervention will be piloted to examine feasibility in routine care. A subsequent survey will assess implementation outcomes as well as perceived changes in patient outcomes and patient-physician-relationship. Finally, results will be discussed in an expert workshop.

Expected Findings: This study will give insights into attitudes towards and the feasibility of the intervention. We expect to find facilitators and barriers that influence patients’ and physicians’ openness towards the intervention and its feasibility in routine care. We will report preliminary results of phase 1 and 2 at the conference.

Discussion: This feasibility study can form the basis for further research (e.g. effectiveness studies, randomized controlled trials) and potentially for implementation in routine care. Also, the results can support the derivation of recommendations for action by interested health care facilities. The provision of audio recordings of their own clinical encounters for patients is under-researched in Germany. The results
of this study will allow a very good assessment of the potential of the intervention for cancer care in Germany.

**Orals: O.17 Communication with vulnerable and/or culturally diverse groups**

**O.17.1 Communication Aids for the Clinical Child Protection Setting and Sexual Assault Examination**

*Presenter(s):*

Meera Raithatha, Auckland District Health Board, New Zealand

*Authors:*

Sally Kedge, Talking Trouble, New Zealand

**Background:** Te Puaruruhau is a multi-disciplinary Child Protection Team in Auckland, New Zealand. We see children and young people for Forensic examinations post alleged sexual assault. We noted that in this setting, clients often had limited understanding of their health choices and the Police process, along with their immediate trauma and the complexity of the triadic encounter as compounding factors in the consultation.

**Methods:** We collaborated as a multi-disciplinary team with a Specialist Speech and Language Therapy service, Talking Trouble, to develop some low-tech, visually clear communication aids to facilitate our clinical communication with children, young people and families. The aid/tool was designed to facilitate the complex 'Explanation and Planning' phase and facilitate rapport. It was designed to be trauma-informed and had in-built clinical prompts for the user. A baseline evaluation of 'how we were communicating' was completed. The communication aid was implemented into the clinical setting after training staff in its use. Staff user feedback was sought in view of the sensitivity of the setting.

**Findings:** Evaluation demonstrated a high level of acceptability for use of the tool with clients of all ethnicities, in particular for Maori, Pasifika and minority ethnicities. There was a high level of user satisfaction for staff. It worked well for staff confidence in 'facilitating true informed consent', 'discussing choices', and for the 'voice of the young person' to come through. Staff overall felt if had influenced the consultation for the better.

**Discussion:** Introduction of a Specialist Clinical Communication Aid has been highly acceptable to users of the service and staff in a sensitive and complex health-care setting. The requirement for training in how to implement its use and having a flexible approach in the consultation have been highlighted as learnings. The concept would be applicable to a number of complex and triadic clinical settings.

**O.17.2 Healthcare professionals’ use of communication strategies in language discordant consultations**

*Presenter(s):*

Brittany M.C. Chan, University of Amsterdam, Netherlands

*Authors:*

Barbara Schouten, University of Amsterdam, Netherlands
Jeanine Suurmond, Amsterdam University Medical Centres/University of Amsterdam, Netherlands
Julia van Weert, University of Amsterdam, Netherlands

**Background:** The rapid increase in migrants across the globe has led to serious barriers in medical encounters. Several communication strategies (i.e., using interpreters) can be employed by healthcare providers (HCPs) to mitigate language barriers and fulfil migrant patients’ cognitive and affective needs in
language discordant consultations (LDCs). However, there is no evidence available on what combinations of communication strategies HCPs currently use. As such, this study asked:

What combinations of communication strategies do HCPs use to meet migrant patients’ cognitive and affective needs in language discordant consultations?

Methods: 27 semi-structured interviews were conducted (mean age = 44.93). The topic guide was based on the Six Function Model of Effective Communication (De Haes & Bensing, 2009), which entails six goals for meeting patients’ cognitive and affective needs. Interviews were all transcribed verbatim and coded by two researchers using a mixed deductive and inductive approach on ATLAS.ti version 22.0.2. Data were analysed by means of the constant comparative method from Grounded Theory.

Results: Five sub-themes emerged: 1.) Getting by in dyadic LDCs by use of instrumental strategies (e.g., simplifying information), 2. Getting by in dyadic LDCs by use of affective strategies (e.g., maintaining eye contact) 3.) Overlooking migrant patients’ cognitive and affective needs, 4.) Using digital tools in dyadic encounters, 5.) Interpreter use in triadic encounters, and 6.) Involving other stakeholders (e.g., psychologists) for additional support. Overall, results showed that HCPs do not use combinations of communication strategies and mostly relied on using strategies commonly used in language concordant consultations to get by.

Conclusion: HCPs often relied on migrant patients’ minimal language proficiency in Dutch or a lingua franca to get by in LDCs. Creating more awareness among HCPs in medical curricula to prioritise migrant patients’ needs in LDCs by means of combinations of traditional and digital communication strategies is urgently needed.

O.17.3 Protective dualism: An Ethnographic study of subversion in weight related health promotion

Presenter(s):
Nienke Slagboom, Leiden University Medical Centre, Netherlands

Background: Weight related health promotion can be heavily contested. A contextualized understanding of resistance to such prevention programs, however, is scarce. This ethnographic study attends to ‘keep out’ responses in weight related health promotion for children in Katwijk, a former fishing village in the Netherlands with a history of endemic social conditions. Building on medical anthropology, subversion is used as an analytic tool to conceptually grasp ‘keep out’ responses in health care communication. This study aims to 1) describe commonplace expressions of subversions 2) provide in-depth insights into what is protected when health promotion is contested.

Methods: Four years of ethnographic fieldwork in the community-based and family focussed health promotion project ‘Life Course Approach’ in Katwijk.

Findings: Our Findings: indicate that in Katwijk, joking, anger, mocking and polite responses are commonplace expressions of subversion. The public is likely to negatively associate weight-related health promotion with powerful institutes. Against the Background: of historical and contemporary unequal power relations between public and government in Katwijk, subversive responses are likely underpinned by continued experiences of institutional indifference towards adverse social circumstances, ongoing fear of the power of health institutes, and protection against interference by dominant institutes as a result of the perceived threat of social cohesion.

Discussion: The strained socio historical relations between the general population and government institutes need to be considered when introducing public health interventions in historically deprived communities. A contextualized analysis of subversive responses in health promotion can shed new light on behaviors often framed as non-compliance, resistance and avoidance. Such an analysis might provide the
necessary information to sensitize and tailor communication strategies in public health programs targeting childhood obesity.

**O.17.4 Evaluation of a blended training programme for professionals in hospital-based palliative care**

*Presenter(s):*
Janneke Noordman, Nivel, Netherlands

*Authors:*
Ruud Roodbeen, Nivel, Netherlands
Leonie Gach, Nivel, Netherlands
Lotte Schulze, Nivel, Netherlands
Maria van den Muijsenbergh, Pharos, Netherlands
Gudule Boland, Pharos, Netherlands
Sandra van Dulmen, Nivel;Radboudumc, Netherlands

Background: The non-curative setting makes communication and shared decision-making (SDM) in palliative care extremely challenging. This is even more so for patients with limited health literacy (LHL). So far, research in palliative care focusing on SDM with LHL patients is lacking. Recent research from our team indicates that the assessment of LHL patients’ understanding of their situation and the implementation of SDM in palliative care, needs improvement.

Methods: To improve communication and decision-making, especially with LHL patients, we developed and evaluated a blended training programme for HCPs. The training programme comprised of an e-learning and a team training. The evaluation was executed by conducting interviews (n=15) and coding video-recorded outpatient consultations (n=39). The interviews with participating HCPs focused on evaluating the whole programme. The extent to which HCPs involved patients in decision-making during their recorded consultations was measured using the OPTIONS instrument, before and after the intervention.

Findings: The interviews showed that HCPs valued the skills they had learned during the e-learning and team training. HCPs specifically valued the teach-back technique and felt better able to recognize LHL patients. A small number of HCPs reported a change in communication behaviour as a consequence of the training programme. Wishes for both e-learning and training were a.o. a follow-up team training course, a tips and tricks overview and new scenarios for the e-learning. For both the pre- and the post-measurement, the extent to which HCPs involve patients in SDM in practice lies between a minimal and a moderate effort. However, the mean SDM score at post-measurement is slightly higher.

Discussion: The e-learning and team training were valued by HCPs. Adaptations to the e-learning have been made after evaluation. The e-learning is implemented in several hospitals and in medical education. To improve actual SDM in practice a more sustained effort is needed.

**O.17.5 Community awareness and use of anti-Mullerian hormone (AMH) testing in Australia**

*Presenter(s):*
Tessa Copp, The University of Sydney, Australia

*Authors:*
Rachel Thompson, University of Sydney, Australia
Karin Hammarberg, Monash University, Australia
Jenny Doust, University of Queensland, Australia
Background: The anti-Mullerian Hormone (AMH) test is a blood test indicating the number of eggs left in a woman’s ovaries. Whilst the test is helpful in assisted reproduction, studies have found the test cannot reliably predict the likelihood of pregnancy or timing of menopause. It is unclear what people in Australia know about the AMH test or how widely it is being used, particularly for women without infertility.

Method: Data were collected via an online or telephone survey of a probability-based population panel in January 2022. All females aged 18-55 years were invited to participate. Questions about AMH testing included if and how participants had heard about AMH testing, whether they had ever had an AMH test, the main reason for AMH testing, and how they accessed the test.

Findings: 1773 of the 2423 women who were invited responded. Of these, 229 participants (13%) had heard about AMH testing and 124 had had an AMH test 7%). Having had the test was associated with age and educational attainment. The highest rate of testing was for those aged 35-39 (14%), followed by 10% for those aged 40-44 years. 51% of women had the test during infertility investigations, 19% because they were considering pregnancy, 9% because they were curious, 11% to find out if a medical condition had affected their fertility, 5% as they were considering egg freezing, and 2% because they were considering delaying pregnancy.

Discussion: Whilst a substantial proportion of women underwent AMH testing for reasons supported by evidence, many did not. Potential implications of AMH testing in scenarios not related to infertility investigation include a false sense of security about delaying pregnancy, unwarranted anxiety about not being able to conceive, pressure to conceive earlier than desired or unnecessary procedures.

O.17.6 Access to Telehealth (AcT)

Presenter(s):
Francesca Gany, Memorial Sloan Kettering Cancer Center, United States

Authors:
Nujbat Meraji, Memorial Sloan Kettering Cancer Center, United States
Leeza Menon, Memorial Sloan Kettering Cancer Center, United States
Claudia Ayash, Memorial Sloan Kettering Cancer Center, United States
Rosario Costas Munic, Memorial Sloan Kettering Cancer Center, United States
Jodi Mones, Memorial Sloan Kettering Cancer Center, United States

Background: Although telehealth services grew exponentially in the U.S. during COVID-19, access has been inequitable, with underrepresented, including limited English proficient, patients less likely to use telehealth than non-Hispanic White, English-speaking patients. This could exacerbate existing outcomes disparities among underserved patients.

Methods: We administered a cross-sectional survey on telehealth access beliefs and barriers among predominantly immigrant, racially and ethnically underrepresented community members and breast cancer patients(N=312) in the New York metropolitan area from August 2020 through February 2021. We then developed a program to facilitate telehealth access among underserved breast cancer patients.
Results: 56% thought video visits were inferior to in-person, 47% did not know if insurance covered telehealth, 42% lacked home internet for video telehealth, and 14% did not understand how telehealth works. In February 2021, we initiated, in partnership with over 20 health and community organizations, Access to Telehealth for Underserved Breast Cancer Patients (AcT), a multipronged, multilingual telehealth navigation program. Since January 2022, 154 patients have been screened for telehealth needs; 111 needed and were provided with navigation; and 78 needed and were provided with mostly donated refurbished devices (25 smartphones, 28 laptops, 25 tablets) to enable telehealth visits. Over 250 healthcare professionals and 80 community organizations have received AcT information/education sessions. Because 68% of AcT patients need patient portal navigation, this has become a key AcT focus.

Discussion: AcT has demonstrated the importance of a culturally and linguistically tailored telehealth access program, built on strong partnerships, to facilitate telehealth access. At the health systems level, AcT has also helped to identify and disseminate potential evidence-based policy solutions, such as the provision of patient portal services in multiple languages and the ensuring of telehealth readiness among vulnerable patients. Information technology partnerships can make refurbished devices available to patients who do not have telehealth-ready devices of their own.

Workshops

W.8 How to develop a patient-reported experience measure (PREM) to assess patient-centeredness?

Presenter(s):
Stefan Zeh, University Medical Center Hamburg-Eppendorf, Germany
Isabelle Scholl, University Medical Center Hamburg-Eppendorf, Germany

Authors:
Eva Christalle, University Medical Center Hamburg-Eppendorf, Germany

Rationale: Until now, detailed literature on how to develop patient-reported experience measures (PREMs) based on multiple data sources is scarce. In this workshop, we want to present a best practice example on how to develop a PREM to assess patient-centeredness.

Learning objectives: During the workshop, participants will learn how to develop a PREM using multiple data sources.

At the end of the workshop, participants will:

- be able to describe which steps are needed to develop a PREM
- have gained practical experience in developing items for a PREM

Teaching Methods: The workshop will use a variety of interactive methods:
As an introduction, we will give a short overview presentation on the different steps we conducted to develop the items for our PREM that measures patient-centeredness. During the main part of the workshop, participants will first work in small groups to develop PREM items, based on one of three data sources:

1) excerpts of transcripts from focus groups with patients,
2) from interviews with health care experts, and
3) other existing measures.

Provided transcripts will be translated to English for the purpose of the workshop. Afterwards, each small group will present the items they generated. As a next step, we will simulate a content validity rating of all generated items with the whole group using sticky dot voting. Here, participants will have to reflect on the
relevance and ratability from the patients’ perspective. At the end of the workshop, we will discuss advantages and disadvantages of the depicted process and give an overview over steps following the item development and selection.

Evaluation of outcomes: Participants will write down their take-home messages from the workshop and share them with the group.

**W.9 WRR Narrative Method for Teaching Listening, Reflection, Empathy and Interdisciplinary Communication**

*Presenter(s):*
Nicole Defenbaugh, Weber State University, United States

**Rationale:** Narrative medicine continues to be a critical skill for patient-centered care. More recently, research has also demonstrated the profound impact sharing personal narratives has on practitioners. It can enhance personal resilience and address emotional burnout. Furthermore, when practitioners gather together to share stories, research shows they experience a sense of team cohesion along with compassion and empathy for others. The “Write, Read, Reflect” (WRR) model is an evidence-based model taught to healthcare practitioners. This model invites participants to write a personal story (related to a prompt), read their story in a small group, and reflect on the stories they hear. As an experiential tool for teaching communication skills, this model has been used to help graduate learners reflect on their educational experiences in clinical care and with practitioners from other disciplines. WRR has also helped develop interdisciplinary teamwork, interpersonal skills in listening and empathy, self-awareness, respect for diversity, and skills in systems- and practice-based learning. This model was developed by one of the workshop authors in 2006 and has been presented at various conferences, published in international journals and used in healthcare systems across the world. In this workshop, attendees will participate in the Write, Read, Reflect process. The presenters will divide the participants into three smaller breakout groups. The “Small Group” sections are entirely interactive. By participating in this model, workshop participants will engage in experiential learning to improve communication skills, examine language, and heighten self- and other-awareness through reflection and an examination of language.

**Learning objectives:**
- Discuss the WRR model and its utilization in healthcare to address clinical communication skills
- Apply the steps of the WRR model as a facilitator (e.g., asking open-ended questions)
- Synthesize what was learned as a means of incorporating this method at their home institution

**W.10 Interdisciplinary education: new perspectives on healthcare communication for students and teachers**

*Presenter(s):*
Jessica Oudenampsen, Radboudumc / Radboud University, Netherlands
Enny Das, Radboud University, Netherlands

**Authors:**
Marjolein van de Pol, Radboudumc, Netherlands

**Rationale:** While medicine students gain experience with interpersonal communication during their study, theoretical embedding is lacking. In contrast, communication students are familiar with various theories in the field of interpersonal communication, persuasion and resistance strategies, but the practical implementation of these theories is new territory for them. Integrating those different perspectives by interdisciplinary learning creates the opportunity for students to gain more knowledge and skills in healthcare communication in an innovative way, and also creates awareness of differences between
disciplines, i.e., in epistemics, perceptions, perspectives and knowledge. However, such forms of education are not common in higher education, mostly because professionals are unfamiliar with interdisciplinary education and the possible learning outcomes.

We developed an interdisciplinary minor called ‘Healthcare communication, management and organisation’, in which medicine students (MS) and communication- and information sciences students (CIS) receive joint, interactive, education. The perspectives of both disciplines are integrated in several interactive sessions, during which students gain knowledge and skills about for example linguistic aspects, resistance strategies, interaction and scientific assessment of conversations.

During the workshop, participants will be taken through a shortened form this education. The workshop is focused on creating awareness of different knowledge about -, and perspectives on communication. After the interactive components, the experiences of the participants will be discussed. There will be attention for research results concerning interdisciplinary learning in healthcare communication. In the closing discussion we will jointly explore ideas and possibilities for the further development of interdisciplinary education.

Learning objectives:
- Introduction to interdisciplinary learning
- Introduction to other perspectives on healthcare communication
- Creating awareness of potential learning outcomes of interdisciplinary education
- Explore possibilities to introduce interdisciplinary learning in professionals’ own academic environment

Evaluation of outcomes:
- Verbal reflection
- Plans for future development
- Tips for developing interdisciplinary

Symposia

S.4 Handling cognitive information on medications in medical talks: practices, assessment, training

Presenter(s):
Ellen Smets, Amsterdam University Medical Centers, University of Amsterdam, Netherlands
Pål Gulbrandsen, University of Oslo, Norway
Sarah Bigi, Catholic University of the Sacred Heart, Italy
Jennifer Gerwing, Akershus University Hospital, Norway
Marie-Thérèse Lussier, University of Montréal, Canada

Authors:
Anne Elizabeth Clark White, UC San Diego, United States
Stephen G. Henry, UC Davis, United States
Claude Richard, Centre intégré de santé et de services sociaux de Laval, Canada

Conveying information about medications is a crucial task for doctors to enable patients’ self-management. Doctors select and convey a massive amount of information in these discussions, often involving technical terms and assumptions. Further, each patient is a unique individual with varying information needs and capacity to process information. In those moments, doctors need to secure patients’ understanding, a prerequisite to agreeing and following the medication plan.

With this symposium, we bring together experts in the field of medical information sharing, currently approaching the topic from different angles and approaches. To move the topic forward, we aim to highlight key practices, new measures, and possible training solutions.
First, the chairperson will introduce the topic, using Findings: from literature reviews on medical information sharing.

Speaker 1 (leader of several research projects on this topic, he taught and developed curriculum on this topic for over 20 years) will present “Sharing information on medications: lessons learned from 3 observational and experimental projects”. He will provide an overview of projects on the topic currently on going in Oslo, Norway. These are two observational studies disentangling how information messages can be effectively framed and how the quality of drug-related information can influence patient outcomes, and one experimental study testing an information sharing training.

Speaker 2 (has conducted research on the argumentative dimension of clinical interactions for almost 15 years) will present “An unexpected kaleidoscope: Functions of argumentative discourse in doctors’ information sharing practice”. Medical consultations can be considered instances of ‘advice seeking activity types’. Within this approach, this talk focuses on the functions of argumentative discourse in relation to appropriate and effective information sharing between experts and patients. Argumentative discourse refers here to a certain ‘form’ taken by discourse, which however does not always nor necessarily express a persuasive function. By providing real-life examples, argumentative sequences in medical interactions – especially related to information sharing - will be shown to serve a variety of functions.

Speaker 3 (with more than 20 years of research and teaching experience in challenges related to clinical information sharing, including information tailoring) will present “How to tailor information if one size does not fit all”. Research indicates that doctors generally do not gear the content, amount and way of information provision to patients’ individual needs and abilities. This presentation will address various approaches to information tailoring, including the role of stereotypes. Additionally, reflections will be provided on the assessment and training of tailoring.

Speaker 4 (14 years of experience researching clinical dialogues to derive results that have implications for practice) will present “Patient misconceptions about medication displayed in primary care interactions”. The presentation will report the analysis of 86 videorecordings of primary care visits, scrutinizing misconceptions revealed by patients with chronic musculoskeletal pain. Almost half of the patient misconceptions pertained specifically to medication use. The speaker will present detailed results of the medication misconceptions, the practices doctors used to correct them, and patient uptake of the correction.

Speakers 5 (with significant experience in the use of different coding systems, they have developed and validated a coding system specifically for medication discussions) will present “Applying a multidimensional approach to understanding deprescribing in primary care: a case study”. Deprescribing benzodiazepines is a challenging clinical conversation because patients often resist the doctor’s opinion. Doctors must simultaneously employ interactive strategies, discuss complex content, and present arguments. This presentation explores the interest of developing a coding approach which simultaneously considers these three dimensions, using a discursive map as an innovative representation of such clinical conversations.

Each Speaker will have 10 minutes of presentation. There will be room for 25 minutes of interactive discussion with the audience.

S.5 Insights from national and institution-wide communication programmes for healthcare professionals

Chairs:
Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States
Eva Doherty, Royal College of Surgeons of Ireland, Ireland

Presenter(s):
Implementation of extensive and mandatory communication skills training (CST) curricula for undergraduate health professional learners has expanded over the last several decades with support from educational and institutional leaders. In contrast, while identified as consistently important in the research and policy literature, implementation of CST for practicing healthcare professionals faces consistent challenges. In recent years, tEACH, the teaching committee of EACH has been involved in developing comprehensive national and institution-wide CST programmes for practicing healthcare professionals.

In this symposium we will explore approaches used in a variety of contexts with CST programmes at different stages of development and implementation. We will examine important aspects of initiating these types of training that follow best practices in communication curriculum development. For example, each programme has required clear identification of a need in order to get the backing and resources for implementation. Similarly, the choice of teaching Methods: necessitates striking a balance between best practices in education and limitations imposed by difficulties of participant time and available resources within institutions and countries. Programmatic evaluation and assessment of outcomes also presents substantial challenges. Securing support and buy-in from national and institutional leadership is also key to program success and sustainment. Through interactive discussion, this symposium will elucidate key issues in the development, implementation, and success of CST for healthcare professionals. We will invite audience members to reflect on these issues for initiating or enhancing CST programs in their own countries and institutions.

Relevant expertise – Surgeon with over 35 years’ clinical experience and Associate Professor at the Royal College of Surgeons in Ireland with experience teaching communication skills to doctors in postgraduate training.

Symposium Co-Chairs: Eva Doherty (Royal College of Surgeons of Ireland) and Marcy Rosenbaum (University of Iowa and former co-chair of tEACH). The symposium co-chairs both have extensive experience in developing and implementing comprehensive communication skills training programs for postgraduate learners and practicing health care providers. They will facilitate presentation and interactive discussion of CST programme experiences and challenges.

Speaker 1: Marlene Sator, (Senior Health Expert, Austrian Public Health Institute (Gesundheit Österreich GmbH) will be discussing experiences from implementing a national strategy for improving healthcare communication in Austria using a train the trainer’s model.

Speakers 2 and 3: Winifred Ryan (Lead, National Healthcare Communication Programme, Health Service Executive, Ireland) and Peter Gillen, (Associate Professor of Surgery at the Royal College of Surgeons of Ireland and Clinical Advisor for the National Healthcare Communication Programme, Health Service Executive, Ireland) will present their experience implementing a country-wide Healthcare Communication Programme in the Irish Healthcare Service which was initiated in response to the first national patient experience survey in Ireland.

Speaker 4: Sandra Winterburn (Associate Professor in Consultation Skills, Norwich Medical School and Co-Chair of tEACH) will describe a new programme for the UK National Health Service focusing on communication skills for Goals of Care conversations.

Speaker 5: Theresa Brennan (Chief Medical Officer and Professor of Internal Medicine, University of Iowa Hospitals and Clinics) will provide a Chief Medical Officer’s perspective on the need for and implementation of a hospital system-wide mandatory Provider Communication Program in Iowa in the US.
**Orals (online): O.O.2 Teaching and assessment 1**

O.O.2.1 Development and evaluation of a class on bad news communication for medical students

*Presenter(s):*
Paulo Vitoria, Beira Interior University, Portugal

*Authors:*
Mariana Santos, Vila Nova de Gaia Hospital, Portugal

**Background:** Doubts persist about how to teach medical students to effectively communicate bad news. This study describes and evaluates a pilot class on breaking bad news (knowledge, skills and confidence to communicate bad news) and compares two different teaching Methods: (taught either by tutor or by video-conference).

**Methods:** In January 2018, medical students from 4th and 5th course years (UBI-Portugal) participate in pilot class on bad news communication using two teaching Methods: (traditional face-to-face and active class vs. online, video-based, and less active class). Students answered two questionnaires, one before (Q1) and another after (Q2) the class.

**Findings:** From a total of 324 students, 268 answered Q1 and 240 attended the class plus answered both questionnaires (Mage=23 years; 73% girls; 51% from 4th year). Student’s majority (60%) had previous classes on bad news communication but only taught by a theoretical approach, and 34% never had classes on this topic. Only 3.4% knew the SPIKES protocol. The majority recognized the great importance of this topic in their pre-graduate education and rated their education on this topic as insufficient. Regarding the pilot class, students were globally satisfied (Msatisfaction=6,84±1,73 in a 9 points scale) with higher satisfaction in the expositive-active model taught by a tutor Msatisfaction=7,25±1,45 vs. 6,13±1,93). Comparing with Q1, self-assessment of knowledge, skills and confidence were significantly high in Q2.

**Discussion:** This study confirms the need of more investment in teaching bad news communication in UBI medical school. Medical students recognize the importance of this topic in their education. The evaluation of the pilot class on bad news communication was positive. Both teaching Methods: had positive evaluation, but the class with a tutor got better results than the class by video-based class.

O.O.2.2 Course Intercultural Communication in Healthcare at Pharmaceutical Sciences: a reflection & preview

*Presenter(s):*
Marie-Rose Blokzijl, Utrecht University, Netherlands

**Background:** In 2019 the elective course Intercultural Communication in Healthcare has been developed for Pharmaceutical Sciences’ students at Utrecht University (UU). The course has been offered in three different formats: fully on-campus in February 2020, fully online in April 2020 and in a hybrid format/design and open to all UU-students in April 2021 (including students participating the Minor Intercultural Communication).

Students work in interdisciplinary-groups on literature-reviews. Through theoretical background, case-based-learning, group-discussions and written reflections, students enhance their intercultural competences. Students rate themselves at the start of the course, and reflect on their growth in intercultural competences at the end. Every student state in their final-reflection that their intercultural sensitivity has increased and that they gained more insight in intercultural competences (IC) for healthcare-situations.
Method: All courses were, during the course, evaluated with the students through interviews. After the course students filled a survey about their experience and how they would improve this education.

Findings: The coordinators compared outcomes from the lessons on-campus, online and in a hybrid form for evaluation. The outcomes do not differ significantly; although 70% of the students (from the online and hybrid group) prefer education on-campus.

Students rate this course overall with an 8.3. They value most: 1. analyses on real-life-situations, 2. guest-speakers and experts and 3. the fact that this course offers a different approach to healthcare. Students also mention the safe environment created by the teachers.

Discussion: Students stated this course highly necessary and that it contributes to their personal development. Because of these positive results, this course starts again in April 2022 (48 students). The following changes are considered. Firstly, involving patients for real-life-situations because students valued their insights. Secondly, extra applied in-depth-assignments for Minor-ICC-students because they mentioned some recurrence of theory. Lastly, we discuss if ICC has to be a required part of the curriculum.

O.O.2.3 Exploring typologies for consultation performance for learning and assessment in medical training

Presenter(s):
Angelique Timmerman, Maastricht University, Netherlands

Authors:
Cees van der Vleuten, Maastricht University, Netherlands
Teresa Pawlikowska, RCSI University of Medicine & Health Sciences, Ireland
Jean Muris, Maastricht University, Netherlands

Background: Objective is to explore typologies for consultation performance describing holistic behavioural patterns of consultation performance of trainees over time and identify challenges for future learning.

Methods: A qualitative study was conducted in Family Medicine residency training consisting of three phases: 1. From year 1 (N=6) and year 3 (N=7) trainees four videotaped consultations were selected from 80 in total, and classified for consultation performance on dimensions medical expertise and doctor patient interaction, 2. During an individual interview clinical supervisors (N=20) observed these consultations and reflected on present trainee behaviours, 3. Four narrative profiles were developed and analysed against pre-existing typologies on similar and different present consultation behaviours. (1)

Findings: Four narrative profiles describing trainee attitude and consultation behaviours were validated and recommendations for future learning formulated. Central features of the profiles were doctor-patient interaction explicated in relationship building, exploring, structuring, and shared decision making, with medical expertise as a moderating factor.

Discussion: There is a shared frame of reference between clinical supervisors on behavioural patterns mirroring proficiency in doctor patient interaction. Learning challenges focus on balancing patient-centeredness with effectively working on clinical tasks, while outlining the developmental route for contextual adaptation. The narrative profiles may support providing rich and tailored feedback on consultation performance and stimulate longitudinal monitoring of individual learning during medical training.

O.O.2.5 To speak or not to speak? Medical students' deliberation process regarding professionalism breaches

Presenter(s):
Orit Karniel-Miller, TAU University, Israel

Authors:
Galit Neufeld-Kroszynski, TAU University, Ivory Coast

Background: Medical students (MS) are exposed to professionalism breaches, including disrespectful communication toward patients and other health professionals. In these situations, they experience difficulty speaking up and changing the situation. This study explores their deliberations and cognitive and emotional processes about if and how to speak up.

Methods: A qualitative Immersion/Crystallization thematic narrative analysis of 134 reflective journals/narratives describing professionalism breaches 53 MS were exposed to. The analysis included mapping the situations, identifying their dilemmas and concerns, exploring their actions, and communications and their consequences.

Findings: MS process of deliberation and its implications included: (1)Identifying a professionalism/safety breach; (2) Applying a set of considerations (e.g., whether they (as students) feel they are expected to respond; the degree of harm caused to the patient; the “price” of reacting). (3) Choosing a reaction: from non-reaction to small gestures trying to change the situation, to an apparent attempt to influence the behavior and try to stop it (e.g., through clearly speaking up); (4) Experiencing emotional implications, e.g., guilt, remorse (prevalent in non-reaction-silence). The data analysis allowed the identification of MS various questions and thoughts about their future ability to speak up or react in similar situations, both as MS and as physicians.

Discussion: Understanding MS' deliberation process and its implications is essential to help students understand their challenging experiences and navigate within them. Identifying the emotional effect of silence/non-reaction may encourage students to find their way to speak up and act, thus improving professionalism and patient care.

O.O.2.6 (WIP) Integration of a blended multimedia learning to prepare pharmacy students with better OTC counseling

Presenter(s):
Yen-Ming Huang, National Taiwan University, Taiwan

Authors:
Hsun-Yu Chan Chan, National Taiwan Normal University, Taiwan
Yao-Hsing Wang, National Taiwan University, Taiwan
Yunn-Fang Ho, National Taiwan University, Taiwan

Background: Addressing communication skills in pharmacy curriculums is one of the tactics to foster future pharmacists with better skillsets for medication counseling. Blended learning and objective structured clinical examinations (OSCEs) may address these skills in undergraduate pharmacy education through the
integration of multimedia and feedback in teaching strategies. The study is to evaluate the effects of a blended learning program on students’ self-efficacy and skills in medication counseling by (1) examining if a blended learning program improves students’ self-efficacy and skills in counseling for over-the-counter (OTC) medications, and (2) comparing the effects of different learning programs (didactic lecture vs. blended learning) on students’ self-efficacy and skills in the counseling for OTCs.

Methods: This study uses the Cognitive Load Theory and OSCE to develop learning materials and perform skill evaluation for students who will take the course, Community Pharmacy, at National Taiwan University in 2022 and 2023. In the control cohort, students will receive 4-week lecture-based learning of communication skills. We will develop 12 videos demonstrating common scenarios of OTC counseling that occur in community pharmacies. In the intervention cohort, students will receive 3-week lecture-based learning and 1-week video-based learning of communication skills. A pre-to-post self-administered survey will be administered to evaluate students’ self-efficacy of OTC counseling. Each student will be required to have a one-on-one role-play with standardized patients before and after the course to demonstrate their skills in OTC counseling. A standardized checklist will be used to assess students’ skills in medication counseling. Paired t-tests will be conducted to examine the difference in the pre-to-post scores of students’ self-reported self-efficacy. Multivariate regression analyses will be performed to determine which learning program provides students with better self-efficacy and performance in OTC counseling.

Implications: We are able to refine the course structure to equip future pharmacists with improved skills at communicating about medication use.

**Orals (online): O.O.12 Various topics in healthcare communication 1**

**O.O.12.1 Assessing efforts of making care fit for each patient – A systematic review**

*Presenter(s):*

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

*Authors:*

Derek Gravholt, Mayo Clinic, United States
Sandra Hartasanchez, Mayo Clinic, United States
Michael Gionfriddo, Duquesne University, United States
Zoe Paskins, Keele University, United Kingdom
Larry Prokop, Mayo Clinic, United States
Anne Stiggelbout, Leiden University Medical Center, Netherlands
Victor Montori, Mayo Clinic, United States

*Background:* For too many people, their care plans are designed without fully accounting for who they are, the lives they live, what matters to them, or what they aspire to achieve. The recently published ‘Making Care Fit Manifesto’ calls to foster efforts to make care fit for each patient. We aimed to summarize measures of patients and clinicians working together to design care plans that fit.

*Methods:* We systematically searched several databases from inception to Sept-2021 for studies using quantitative measures to assess, evaluate or rate behaviour (of any party) during real-life encounters. All papers were screened for eligibility in duplicate. We extracted all items from relevant measures and coded them deductively on themes relevant to Making Care Fit, and inductively on main action described.

*Findings:* We included 189 of 13,338 papers, reporting on the use of 1243 measurement items from 151 measures. We identified the most items in themes “Patient-clinician collaboration: content” (N=396, 31.8%) and “Patient-clinician collaboration: manner” (N=382, 30.7%). We identified the least items in “Ongoing and iterative process” (N=22, 1.8%) and in “Patient lives” (N=29, 2.3%). We inductively identified 27 actions to make care fit. The most often identified action terms were “Informing” (N=308, 24.8%) and...
“Exploring” (N=93, 7.5%). The least often identified action terms were “Following up”, “Comforting”, and “Praising” (each N=3, 0.2%).

Discussion: Assessing efforts of Making Care Fit focuses heavily on the content of patient-clinician collaborations and on the act of informing. Other themes and efforts previously identified as crucial to Making Care Fit are hardly assessed, or not at all. Our review suggests that research to date is not assessing the full breadth of Making Care Fit and that appropriate measures seem to be missing. This may limit the assessment and successful implementation of efforts to improve patient care.

O.O.12.2 Shared decision making for Atrial Fibrillation: An overview of seven studies within one trial

Presenter(s):
Marleen Kunneman, LUMC (NL); Mayo Clinic (US), Netherlands

Authors:
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 Gor, 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, Minneapolis, United States
Sarah Brand-McCarty, Mayo Clinic, United States
Celia Kamath, Mayo Clinic, United States
Juan Brito, Mayo Clinic, United States
Peter Noseworthy, Mayo Clinic, United States
Victor Montori, Mayo Clinic, United States

Introduction: Shared decision-making (SDM) about anticoagulant treatment in patients with atrial fibrillation (AF) is widely recommended but its effectiveness is unclear. We assessed the extent to which using an SDM tool promotes high-quality SDM.

Methods: In this multicentre 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.

Results: We enrolled and video-recorded 922 patient-clinician encounters.

- Participants in both arms reported near-optimal communication quality, knowledge, and decisional conflict (JAMA IM-2020).
- Patients in intervention-arm estimated their stroke risks more accurately and were more involved in decision-making (JAMA IM-2020), clinicians were more satisfied (JAMA IM-2020), and cost conversation were more common (JAMA NO-2021).
- Use of the intervention had no effect on treatment decisions, encounter duration (JAMA IM-2020), treatment adherence, clinical outcomes (JAHA-epub) or patient-perceived sense of the care plan (PEC-epub).
• Compared to eligible white participants, black participants more frequently did not enrol to the study. Enrolment of Black, indigenous, and people of colour benefited most form including and prioritizing practices most likely to care for them (submitted).
• We found no evidence of contamination (tool use, functional, or learned) between study arms (forthcoming).
• Clinicians’ recommendation on whether or how to anticoagulated had no influence on patient involvement (forthcoming).

Discussion: Use of an SDM tool improved some measures of SDM quality, without affecting treatment decisions and their sensibility, encounter duration, patient adherence, or clinical outcomes.

Conclusion: Our results should calibrate expectations as to what could be accomplished by implementing SDM tools about anticoagulation in the care of patients with AF.

O.O.12.3 The effectiveness of video animations as patient information tools: A systematic review of trials

Presenter(s):
Peter Knapp, University of York, United Kingdom

Authors:
Thirimon Moe-Byrne, University of York, United Kingdom
Nadia Benhebil, Hull York Medical School, United Kingdom
Ella Evans, Hull York Medical School, United Kingdom

Background: Rapid developments in digital technologies and easy internet access has transformed the potential for digital information and education of patients. Video animations are increasingly available but have not been evaluated systematically. This review aimed to collate trials of video animations for patients versus other forms of delivery.

Eligibility: Included studies had the following features: controlled design with random or quasi-random allocation; patients being informed about any health condition or members of the public being informed about a public health topic; comparing video animation with another delivery format; animation delivered either instead of, or in addition to another format. Knowledge was the primary outcome; secondary outcomes were attitudes and cognitions (e.g. satisfaction); behaviours (e.g. skills).

Search methods: Multiple digital databases were searched 1996-2021 using a defined strategy. We also undertook citation searching.

Data collection & analyses: Dual, independent decision-making for inclusion assessment, data extraction and quality appraisal. Study appraisal with the Cochrane ROB2 tool. Narrative synthesis of findings.

Results: We included 38 trials, focussed on: explaining medical or surgical procedures (n=17); long-term conditions (n=11); public health, health-promotion or illness-prevention (n=10). Studies evaluated cartoon animations (n=30), 3D animations (n=6), ‘white-board’ animations (n=1) or avatars (n=1). Knowledge was assessed in 28 studies, showing greater knowledge from animations in 19. Attitudes and cognitions were assessed in 21 studies, and animations resulted in positive outcomes in six. Patient behaviours were assessed in nine studies, with animations resulting in positive outcomes in four. Overall risk of bias was: ‘high’ (n=18), ‘some concerns’ (n=16) or ‘low’ (n=4).

Discussion: The overall evidence base is highly variable, with mostly small trials. Video animations show promise as patient information tools, particularly for effects on knowledge, but bigger, better designed trials are needed.
O.O.12.4 Factors mediating doctor communication and patients satisfaction with care and trust in their doctor

Presenter(s):
Carlos Campos, University of Auckland, New Zealand

Authors:
Clarice Olivo, University of São Paulo, Brazil
Gabrielle Silveira, University of São Paulo, Brazil
Milton Martins, University of São Paulo, Brazil
Patricia Tempski, University of São Paulo, Brazil

Background: Patients’ satisfaction with care and trust in their doctor are associated with better health outcomes. This association is estimated to occur due to an intensification of the therapeutic relationship between both parties via more cooperation between them. However, the factors that mediate the relationship between doctor communication and patients’ satisfaction and trust in their doctor are still unclear. Thus, this study aims to identify the mediating factors between doctor communication skills and patients’ satisfaction with care and trust in their doctor.

Methods: Patients from a preoperative risk assessment clinic from a tertiary hospital in São Paulo, Brazil, were invited to participate in the study.

Sixty patients agreed to undertake an interview with a semi-structured script. The interview comprised two questions relating to patients’ satisfaction with care and two inquiring about patients’ trust in their doctor. The contents of the interviews were recorded in audio. They were transcribed verbatim, and the transcripts were analysed using Thematic Analysis as described by Braun and Clarke. The main themes and subthemes identified by the authors were reported, illustrated by quotes, and discussed.

Findings: The main themes identified were ‘doctor’s actions’, ‘effects on patients’, and ‘healthcare context’. As subthemes in ‘doctor’s actions’, ‘relational competency’ and ‘clinical competency’ were identified. Under ‘effects on patients’, we found ‘subjective perceptions’ and ‘expectations’ as subthemes. In ‘healthcare context’, subthemes mediating the studied relationship were ‘medical profession’, ‘work under supervision’, ‘faith in God’, ‘teaching hospital’, and ‘referral hospital’.

Discussion: The way doctors communicate with their patients is mediated by important, although not obvious, factors that can lead to (or away from) patients’ satisfaction with care and trust in their doctor. The Findings: of this study highlight the need for doctors to consider these factors to establish a better and stronger therapeutic relationship with their patients.

O.O.12.5 SDM in interpreter-mediated communication in general practice

Presenter(s):
Anke Woudstra, LUMC, Netherlands

Authors:
Rena Zendedel, Utrecht University, Netherlands
Anne Stiggelbout, Leiden University Medical Center, Netherlands
Barbara Schouten, University of Amsterdam, Netherlands
Background: Given the lack of research on shared decision making (SDM) in informal interpreted-mediated intercultural medical encounters and its growing importance in clinical practice, we aimed to investigate SDM preferences and behaviors of Turkish-Dutch migrant patients and informal interpreters. The following two research questions were addressed: 1) What are the SDM preferences of Turkish-Dutch patients and informal interpreters in general practice? and 2) How is SDM in general practice achieved in informal interpreter-mediated encounters, and to what extent is this achievement in alignment with patients’ and informal interpreters’ SDM preferences?

Methods: Turkish-Dutch patients (n=91) and informal interpreters (n=91) completed a survey assessing their SDM preferences in the waiting room of their general practitioner (n=26) just before the consultation. Audiotaped consultations (n=84) were transcribed verbatim and SDM communication patterns were coded according to: 1) who initiated the medical treatment decision; 2) whether or not the informal interpreter translated the speech turn containing the initiated medical treatment decision to the general practitioner or patient, 3) whether each of the other parties agreed or disagreed with the initiated medical treatment decision.

Findings: Turkish-Dutch patients most often preferred the involvement of an informal interpreter in the medical treatment decision making process. A key finding is that there is a lack of concordance between patients’ preferences for SDM and their actual involvement in shared decision making during the consultation.

Discussion: This lack of concordance may contribute to a misguided view among healthcare providers that migrant patients do not want to be involved in the medical treatment decision process. To bridge the gap between patients’ preferences for SDM and their actual communicative behaviors in informal interpreter-mediated medical consultations, healthcare providers have to be made aware of the existence of this gap and be trained in communication skills that engage migrant patients in interpreter-mediated consultations in SDM.

O.O.12.6 Drug safety perception in China: the role of media exposure and past healthcare experience

Presenter(s):
Qianfeng Lu, University of Lugano, Switzerland

Authors:
Peter J Schulz, University of Lugano, Switzerland
Angela Chang, University of Macau, China
Guoming Yu, Beijing Normal University, China
Ya Yang, Beijing Normal University, China

Individuals’ perception of medication safety affects their medication adherence, and through adherence their health. A person may reject a doctor’s recommendation to take antibiotics if they believe antibiotics are not safe. Media and personal experiences shape individual judgments. Misleading online information may damage people’s trust in drugs, see Covid-19 vaccine. The experience of adverse events can harm people’s confidence in healthcare. Will unfavorable experience of healthcare in general affect drug perception? Will one effect moderate the other? We barely know that.

Data from HINTS-China 2017 contains 3090 adults. Drug safety perception was indicated by drug safety status quo (The current state of drug safety is good) and drug safety amelioration (Drug safety has gradually improved in recent years) with 5-category scales from strongly disagree to strongly disagree. Media exposure was divided into traditional media (4 items) and the Internet (8 items, frequency measure, averaged); healthcare experience asks respondents satisfaction with received healthcare. We applied a multiple linear regression.
We found weight-loss pills, antibiotics and vaccines were perceived the most unsafe. Besides, traditional media exposure was positively associated with drug safety status quo (\( ? = .256^{**} \)) and amelioration (\( ? = .136^{**} \)). However, Internet exposure significantly damaged people’s perception of drug safety status quo (\( ? = -.165^{**} \)) and showed potential negative impact on drug safety amelioration (\( ? = -.073 \)). Satisfaction of healthcare services was also correlated with drug safety status quo (\( ? = .265^{**} \)) and amelioration (\( ? = .189^{**} \)) positively.

Our study draws attention to how Chinese people’s medicine safety perceptions are shaped by media exposure and healthcare experience. Favorable healthcare experience contributes to better medicine perception. The contrary impacts between old and new media is consistent with previous studies. This indicates drug and vaccine communications should exploit traditional communication channel and address negative perceptions on online media to promote appropriate uptake.

11:45 - 12:45
Roundtables
RT.1 pEACH evidence snapshots: Moving forward and meeting the needs of ‘consumers’
Presenter(s):
Shakaib Rehman, Phoenix VA Healthcare Systems/University of Arizona College of Medicine-Phoenix, United States
Conor Gilligan, The University of Newcastle (UON), Australia
Sarah Bigi, Università Cattolica del Sacro Cuore, Italy
Margarida Figueiredo-Braga, Faculty of Medicine, University of Porto, Portugal
Demi Krystallidou, University of Surrey, United Kingdom

RT.2 Towards developing a methodological reporting guideline for reporting experimental vignette studies
Presenter(s):
Ellen Smets, Amsterdam UMC, Netherlands
Somnath Saha, School of Medicine, OHSU, Oregon, United States
Danielle Blanch-Hartigan, Bentley University, United States

Authors:
Liesbeth van Vliet, Leiden University, Netherlands
Marij Hillen, amsterdam UMC, Netherlands
Leonie Visser, Karolinski Institute, Sweden

RT.3 How (not) to use theory in health practice: Hosted by the EACH/ICA Partnership
Presenter(s):
Marleah Dean, University of South Florida, Moffitt Cancer Center, United States
Ashley Duggan, Boston College, United States
Evelyn Y. Ho, University of San Francisco, United States
Sara Rubinelli, University of Lucerne, Switzerland
Julia C. M. Van Weert, University of Amsterdam, Netherlands

Authors:
While perhaps all scholars agree that healthcare communication questions should be investigated by conducting research, different ways exist to approach answering our questions. One could employ an empirical approach, e.g., exploring needs, abilities, and behaviors of the target group to develop health communication efforts. Another way could be theory-driven, e.g., identifying relevant theories to explain the context, beliefs, and behaviors of the target group and what communication practices fit these behavioral determinants.

During this in-person roundtable, we will engage the audience around the central question: How (not) to use theory in guiding the development, implementation, and evaluation of health(care) communication? Our interdisciplinary group of EACH/International Communication Association (ICA) members will share challenges and opportunities in integrating theory in the practical field of health communication, healthcare, and health promotion:

1. Exploring theoretical assumptions from human communication and relationship science that builds theory to connect with evidence-based shared decision making;
2. Presenting past and current collaborations with healthcare practice, both in the context of research (e.g., how cultural theories exist on many levels which are not all practically applied) and grant writing (e.g., how to build partnerships between communication scholars and clinicians in grant-funded research);
3. Designing theory-based interventions to support decision making (e.g., how theory-based assessments of clinical decision support tools help identify what future interventions should look like) and increase health literacy (e.g., how theory offers analytical, normative, and educational tools to design interventions to empower individuals in detecting mis/disinformation).

The bulk of the roundtable will include open audience discussion to share experiences, concerns, and questions regarding using, integrating, and combining theory in health research and practice. With this roundtable discussion, we hope to increase understanding of, exchange ideas about, and best practices for how theory can enrich our research and practice.

RT.4 EACH Communication in Surgical Subspecialties Special Interest Group Round Table

Presenter(s):
Kathleen Kieran, Seattle Children’s Hospital, United States

Authors:
Muneera Kapadia, University of North Carolina, Chapel Hill, United States
Eva Doherty, Royal College of Surgeons, Ireland
Peter Gillen, Royal College of Surgeons, ireland

Traditionally, communication in healthcare settings has focused on longitudinal, and primary care settings. Surgical subspecialties are different, with often episodic and intermittent care, emergent patient-clinician interactions, and a referral-based practice. As such, good communication is needed for surgeons, but the communication skills employed by primary care physicians may not be directly translatable.

As surgeons, we are acutely aware of the need for specialized research and teaching of communication skills pertinent to surgical practice. We founded this EACH Special Interest Group with the aim of bringing together those who have an interest in surgical communication, whether from a research, teaching, or educational standpoint. Within this Special Interest Group, we proposed to foster collaboration among those interested in any and all aspects of communication in surgical care.
Mission statement: “The EACH Communication in Surgical Subspecialties Interest Group is dedicated to meeting the varied communication needs of patients, family members, and providers in surgical subspecialties, through education and research.”

This Group is open to all participants.

Proposed EACH SIG Timetable for Roundtable Discussion:
- 10 minutes: introductions of leadership and mission statement
- 10 minutes: Background: on EACH SIG (i.e. communication in surgery—what we know, where future research is needed)
- 15* minutes: introduction of attendees and reason for attending/areas of interest
- 15 minutes: brainstorming on education and research areas of need
- 10* minutes: next steps/closing
*These times are a bit flexible and can move based on how many people attend.

RT.5 Communication teaching around diversity, equality and inclusion in health professional curricula.

Presenter(s):
Winny Ang, University of Antwerp, Belgium
Gozie Offiah, RCSI University of Medicine and Health Sciences, Ireland
Liesbeth Verpooten, University of Antwerp, Belgium

Dealing with a diverse population is one of the most compelling topics of this era. Numerous studies demonstrate persistent health disparities, leading to poor health and early mortality for marginalized groups (Carnethon et al., 2017). Many caregivers lack training and knowledge that address interpersonal and structural dimensions of inequity (Davis et al., 2021). There is an urgent need to pay attention to a diversity curriculum in health professions education (Sorensen et al., 2017). Three overarching Learning objectives were formulated (Muntinga et al., 2015) to achieve a diversity-responsive curriculum: knowledge and skills, patient-caregiver communication and reflexivity. Although there is a longtime history of cultural competence and diversity trainings in medical and other healthcare professions curricula, there remains variability in approaches to its inclusion and uncertainty about “what works.”

This roundtable discussion gives an interesting opportunity to share experiences, discuss teaching perspectives of different health professions schools how to create a diversity-responsive curriculum.

Outline:
- 5’ Check in: short introduction of the participants and chairs
- 5’ What is the most compelling challenge you experienced related with ‘diversity’ in communication skills training? Discuss in pairs and share in group
- 10’ Relate these the challenges to the existing literature
- 10’ Demonstration of ‘diversity in the medical curriculum’ at the universities of the chairs
- 20’ Open discussion: sharing good (and less good) practices guided by questions. Write down on a poster.
- 10’ Closing remarks: sharing contacts, take home messages, evaluation of the session. If participants are interested: plan a follow-up online meeting or explore other collaborative opportunities.

Guiding questions:
- What’s in a name? Cultural competence or diversity-responsivity?
- How to teach? Balancing between knowledge, skills and awareness.
- What and when to teach in the curriculum?
- What are potential pitfalls and gains in the development of a curriculum?
- How do you represent diversity in your curriculum?
RT.6 Healthcare communication education research SIG: Assessment of remote consults: what do we not know?

Presenter(s):
Alexia Papageorgiou, University of Nicosia Medical School, Cyprus
Anca-Cristina Sterie, Lausanne University Hospital, Switzerland
Sarah Shepherd, University of Manchester, United Kingdom

Authors:
Anita Laidlaw, University of St Andrews, United Kingdom
Panayiota Andreou, University of Nicosia Medical School, Cyprus

Topic and purpose: The COVID-19 pandemic has resulted in significant changes to the delivery of healthcare. One significant change has been a move to more remote or teleconsulting. This shift has been mirrored with more online teaching and assessment of healthcare communication.

As it is likely that a greater proportion of health care delivery will be via telephone or online means in the future, educators need to assess the competence of graduates in such communication. Such assessment has not occurred at scale within health professions education previously and little research has been conducted into reliable, valid, and accurate assessment of remote consultations. This roundtable discussion will explore the experiences of educators in the assessment of remote or telephone communication to identify gaps in the current knowledge in this area and explore the potential for future research collaboration.

Brief outline of the session:
a) Introduction to assessment of remote or telephone healthcare communication, including preliminary Findings: from survey data collected from health professional communication educators across Europe (10 mins)
b) Discussion: experiences with assessment of remote or telephone healthcare communication, including potential research questions identified via this discussion (25 mins)
c) Discussion and prioritisation exercise around research questions raised (15 mins)
d) Closing the session with action points regarding future plans (10 mins)

Outcomes of the Discussion: The discussion is hosted by the Healthcare Communication Education Research SIG (HCER SIG). It will conclude with a clear set of research priorities focusing on assessment of remote consultations. There will also be opportunity for all present, and other members of the HCER SIG, to continue participation in this discussion going forward. The group will reconvene remotely to draft research plans, including funding proposals. This future engagement is voluntary.

Debates
This debate session aims to spark discussions and foster reflection on topics that are unsettled and relevant to a broad audience. Participants will seek to determine the first next step forward to achieve a better understanding. During the session, three pairs of experts will each engage in a debate.

Chair:
Pål Gulbrandsen, University of Oslo, Norway

D.1 Facilitating health care professionals to become competent and compassionate communicators cannot be achieved by just teaching communication skills alone
Presenter(s):
Michael Kaffman, The Technion Haifa, Israel
Eva Doherty, RCSI University of Medicine and Health Sciences, Ireland

D.2 It's never okay to cry with a patient
Presenter(s):
Shakaib Rehman, Phoenix VA Healthcare Systems/University of Arizona College of Medicine-Phoenix, United States
Margarida Figueiredo-Braga, University of Porto, Portugal

D.3 We cannot study empathy because we will never be able to define it
Presenter(s):
Liesbeth van Vliet, University of Leiden, Netherlands
Justin Sanders, McGill University, United States

11:45 - 12:45
Workshop (online)
O.W.2 Using conversation analysis to research clinical interactions
Presenter(s):
Sarah White, University of New South Wales, Australia

Rationale: Conversation analysis is a well-established analytic method in the examination of clinical interactions. Its technical nature can be daunting for novices, however conversation analysis provides important insight into communication in practice.

Learning objectives: Through this workshop, participants will learn to identify when conversation analysis is a suitable method to use and describe how it might be applied within a research project.

Teaching methods: This one-hour workshop will include a brief introduction to the methodological considerations of conversation analysis followed by an exploration of how this method can be used to improve our understanding of healthcare communication. Participants will be encouraged to bring a research question about healthcare communication in practice which they will be able to refine for possible future use in designing a study using conversation analysis. There will be limited opportunity for group work, however interactivity will be encouraged within the workshop.

Evaluation of outcomes for participants: Participants will have created a draft research plan for using conversation analysis.

14:15 - 15:45
Orals: O.18 Research on communication training
O.18.1 The gender biased hidden curriculum of clinical vignettes in undergraduate medical training
Presenter(s):
Background: Clinical vignettes are a widespread tool in medical education and are known to participate in the hidden curriculum. Earlier studies showed that other elements of the hidden curriculum convey gender stereotypes. Our research aimed to identify to what extent the description of men and women in clinical vignettes in medical education contains gender biases or stereotypes.

Methods: We used mixed quantitative and qualitative methods: to analyse all clinical vignettes found in the teaching and evaluation material of pre-graduate internal medicine, paediatrics and psychiatry at the Geneva Faculty. A quantitative analysis of socio-demographic and gender-related characteristics was performed, and chi-squared tests investigated the association between categorical variables. Qualitative content analysis followed with a code list elaborated by group consensus, based on a mixed inductive and deductive methods.

Findings: 2359 vignettes were identified, of which 955 met inclusion criteria (at least 2 patient’s characteristics and no duplicates). Male patients were slightly more represented, while profession, relational status or children were mentioned slightly more often in female patients. Patients profession type showed a strongly gendered distribution, as did the family caregiver role. Qualitative results showed further evidence of stereotyped gender roles and gender expression. Distribution of healthcare professionals was also gendered with male physicians and female nurses and assistants being the norm.

Discussion: Our study reveals that the clinical vignettes used in education and evaluation materials in undergraduate medical education in Geneva convey a gender-biased hidden curriculum, which can negatively impact patient care and undermine equal opportunity measures for men and women. These results advocate for an active revision of the content and the form of clinical vignettes used in undergraduate medical teaching and evaluation using a gender lens. Based on rare gender neutral or gender transformative examples found in our study, we propose practical guidelines for writing non gender-biased clinical vignettes.

O.18.2 How different dimensions of medical students’ empathy relate to mental health and burnout

Presenter(s):
Alexandre Berney, Lausanne University Hospital (CHUV) and University of Lausanne, Switzerland
Sylvie Berney, Lausanne University Hospital (CHUV) and University of Lausanne, Switzerland

Authors:
Valerie Carrard, Lausanne University Hospital (CHUV) and University of Lausanne, Switzerland
Katja Schlegel, University of Bern, Switzerland
Jacques Gaume, Lausanne University Hospital (CHUV) and University of Lausanne, Switzerland
Pierre-Alexandre Bart, Lausanne University Hospital (CHUV) and University of Lausanne, Switzerland
Martin Preisig, Lausanne University Hospital (CHUV) and University of Lausanne, Switzerland
Marianne Schmid Mast, University of Lausanne, Switzerland
Céline Bourquin, Lausanne University Hospital (CHUV) and University of Lausanne, Switzerland

Background: Empathy has long been recognized as a multidimensional construct and its different dimensions might relate differently to mental health and burnout. The presence of depression and burnout
has been shown to relate to lower empathy in medical students. Nevertheless, studies including different dimensions of empathy when investigating its link to mental health issues are rare in the context of undergraduate medical education, where the first foundations of physicians’ clinical skills are laid. The aim of the present study was thus to investigate how medical students’ mental health (depressive symptoms and anxiety) and burnout relate to different dimensions of empathy.

Methods: This cross-sectional study included 886 medical students from curriculum years 1 to 6 who filled in an online questionnaire. The cognitive, affective, and behavioural dimensions of empathy were measured with self-report questionnaires and an emotion recognition test. Regressions were used to test the relationship between the empathy dimensions, depressive symptoms, anxiety, and burnout as well as the influence of curriculum year and gender.

Findings: Cognitive and behavioural empathy were significantly related to less mental health issues and burnout, whereas affective empathy was related to more mental health issues and burnout. Students in later curriculum years reported less mental health issues and burnout than students in earlier years, whereas no systematic difference could be observed for empathy. Female students reported more mental health issues and burnout as well as higher empathy, except for behavioural empathy for which male students scored higher.

Discussion: The cognitive, affective, and behavioural dimensions of empathy were differently related to the mental health and burnout of medical students. Students presenting mental health issues or burnout might have more difficulty to adapt their behaviour in social situations and keep a certain distance when taking the perspective of others.

O.18.3 Improving medical students’ interpersonal communication skills; applying cochrane review evidence

Presenter(s):
Conor Gilligan, University of Newcastle, Australia

Authors:
Marita Lynagh, University of Newcastle, Australia
Martine Powell, Griffith University, Australia
Bernadette Ward, Monash University, Australia
Pam Harvey, Monash University, Australia
Chris Londsdale, Australian Catholic University, Australia
Sari Dewi, University of Newcastle, Australia
Dominique Rich, University of Newcastle, Australia
Hayley Croft, University of Newcastle, Australia
Smriti Nepal, University of Sydney, Australia
Jonathan Silverman, Cambridge Medical School, United Kingdom

Background: The demand for medical students to be trained to communicate effectively has seen the emergence of interpersonal communication skills as core graduate competencies in medical training. We conducted a systematic review of interventions for medical students aiming to improve interpersonal communication in medical consultations.

Methods: We searched five electronic databases in September 2020 and screened reference lists of relevant articles. We included randomised controlled trials, cluster-RCTs, and non-randomised controlled trials evaluating the effectiveness of interventions delivered to students in pre-service medical programmes. Standard Cochrane methodological procedures were used.
Findings: We found 91 publications relating to 76 separate studies (involving 10,124 students). We performed meta-analysis according to comparison and outcome. Outcomes reporting on overall communication skills, empathy, rapport or relationship building, patient perceptions/satisfaction, information gathering, and explanation and planning were reported separately. The quality of evidence ranged from moderate to very low, and there was high, unexplained heterogeneity. Overall, interventions had positive effects on most outcomes, but generally small effect sizes and low quality limit the conclusions that can be drawn.

Key Findings: for discussion include: programmes that include personalised feedback probably improve medical students’ overall communication skills more than programmes that involve general or no feedback; and online or self-directed programmes may make little to no difference in improving skills in empathy or rapport compared with face-to-face teaching.

Discussion: Since publication of the papers in the review, the tertiary education sector has been rocked by the global Covid-19 pandemic. Taken together, the results of our review and the subsequent pandemic-related experiences lend weight to the notion that ‘when taught, students will learn’. Combining the lessons of the review with those of the pandemic, we are in a position to offer well-informed guidance to educators and accreditors about the most practical and evidence-based approaches to teaching communication skills.

O.18.4 Perceptions and Behavior Related to Information-Gathering in Medical Role-Playing Interviews

Presenter(s):
Conor Gilligan, University of Newcastle, Australia

Authors:
Sonja Brubacher, Griffith University, Australia
Karen D’Souza, Deakin University, Australia
Martine Powell, Griffith University, Australia

Background: Medical education involves learning and practice in a variety of classroom and clinical contexts. Clinical skills, including patient communication and history taking, are usually learnt initially in a classroom context, often using role-play with peers or simulated patients before applying skills with real patients in clinical rotations. Yet, evidence is lacking to show how students apply their communication knowledge to practice in real and simulated settings. This study sought to investigate the alignment between students’ perceptions of good communication in medical history taking and their behaviour in simulated interviews.

Methods: 20 medical students at varying educational levels engaged in qualitative interviews that focused on information gathering in medical communication. They were asked about how they elicit information from patients and what qualities and strategies make a good medical history-taker. Interviews were coded thematically to identify students’ knowledge of effective questioning. Next, students engaged in a standardised role play assessment, which was coded to provide measures of the behaviors they used in practice. Coding was based on the Calgary-Cambridge guides to the medical interview and accepted definitions of question and utterance types.

Findings: Students had good knowledge and practice of socio-motivational behaviors like being empathic and non-judgmental. In contrast, there was a gap between knowledge and practice for effective questioning. Three quarters of the questions asked by students in the role-play were of the most constrained type, despite over half discussing the importance of open questions in their interview.

Discussion: The misalignment between students’ knowledge of good communication and their behaviour in simulation warrants further investigation. Further work is needed to develop training methodologies that
target this gap. For example, the practice of having students objectively evaluate (i.e. code) their own interviews is discussed as one possible way to help students assess their own practice.

O.18.5 (WIP) Development and evaluation of a patient-centered communication skills training for nurses

Presenter(s):
Wiebke Frerichs, University Medical Center Hamburg-Eppendorf, Germany

Authors:
Kendra Mielke, University Medical Center Hamburg-Eppendorf, Germany
Anja Lindig, University Medical Center Hamburg-Eppendorf, Germany
Katja Cöllen, University Medical Center Hamburg-Eppendorf, Germany
Martin Härter, University Medical Center Hamburg-Eppendorf, Germany
Isabelle Scholl, University Medical Center Hamburg-Eppendorf, Germany

Background: Staff shortage and increased workload are well-known challenges in nursing care. Resulting physical and mental stress can be barriers for patient-centered communication in nursing practice. Communication skills trainings (CST) have shown to improve certain aspects of patient-centered communication and decrease mental stress. So far, there is a lack of needs-based and thoroughly evaluated CSTs for nursing professionals in Germany. Thus, the aim of the study is to develop, evaluate and assess possibilities for routine implementation of a needs-based CST.

Methods: A mixed-method approach with three phases will be applied. In the first phase, a needs assessment including interviews and focus groups with relevant stakeholders (n=55-60) will be conducted. Data will be analyzed via qualitative content analysis. Based on the results and review of literature, a CST will be developed. In the second phase, this training will be evaluated using a pre-post design with a waiting-control group (n=400). Descriptive statistics, non-parametric tests and mixed model analyses will be used for evaluation. Primary outcome is communication skills of nurses assessed via objective simulated patient assessments (SPA). Secondary outcomes include participants' self-reported knowledge, communication skills, self-efficacy, psychological burden and training satisfaction. In the third phase, expert workshops will be conducted to derive recommendations for further implementation of the developed training in routine nursing practice.

Expected findings and discussion: This is the first study systematically developing and evaluating a needs-based CST for nursing professionals in Germany. Results: of the first phase will provide information on the needs of relevant stakeholders regarding required training content and potential barriers and facilitators for training development. In the second phase, we expect to improve objectively assessed and self-reported communication skills, self-efficacy and further psychological outcomes of participating nurses. Results of third phase will support the implementation of our CST for nursing professionals in other care settings.

O.18.6 (WIP) How Providers Screen and Communicate with Patients about Food Insecurity in the Primary Care Setting

Presenter(s):
Sally Heaberlin, University of Iowa Carver College of Medicine, United States

Authors:
Kelly Skelly, University of Iowa Carver College of Medicine, United States
Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States
Background: Food insecurity is “a household-level economic and social condition of limited or uncertain access to adequate food” and has been identified as a hidden epidemic which has expanded with the recent COVID pandemic. Increased attention has been given to the importance of health care provider (HCP) assessment of a patient’s food security. Little is known about if and how HCPs make the decision to discuss food insecurity with patients. Stereotypes of what types of patients experience food insecurity may result in patients at risk not being identified. Because HCPs may perceive this as a difficult topic to address in healthcare encounters, opportunity exists to understand how and when they choose to inquire about food insecurity. This study seeks to identify how HCPs make the decision to screen patients for food insecurity and barriers and bias that may impact screening.

Methods: As a pilot study, 50 urban and rural HCPs will be surveyed about their decision-making process when screening patients for food insecurity. A subset of respondents will participate in in-depth interviews exploring food security screening experiences and attitudes. Initial survey and interview data will be used to develop more salient survey questions to be distributed to all primary care physicians (N=310) who participate as volunteer subjects in an established statewide research network.

Findings: By ICCH 2022 the initial survey and interviews will have been completed. Findings: from the project should help identify how many providers regularly ask patients about food security and how and when they choose to do this. In addition, barriers and effective approaches to these conversations will be identified.

Discussion: Understanding food security screening practices and barriers can support identification of patients facing this health challenge and HCPs communication needs in engaging in food security conversations.

First author is a 3rd year medical student.

Orals: O.19 Social Media and Internet

O.19.1 Representation and engagement of common pediatric urologic conditions on social media

Presenter(s):
Kathleen Kieran, Seattle Children's Hospital, United States

Authors:
Julie Cheng, Seattle Children's Hospital, United States
Nicolas Fernandez, Seattle Children's Hospital, United States
Margarett Shnorhavorian, Seattle Children's Hospital, United States
Paul Merguerian, Seattle Children's Hospital, United States

Background: Parents and caregivers report using social media platforms as a health information source. However, social media content is minimally regulated and health misinformation has been shared for various medical issues and urologic conditions. Social media engagement for various pediatric urologic conditions is not yet described. We evaluated the evidence supporting articles engaged on social media related to common pediatric urologic conditions.

Methods: We used a social media analysis tool to identify articles engaged through Facebook, Reddit, Twitter, and Pinterest. The top 5 articles related to toilet training, circumcision, cryptorchidism, testicular torsion, and hypospadias were identified. Article citations were reviewed and classified by Oxford levels of evidence. Each article’s content was then reviewed and compared against supporting evidence on an independent literature search. Statistical analysis was completed with descriptive statistics, Mann-Whitney U, Wilcoxon signed rank, and bivariate correlation.
Findings: 8/25 articles (32%) were affiliated with medical journals, hospitals, or academic institutions and 17 (68%) were on non-affiliated websites with advertisements. There was greater social media engagement for articles related to toilet training and circumcision than testicular torsion, hypospadias, and cryptorchidism. No articles cited level 1 evidence and 32% of articles cited no evidence. Literature search for article content demonstrated a discrepancy between the level of evidence cited by articles compared to the evidence available in the literature to support article content. There was greater social media engagement for articles with no cited or supporting evidence and those not affiliated with medical journals, hospitals, or academic institutions.

Discussion: Laypersons may have difficulty identifying whether articles shared on social media are reliable resources for health information, and thus may be subject to misinformation. Understanding how information related to pediatric urologic conditions is engaged on social media helps address misinformation in clinical, online, and regulatory settings.

O.19.2 A hybrid-method study into patients combining mass and interpersonal media on forums.

Presenter(s):
Remco Sanders, University of Amsterdam, Netherlands

Authors:
Theo Araujo, University of Amsterdam, Netherlands
Rens Vliegenthart, University of Amsterdam, Netherlands
Mies van Eenbergen, IKNL, Netherlands
Julia van Weert, University of Amsterdam, Netherlands
Annemiek Linn, University of Amsterdam, Netherlands

Background: Patients increasingly take an active role in their health. They actively combine both mass and interpersonal media to gratify their needs (i.e., convergence). Understanding patients’ convergence is important to better understand how and where patients fulfill their needs. Owing to methodological challenges when studying convergence, a detailed view of how patients are using different media for needs fulfillment is lacking. This study explores the frequency of convergence, how convergence affects what posters write online, motives for posting, and the needs posters are trying to fulfill.

Methods: Using a hybrid method (content analysis and supervised machine learning), this study used naturally available data to fill this research gap. We analyzed opening posts (N=1708) of a forum targeting cancer patients and their relatives.

Findings: Nearly one-third of the forum opening posts contained signs of convergence. Posts containing mass media references disclosed less personal information and were more geared toward community enhancement and sharing experiences compared to posts without convergence. Furthermore, compared to posts without convergence, posts that included interpersonal media references disclosed more personal information, and posters were more likely to ask for the experiences of fellow users to fulfill their needs. Within posts containing convergence, posts including interpersonal media references reported fewer shortages of information, disclosed more information about the disease, and were more active in seeking other posters’ experiences compared to posts containing mass media references.

Discussion: This study highlights that media use should not be studied in isolation from other media use. The insights of this study can be used to adapt the health care system toward a new type of health information-seeking behavior in which one medium is not suited to fulfill all needs. Providers should accept the intertwinement of sources by providing patients with reliable websites and forums through which they can fulfill their needs.
O.19.3 Debating vaccines in online parenting forums: What is the role of healthcare professionals?

Presenter(s):
Ozan B. Mantar, University of Strathclyde, United Kingdom

Authors:
Petya Eckler, University of Strathclyde, United Kingdom

Background: Although debates about vaccination resurfaced with the COVID-19 pandemic, they date back to the invention of the first vaccines, and have been especially active in recent years, often resulting in outbreaks such as the 2017 measles outbreak in the UK. Anti-vaccination and vaccine hesitancy has been acknowledged by WHO as one of the most urgent threats to global health. Social media and especially online forums are particularly important mediums in this regard as misinformation may easily take place and spread uncontrollably.

Considering that healthcare professionals play a key role in building public trust regarding vaccinations, this study aims to examine how healthcare professionals communicate about childhood vaccines and how other users’ information attributed to healthcare professionals was shaped in the most popular UK parenting website, Mumsnet.

Methods: All posts about vaccinations in 2019 were manually extracted from the Mumsnet forum using the keywords jab(s), vaccin*, jag(s), injection(s), immuni*, vax*. This resulted in 10,995 total posts. A stratified random sample by month of around 15% (n = 1,563) was subsequently extracted and coded through content analysis.

Findings: Of the overall sample only a small percentage (1%, n = 16) of the posts were authored by a healthcare professional. However, these posts deserve attention due to their potential for impact in this environment. Early childhood vaccines were the most mentioned vaccines by healthcare professionals, and they mostly communicated directly to the posters (88%), and the most dominant topic was the share of experience/thought and side/adverse effects.

Discussion: In this study, which reveals healthcare professional-patient communication regarding vaccinations is not limited to physical, and the emergence of social media should be taken into care. Especially mediums that allow more personalised communication for patients pursuing an answer for their questions such as web forums play a key role in terms of public health.

O.19.5 (WIP) Testing the effects of combining the internet and the provider on patient outcomes

Presenter(s):
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Julia van Weert, University of Amsterdam, Netherlands
Rens Vliegenthart, University of Amsterdam, Netherlands
Marij Hillen, Amsterdam UMC, Netherlands
Richard Street, Texas A&M, United States

Background: The internet and the healthcare provider are the two main sources of information for cancer patients. Research shows that patients often go online to prepare for a consultation. Both the internet and the provider receive ample separate scientific attention. However, while cross-sectional research hinted at
positive effects of integrating the internet in the consultation, no experimental research is known that tries to unravel conditions (i.e., patient's needs, the type of information encountered, and communication strategy used by the provider) underlying such effect. Therefore, in this experiment, these factors are manipulated to gain insight into the interplay between these concepts and patients' outcomes.

Methods: A 2(patients' needs; cognitive vs. affective) x 2(information; cognitive vs. affective) x 2(providers' integration communication strategy; hindering vs. facilitating) experiment is proposed, a minimum of 300 (ex)cancer patients will be included.

Findings: We expect that patients in a condition where the patient' need and the website they see is matched (e.g., affective need and website) show less intention to discuss the online information, because their needs are fulfilled (h1). However, if the need and content do not match, their needs are not fulfilled thus resulting in a higher intention to discuss this information. Furthermore, we expect that an integration-facilitating communication style by the provider is positively influencing patient outcomes (h2) but that this relationship is moderated by the intention to discuss the online health information (h3). Patients with high intention to discuss the online health information will react more negatively to a hindering communication style compared to patients with a lower intention to discuss.

Discussion: These insights can help providers decide when and using what communication strategy they can discuss patients' internet use. Discussing patients' internet use in these situations could strengthen the patient-provider relationship, patient outcomes and, in turn, health outcomes.

0.19.6 How are new medical research findings in urology communicated to patients and the public?

Presenter(s):
Cait Bleakley, Royal Devon University Hospitals, United Kingdom

Authors:
Nicholas Campain, Royal Devon University Hospitals, United Kingdom
Joseph John, Royal Devon University Hospitals, United Kingdom

Background: Informed patient decision-making defines good medical practice. Patients increasingly use the internet and social media to find information relating to their health, although the accuracy of online content varies. No clear consensus guidelines exist describing how medical journals should communicate their findings: to patients and public (P&P). This study analyses how urology journals communicate new research findings: with P&P.

Methods: All 77 English language urology journals were reviewed in December 2021. The presence, location, and accessibility of Plain English Summary (PES) content designed to accompany original research was assessed, including via journal websites, third party search engines and social media (SM).

P&P-facing content was evaluated using the Flesch-Kincaid Grade Level and Gunning-Fog readability scores. These assess sentence structure to grossly estimate complexity. Journal aims and scope and author guidance were reviewed for evidence of a specific P&P focus. Accessibility of P&P-facing content was assessed.

Findings: Overall, 32 journals (42%) were open access and 50 (65%) had SM accounts; Twitter was most commonly used (57%). Two (3%) journals specifically referenced P&P audiences in their aims and scope. 11 journals (14%) produced PES either on SM or with manuscripts, however a minimum of college level reading ability was required to comprehend them. European Urology and its sister journals were alone in providing dedicated online patient summary repositories.
Discussion: The majority of new medical research Findings: presented in urology journals are not routinely made available for P&P, despite the majority of journals freely publicising their articles on social media. When P&P-oriented summaries are produced these commonly use complex sentence structures, and patient comprehension is unknown. Consideration should be given to developing best-practice guidelines for producing P&P-facing literature.

Orals:  O.20 Emotional communication and Empathy

O.20.1 Can nocebo information and empathy alleviate symptoms in advanced cancer? An video-vignette study

Presenter(s):
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Enny Das, Radboud University Nijmegen, Netherlands
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Anneke Francke, Nivel, New Caledonia
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Yvonne Nestoriuc, helm schmidt university, Germany
Elise Dusseldorp, Leiden University, Netherlands

Introduction: To alleviate anti-cancer treatment burden in advanced breast cancer, patient-clinician communication strategies based on nocebo-effect mechanisms are promising. We assessed distinct/combined effects on psychological outcomes (e.g. anxiety; main outcome) and side-effect expectations of i) nocebo information about the (non)pharmacological origin of side effects, and ii) clinician-expressed empathy through reassurance of continuing support. Furthermore, we explored whether information and empathy effects on side-effect expectations were mediated by decreased anxiety.

Methods: In a two-by-two experimental video-vignette design, 160 cancer patients/survivors and healthy women watched one of four videos differing in level of nocebo information (+/-) and empathy (+/-). Regression and mediation analysis were used to determine effects of information/empathy and explore anxiety’s mediating role.

Results: Anxiety was not influenced by empathy or information (Stai-state: p=.295; p=.390, VAS p=.399; p=.823). Information improved (specific) side-effect coping expectations (p<.01). Empathy improved side-effect intensity expectations (p<.01=specific; p<.05=non-specific/partial) and specific side-effect probability expectations(p<.01), and increased satisfaction, trust, and self-efficacy (p<.001). No mediating effects were found of anxiety on expectations.

Conclusion: Mainly empathy, but also nocebo information improved psychological outcomes and – mainly specific – side-effect expectations. Exploring the power of these communication elements in clinical practice is essential to diminish the anti-cancer treatment burden in advanced breast cancer.

O.20.2 Experiences of empathy training in healthcare: a systematic review of qualitative studies

Presenter(s):
Rachel Winter, University of Leicester, United Kingdom
Background: Systematic reviews of randomised trials demonstrate that empathy-training for healthcare students and professionals improves patient outcomes. However, qualitative studies exploring practitioner, student, and patient experiences of empathy-training have not been synthesised.

Methods: Five databases were searched. We included qualitative or mixed method studies exploring (i) healthcare student or practitioner experiences of empathy-enhancing interventions, or (ii) patient experiences of being treated by someone who has undergone empathy training. We excluded studies that were not empathy-focused. We used the Critical Appraisal Skills Programme (CASP) tool to assess quality of included studies. Thematic synthesis was used to integrate Findings: from included studies and to generate new insights from the synthesised data, going beyond the Findings: from individual studies.

Findings: Our search yielded 2,768 independent records. Twenty-four studies were included. We identified two clusters of themes. Firstly, themes related to practitioner trainee professionalism and wellbeing, where the main finding was participants’ experience of benefit arising from therapeutic empathy training. Secondly, themes related to the understanding and treatment of patients, where the main finding was a deeper recognition of the impact of empathic care.

Discussion: This review identified that the act of taking part in empathy focused training can be beneficial for participant personal growth, as well as professional development, increased job satisfaction and benefiting patient care. This review is limited by the heterogeneity amongst included studies. These results can support a Rationale: for empathy training, whilst the development of a framework that will ensure training is having the desired effect.

O.20.3 Patient Perceptions of Clinical Empathy

Presenter(s):
India Pinker, University of St Andrews, United Kingdom

Authors:
Evelyn Watson, University of St Andrews, United Kingdom
Anita Laidlaw, University of St Andrews, United Kingdom

Background: It has been established that clinical empathy, or empathy shown in clinical settings in medicine, has considerable impact on the Healthcare professional (HCP)-patient dynamic. Patients’ perceptions of clinical empathy have a key role within the HCP-patient relationship, particularly for those patients with long term conditions or severe illness. Accurately capturing and understanding the patient perspective of clinical communication is vital for informing measurement and implementation.

Research objectives: The objective of this study was to gather interview data on the perception and use of clinical empathy in different health care specialties from the patients’ perspective.

Aims: The aim of this study was to establish a rich understanding of clinical empathy in practice within the specialties of rheumatology, obstetric & gynaecology, renal care and intensive/coronary care to inform future intervention development.
Methods: Semi-structured interviews with 14 Patients with in-patient experience of one of the 4 investigated specialties. Transcribed audio data was thematically analysed utilising both inductive and deductive approaches.

Findings: Six overarching themes were identified across the understanding and perceptive appearance of clinical empathy, its impact and the general patient experience influencing these perceptions. The impact of Covid-19 on these perceptions and consequent interpretation and appreciation of healthcare interactions was also uncovered. Within this, confusion surrounding clinical empathy and the juxtaposition between patient expectation and reality were also explored.

Discussion: These Findings: provided a consistent behavioral picture of what patients expected ‘clinical empathy’ to look like. This, however, bled into confusion surrounding other communicative constructs. Interestingly, data also revealed the impact of accumulative experience and the key role empathy plays within this, including in impaired states. Patients also report a confliction between desire for increased empathy and ability to implement training in HCPs. These Findings: help to elucidate the construct’s role contextually.

O.20.4 Balint Groups at Graduation: a strategy to promote empathy in medical students

Presenter(s):
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Authors:
Fernando Almeida, PUC SP, Brazil
GABRIELA PINA, PUC SP, Brazil
PRISCILA CASTRO, PUC SP, Brazil

Background: The medical literature has recorded that with the evolution of the course, there is a decrease in the scores of empathy as well as increased stress, depressive symptoms and burnout in medical students. The Balint Groups (BG) emerged in the 1950s with health professionals who report, discuss and analyze the relational aspects between them and the patient. Thus, they emerge as a possible intervention strategy that intends to modify this pattern of behavior of the medical student during the course, which may have a later impact on professional practice. The aim of the study is to analyze the influence of BG on the empathy levels of medical students, as assessed using the Jefferson empathy scale for medical students (JSPE-S).

Methods: This is an exploratory, analytical, qualitative and quantitative, prospective and experimental study. BG were carried out with 40 medical students from Brazil. The levels of empathy, using the JSPE-S scale, were assessed before and after participation in the BG. A questionnaire that assesses their experience, with open and closed questions, was also applied.

Results: The study showed that there is an increase in empathy scores in students who participate in BG. According to the students, the participation in BG aroused interest in discussing the doctor-patient relationship, it became clear to them that the process of discussion in groups with the same interest is enriching in terms of personal and professional training. And, it promoted a feeling of group in students and the recognition that collective work is more productive, as well as giving them the opportunity to develop cultural skills through involvement with students from different parts of the country.

Conclusion: The BG performed can be considered a useful tool to promote empathy in medical students and there should be more research involving groups and medical training.
O.20.5 Walk a fine line between meaningfulness or discomfort – the complexity of emotional communication

Presenter(s):
Tanja Gustafsson, University of Borås, Sweden

Authors:
Elisabeth Lindberg, University of Borås, Sweden
Lena Hedén, University of Borås, Sweden
Hanna Maurin Söderholm, University of Borås, Sweden
Annelie J Sundler, University of Borås, Sweden

Background: The home care of older persons includes inter-personal interactions and communication needed to care for and respond to diverse needs of older people. Previous research has focused on emotional expressions of older persons and responses by nursing staff. Research on the meaning of the interaction in these sequences is sparse. Therefore, the aim of this study was to illuminate the meaning attached to sequences of emotional communication and the interaction during these sequences between older persons and nursing assistants during home care visits.

Methods: A descriptive observational design was used. The data consisted of 44 audio recordings of real-life conversations between older persons and nursing assistants during home care visits. A hermeneutic phenomenological analysis was conducted.

Findings: Preliminary results indicate sequences of emotional communication being a window of opportunities. The interaction that followed were linked to dual and sometimes incongruent meanings. Expressions being actively blocked or ignored could cause an increase of unpleasant emotions or distract away from negative feelings. Simultaneously, such conversations could both ease or add to the complexity of the interaction and communication. Conversations elaborating on the older persons’ emotions seemed to instill trust and create meaningfulness, at the same time as these situations contained unpleasant moments with sad or angry feelings. The risk for discomfort in these sequences could threaten the trust in the relationship.

Discussion: Conversations on older persons worries can be complex: the Findings: point to a fine line between meaningfulness and distress in these sequences. Unpleasant emotions call for attention and caution, these may need to be noticed at the same time as they cannot be forced out.

O.20.6 Mood Talk: Clinician Conversations with Chinese and Latinx Patients in Primary Care Recorded Visits

Presenter(s):
Maria Garcia, University of California, San Francisco, United States

Authors:
Leah S Karliner, University of California, San Francisco, United States
Genevieve Leung, University of San Francisco, United States
Giselle Aguayo Ramirez, University of California, San Francisco, United States
Raneem Harb, University of San Francisco, United States
Evelyn Y Ho, University of San Francisco, United States

Background: Low clinician recognition of depressive symptoms and poor patient-clinician communication may contribute to depression disparities for racial/ethnic minorities. Our objective was to understand whether and how Chinese and Latinx patients who screen positively for depressive symptoms discuss mental health during routine primary care visits.
Methods: Among patients who screened positive for depressive symptoms (PHQ-2 score ≥2; N=16 Lati
nx, N=19 Chinese), we examined patient audio-recorded conversations with primary care clinicians.
Conversations occurred in English, Spanish, Cantonese, Mandarin or Toishan and were transcribed and
translated by bilingual/bicultural research assistants. Transcripts were analyzed using inductive and
deductive thematic and discourse analysis by at least two researchers, with the whole research team
reconciling differences.

Findings: Mental health open talk or discussion (clinician initiated=9, patient-initiated=8) was evident in 17
conversations. Clinicians demonstrated care in word choice and sometimes hesitation in raising mental
health. In comparison, patients were quite open in talking about mood and emotion both when questioned
and through their own initiation. In some visits, clinicians and patients used different terminology for
emotions, mental health practitioners (i.e. counselors vs. psychiatrists), and possible treatment. Clinicians
focused conversations on concrete outcomes that were achievable within the current primary care visit,
such as prescription or referral. Whereas, patients expressed a wider variety of needs and expectations
around mental health some of which could not be addressed by primary care clinicians.

Discussion: Primary care visits created important opportunities for clinicians to check in with patients about
mental health, but only occurred in half of recorded visits. Clinicians focused on getting to treatment and
not just open-ended conversations. Patients welcomed clinicians discussing mental health, even across
languages. However, mental health conversations were challenging given variation in language proficiency
and terminology choice, as well as conflicting expectations about possible outcomes.

Orals: O.21 Experiences of healthcare

O.21.1 Experiences of Patients and Relatives with COVID-19 related Delay or Change in Cancer Care

Presenter(s):
Ilyse Kenis, KU Leuven, Belgium

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Sofie Theys, Ghent University, Belgium
Michiel Daem, Ghent University Hospital, Belgium
Elsie Decoene, Ghent University Hospital, Belgium
Veerle Demolder, Vives University College, Belgium
Veerle Duprez, Ghent University, Belgium
Marijke Quaghebeur, Ghent University Hospital, Belgium
Eva Pape, Ghent University Hospital, Belgium
Sofie Verhaeghe, Ghent University, Belgium
Veerle Foulen, KU Leuven, Belgium
Ann Van Hecke, Ghent University, Belgium

Background: Quantitative studies on distress and anxiety among oncological patients during the COVID-19
pandemic do not provide in-depth insight in how delay or changes in cancer care impact patients’ well-
being. Moreover, these studies do not take into account the perspective of relatives. Therefore, a
qualitative study was set up to investigate how patients and their relatives experienced change or delay in
cancer due to COVID-19.

Methods: Semi-structured interviews were conducted with 42 oncological patients who were confronted
with a change or delay in care initiated by their healthcare professional (HCP), or who changed or
postponed their care on their own initiative. Also, 11 relatives of these patients were interviewed.
Participants were recruited from 11 hospitals across Flanders (Belgium) during the first wave of the
pandemic (July – October 2020). An inductive qualitative data analysis based on the principles of grounded theory was performed.

Findings: In general, it was difficult for patients to deal with the change or delay of care, both when this was decided by the hospital and by themselves. In combination with the general impact of COVID-19 on their daily life, this caused additional anxiety and distress. Increased levels of distress were also present among relatives. The interviews showed that exploring the meaning of change or delay of care for patients and their relatives and discussing what would help them, might prevent or relieve distress. In addition, the interviews demonstrated the importance of the involvement of relatives in situations of emergency.

Discussion: The Findings: of our study show that COVID-19 and the associated delay or changes in cancer care had a major impact on the well-being of patients and their relatives. A patient- and family-oriented approach is crucial in all decisions regarding (changed or delayed) care and should not get lost in times of emergency.

O.21.2 Photography as a psychooncological intervention and communication medium in post-mastectomy patients

Presenter(s):
Oliwia Kowalczyk, Nicolaus Copernicus University Collegium Medicum, Poland

Authors:
Anna Bajek, Nicolaus Copernicus University Collegium Medicum, Poland

Background: Mastectomy is found a personal tragedy influencing both body and mind balance requiring the patient to re-adapt and accept a new self. It changes a person’s self-esteem and takes away a part of themselves, which affects their willingness and ability to communicate with those around them. Photography opens space for communication, strengthens personal healing, growth, and understanding of the disease and its impact on one’s life. It empowers patients and relieves preoccupation with their loss by bringing focus to positive self-perception.

Methods: The presentation aims at showing and discussing the results of a psychooncological intervention with the use of photo sessions. The sessions were made in cooperation with a professional photo studio specializing in women’s portraits. Within two years, 100 post-mastectomy patients participated in this therapeutic project. The added value to this project is a public campaign aimed at drawing public attention to the need for regular examinations and raising awareness of regular self-examination.

Findings: Photography affects the expression of emotions with regards to mastectomy. It contributes to the reconstruction of a positive identity and produces a long-term impact on coming to terms with the loss of the healthy self and finding the positive aspects of the illness experience and life after surgery. All participants reported increased self-awareness, understanding of their experience, acceptance of their new selves, and discovery of new life goals. Experiencing themselves beautiful, despite having undergone mastectomy, made them realize what the true essence of femininity is and helped them see the beauty in themselves again.

Discussion: Photography sessions positively undermine barriers between post-mastectomy life and grieving for one’s self before the surgery. It is a valuable means of psychooncological intervention, a tool to facilitate communication with loved ones and professionals, and a medium to open up to the world and new endeavors in post-mastectomy patients.

O.21.3 A Natural History of Serious Illness Communication over Years, Months, and Days
Presenter(s):
Mattias Tranberg, Lund University, Sweden

Authors:
Juliet Jacobsen, Harvard Medical School, Boston, United States
Carl Johan Fürst, Lund University, Sweden
Jacob Engellau, Lund University, Sweden
Maria Schelin, Lund University, Sweden

Background: Communication with patients and families about serious illness impacts quality of life and helps facilitate decision making. In this study we explored the natural history of serious illness communication from the time of diagnosis of serious illness until death.

Methods: Adult patients identified on the Swedish death register as having had an end-of-life care or "breaking point" conversation were eligible for inclusion. 300 patients who had died in a palliative care unit, an oncology unit, or a general medicine unit were randomly selected for manual chart review. Serious illness communication was defined as a documented conversation that referenced prognosis, goals of care, palliative care, or end-of-life care. We included conversations between the patient and clinician, as well as conversations between the clinician and family members. We report on the frequency of conversations in three-time windows, 0–14 days prior to death ("Days"), 14 days – 6 months prior to death ("Months"), and 6 month or longer prior to death ("Years").

Findings: 249 patients had at least one conversation documented in the medical records, 48 of these patients had conversations documented only between physician and next of kin. Patients had an average of 2.1 conversations (range 0–6). 30 patients had their first conversations more than 6 months to several years prior to death, 114 patients had first conversations from 0.5 month–6 months prior to death and 57 patients had a first conversation within 14 days of death. An earlier first conversation predicted an earlier last conversation.

Discussion: Measuring the quality of serious illness communication using a days, months, and years framework may help ensure that patients and families have sufficient information for medical and personal decision making. Initiating communication early, more than 6 months before death, may give patients and families more time to prepare for the very end of life.

O.21.4 Communication with mechanically ventilated intensive care patients: A concept analysis

Presenter(s):
Marte-Mari Karlsen, Lovisenberg Diaconal University College, Norway

Authors:
Anna Holm, Aarhus University, Denmark
Monica Kvande, Lovisenberg Diaconal University College, Norway
Lena Günterberg Heyn, University of South-Eastern Norway, Norway
Pia Dreyer, Århus University, Denmark
Judy Tate, The Ohio State University, United States
Mary Beth Happ, The Ohio State University, United States

Background: Every year, millions of patients worldwide require mechanical ventilation during critical illnesses. Mechanical ventilation impedes communication because the endotracheal tube blocks the vocal cords. This study performed a concept analysis describing communication with mechanically ventilated patients in intensive care units.
Methods: An integrative approach to concept identification and analysis by Im and Meleis was chosen for the process. The core concepts were identified through a deductive analysis of previous literature on the field after a thorough literature search 2021/2022 in five databases 2021/2022, related to both the terminology used to define the patient population and the communication and interactions described.

Findings: Out of 130 relevant articles, 50 relevant concepts describing communication practices with mechanically ventilated patients were identified. The concepts were grouped into four main categories: communication assessments, communication styles, communication partners, and communication methods/strategies. The reciprocal aspect of the dialogue is very limited, since the patients cannot express themselves vocally. We also identified 38 phrases used to describe mechanically ventilated patients, including “lightly sedated mechanically ventilated patients,” “temporarily non-speaking,” and “dysarthric intensive care patients.”

Discussion: A clear definition of concepts will be an advantage in the further development of situation-specific theory, guidelines, and recommendations for communication practice, which up until now has been limited by a lack of in-depth understanding of the communication challenges. The Findings: of the concept analysis can be used in clinical practice, for research and quality improvement purposes, and in the development of models for communication practice, but they require further testing.


O.21.5 “My gut feeling is...”: Identifying healthcare professionals communication about pain in rheumatology

Presenter(s):
Sarah Peters, University of Manchester, United Kingdom

Authors:
Rebecca Rachael Lee, University of Manchester, United Kingdom
Janet McDonagh, University of Manchester, United Kingdom
Tim Rapley, Northumbria University, United Kingdom
Albert Farre, University of Dundee, United Kingdom
Mark Connelly, Children's Mercy Kansas City, United States
Tonya Palermo, Seattle Children's Research Institute, United States
Karine Toupin-April, University of Ottawa, Canada
Lis Cordingley, University of Manchester, United Kingdom

Background: Multi-disciplinary team meetings (MDT’s) in paediatric rheumatology regularly meet to discuss children/young people with complex conditions, in which chronic pain may feature. Little is known about healthcare professional to healthcare professional communication and how this may influence the care of children/young people with chronic pain. The objective of the current study was to explore this knowledge gap.

Methods: This study was a non-participant ethnographic observation of virtual and face-to-face MDT meetings. Three paediatric rheumatology centres participated. A structured observation checklist was used to capture field notes which were analysed using an inductive thematic approach.

Findings: Ten meetings from each team (n=30) were analysed. Analysis was organised into three core interrelated elements of communication:
1) Describing the child/young person with pain: Personality characteristics (e.g. “He is mature” or “sensitive”) were frequently used in child/young person introductions. These were always accompanied by a description of parents’ personality traits (e.g. “Mum can shout”).

2) Interpreting pain: Familiarity with the child/young person and parents was important (e.g., “I haven’t got a handle on them”). Interpretations were also influenced by “gut feelings” or “vibes something else was going on”.

3) Managing the child/young person with pain: Healthcare professionals discussed the need for acceptance of pain (e.g., “She wasn’t buying into that explanation”, “He needs to get used to it”). Setting boundaries for accessing the team also featured in discussions (e.g., “I had to set expectations for mum because it was getting too much”).

Discussion: Findings: suggest that healthcare professionals in paediatric rheumatology describe, interpret and manage the child/young person presenting with pain alongside the broader psychosocial (less frequently the biological) context. These Findings: will inform the Methods: and content of a new behaviour change intervention to improve pain communication amongst the paediatric rheumatology team of healthcare professionals in the UK.

O.21.6 (WIP) Social Interaction Dynamics in a Simulated Virtual Consultation about Psychotherapy

Presenter(s):
Leslie-Maryse Melchior, Helmut-Schmidt-University/University of the Federal Armed Forces, Hamburg, Germany

Authors:
Yvonne Nestoriuc, Helmut-Schmidt-University/University of the Federal Armed Forces, Hamburg, Germany
Frank Steinicke, University of Hamburg, Germany
Marcel Riehle, University of Hamburg, Germany
Nidhi Joshi, University of Hamburg, Germany

Background: A central element of psychotherapy is the dyadic social interaction between therapist and patient. The intermittent coupling of nonverbal behavioral patterns of both interaction partners is referred to as nonverbal or motion synchrony. Motion synchrony significantly correlates with relevant psychotherapeutic process and outcome measures, such as therapeutic relationship and the probability of patient-side discontinuation. At the same time, the education of patients is crucial for an informed decision about psychotherapeutic treatment. In a simulated virtual educational consultation about psychotherapy, the impact of nonverbal social interaction on therapy-related motivation and expectations will be examined.

Methods: Educational consultation sessions will be conducted with N = 150 participants from the German population who are interested in psychotherapy. Consultations are performed via video call by either a psychologist or an avatar, i.e. a virtual embodied representation of a person. Video data will be analyzed using Motion Energy Analysis to assess motion synchrony. T-tests and a RM-MANOVA with a within-subject factor “time” (pre- vs. post-measurement) and a between-subject factor “group” (psychologist vs. avatar condition) will be conducted.

Findings: It is hypothesized that subjects in the psychologist condition compared to those in the avatar condition: 1) experience higher values for therapeutic relationship (both self-rated and objectively by motion synchrony) and 2) report a greater increase in therapy-related motivation and expectation from pre- to post-measurement.
Discussion: The results of the Motion Energy Analysis of the virtual dyadic interaction will provide important insights into the social mechanisms for modulating motivation and expectation and options for fostering the therapeutic relationship.

Workshops

W.11 Evidence but no practice—what does the future hold for communication research in healthcare?

Presenter(s):
Shuangyu Li, King’s College London, United Kingdom
Barbara Schouten, University of Amsterdam, Netherlands
Toon Cox, KU Leuven, Belgium
Raquel Gutierrez, Universidad de Alcalá, Spain
Demi Krystallidou, University of Surrey, United Kingdom

Rationale: There is ample research generated by scholars of cultural and linguistic diversity within clinical communication. However, only a very small amount of research evidence has been translated into clinical practice. Based on a complexity scientific approach, we recognise that the challenges to adequate uptake of evidence-based clinical practice are multifaceted. In this workshop, we will discuss the main barriers and potential solutions. For instance, most research did not have a clear impact pathway; and not all policymakers regard it as a priority for investment. As the population around the world is increasingly diversified, it is important to discuss how communication research can be translated into an effective change in healthcare for culturally and linguistically diverse patient populations.

Learning objectives: This workshop will allow participants from different disciplines and professional backgrounds to discuss these barriers and potential solutions. Collectively we will produce a mind map. Specifically, participants will gain knowledge/insight on complexity science theory; skills and ability to apply the complexity scientific approach in their own work; and competences in identifying and discussing barriers and solutions regarding translating research evidence into clinical practice.

Evaluation of outcomes for participants: Discussion will be captured and summarised by one of the co-facilitators. The mind map will be shared with all attendees. A short evaluation will be done using an online form. Participants may join the working group for co-authoring a discussion paper based on the workshop outcomes.

W.12 Finding the Right Words: A Workshop to Address Racism and Implicit Bias in the Learning Environment

Presenter(s):
Jane Miller, Carver College of Medicine, University of Iowa, United States
Amal Shibli-Rahhal, Carver College of Medicine, University of Iowa, United States

Authors:
Jennifer Jetton, Carver College of Medicine, University of Iowa, United States

Rationale: As healthcare educators, we train learners in communication skills in order to promote equitable, accessible patient care. However, we seldom address experiences of racial bias in teacher-learner interactions. Educational experiences of racism and implicit bias have been shown to have lasting impact on learners, including increased risk of isolation, depression, and burnout. Yet, healthcare educators are reluctant to initiate conversations with colleagues when learner-reported incidents arise. Fear of offending colleagues and a lack of training prevent educators from having these crucial conversations.
Body: This workshop provides a model for healthcare educators to initiate effective feedback conversations with colleagues about learner-reported experiences of implicit bias and/or racism. The strategies featured in this workshop are rooted in advocacy-inquiry methodology, which focuses on creating a high degree of shared agreement and psychological safety (i.e. minimizing shame and looking at short-comings as puzzles rather than failures). It also focuses on individuals “finding the right words” – personal, authentic language for having meaningful, transformative conversations. The ultimate purpose is to create an empathic response to experiences of bias in order to change future behavior. This workshop was delivered three times 2020-2021 to healthcare education leaders. Skills practice (through role play) was increased over time based on participant feedback. Between 60 and 77% of participants indicated that their confidence in initiating and leading these conversations increased following participation in this workshop.

Learning objectives - Participants will be able to:
- Identify implicit bias and racism in education
- Initiate effective feedback conversations with colleagues about racial bias
- Adapt and apply effective feedback strategies in their own contexts

W.14 Know thyself to know the other- Experiential tools for teaching cross-cultural communication

Presenter(s):
Michael Kaffman, Faculty of Medicine The Technion Haifa, Israel
Gunnar Mårdén, Linköping University, Sweden
Gozie Offiah, University of Medicine and Health Sciences, Ireland
Maaike Matulewicz, Amsterdam UMC, Netherlands

Authors:
Cadja Bachmann, Medical Faculty, University of Rostock, Germany
Politi Pierluigi, University of Pavia, Italy

Rationale: Increasing migration and globalization change societies as they become more diverse and multicultural. These changes impact healthcare and health professionals. As a result, cross-cultural competencies have become increasingly important in healthcare. A group of tEACH (the teaching sub-committee of EACH) searched the literature for teaching cross-cultural communication. We will delineate Learning objectives: and learner-centered teaching Methods: in this workshop based on our findings. We will share our experiences and some fundamental competencies and ways to acquire them.

Who should attend: The workshop welcomes all stakeholders in medical education, physicians training program leaders, faculty development and other educators interested in the medical education and teaching.

Workshop Objectives: At the end of the workshop, each participant will:
- Understand the main challenges and barriers in teaching cross-cultural communication
- Know the competencies needed to overcome these challenges
- Reflect on one’s own "culture" or multiculturism and its influence on communication
- Recognize his own stereotyping and cultural biases

Symposium

S.6 Written and observational approaches for interprofessional communication assessment: Quo vadis?

Presenter(s):
Peter Pype, Ghent University, Belgium
Noelle Junod Perron, Geneva University Hospitals and Faculty of Medicine, Switzerland
Rationale by Chairperson (4 min): Inadequate interprofessional communication can be a barrier in providing efficient health care. Challenging is how to assess and observe interprofessional communication.

Focus symposium: (1) components of good interprofessional communication in healthcare, (2) development, content validation and piloting of an observational tool to assess interprofessional communication, (3) state of the art overview of knowledge on written assessment of communication skills in health care, and (4) approaches, practice examples and challenges to assess interprofessional communication.

What are the components of good interprofessional communication?

Speaker 1 (13 min): experienced in communication and self-management support training in nursing. Involved in literature reviews and development and validation of the observation tool presented.

Two questions were addressed: (1) ‘What are views of healthcare professionals, experts in communication regarding good interprofessional communication?’ and (2) ‘what aspects of communication are currently included in team-evaluation instruments’. MEDLINE, Embase, Cinahl, Web of Science and Cochrane library database were searched. 10 semi-structured interviews were performed. 49 papers were included. The themes were clustered into the communication sub-competencies of the Interprofessional Education Collaborative (IPEC).

Development, content validation and piloting of an observational tool to assess interprofessional communication

Speaker 2 (13 min): a communication skills trainer for many years. Chairs a research center on interprofessional collaboration in education and practice. Involved in literature reviews and the development of the instrument presented.

Based on two systematic reviews, a list of themes of interprofessional communication clustered according to the eight IPEC Communication sub-Competencies were drafted. The themes were translated into behavioural indicators. Understandability, priority and measurability were assessed during two Delphi rounds with an international expert panel resulting in an observational instrument of 48 indicators. Videos taken during a module to teach students from different healthcare professions how to practice interprofessional collaboration were analyzed with this tool. A manual was created, and the inter- and intra-rater reliability of the tool were measured. Both resulted in a substantial agreement.

What do we know about written assessment of health professionals’ communication skills?

Speaker 3 (13 min): teaching and assessing communication skills of both students and junior doctors for more than 15 years. Member of assessment subgroup of tEACH and involved in a scoping review about written assessment of communication skills.

Pubmed, Embase, Cinahl and Psycnfo were screened. Four reviewers extracted and analyzed the data regarding study, instrument, item, and psychometric characteristics. 74 articles were included which described 70 instruments. 2/3 studies used written assessment to measure training effects, others focused on development/validation of the instrument. Instruments were usually developed by the authors, often with little mention of the test development criteria. The type of knowledge assessed was rarely specified. Most instruments included clinical vignettes. Instrument properties and psychometric characteristics were seldom reported.
Interprofessional communication: Frameworks, practices examples and challenges
Speaker 4 (13 min): experienced in training/assessment of medical students’ communications skills and responsible for the personal and professional development track at her faculty. Member of assessment subgroup of tEACH.

Assessing health professionals’ interprofessional communication can be designed and discussed from different viewpoints: level of competence to be assessed, persons involved to function as assessors or examiners (including self-assessment), curricular conditions, and resources. Learners’ interprofessional communication can be assessed as an individual or as team performance. Assessments can be single events or multidimensional longitudinal programs. To assure fairness and high quality, psychometric properties need to be also considered. These manifold viewpoints makes assessment complex, and challenging, and will be elaborated on during the symposium.

Discussion (30 min): Discussion on challenges and lessons learned of using written and observational assessments in educational contexts or in clinical practice context.

Concluding (4 min)

Creative Arts
CA.2.2 ‘Hi there, I am here to ask you some questions, okay?!’

Presenter(s):
Lode Verreyen, EACH, Belgium
Evelyn van Weel-Baumgarten, Radboudumc Nijmegen, The Netherlands
Jane Ege Møller, Aarhus University, Denmark

Background: Training in person-centered clinical communication skills is essential for professionals to achieve optimal health outcomes and patient satisfaction. However, the transfer is difficult and there is quite a gap between formal teaching of communication skills and clinical practice. This counts for under- and postgraduate teaching as well as for teaching of inter-professional communication.

Method & aim: of this creative arts session is to address the topic in a playful way through a number of short scenes, highlighting some examples of the gap and leading up to a discussion of the topic, demonstrating the use of drama as a tool in communication skills education.

Format: The session is interactive throughout and lasts 30 minutes. It includes:
• An explanation of the session, interactive welcome, and introduction (7 min)
• 5 short Patchwork scenes (8 min)
• Interactive discussion with the audience with questions asking for participant’s examples and contrasting opinions that will be bounced back and forth between participants (10 min)
  O What have they seen?
  O Do they recognize this, who does, does not?
  O What examples can they add from their own experience
  O What are their opinions, what works and does not?
• Bringing it all together (5 min)

 Appropriateness: To engage participants in a meaningful discussion about the do’s and don’ts of specific types of communication skills teaching.

Evaluation: Patchwork scenes have been successfully used in other conferences for example in The Netherlands and at the ICCH in Heidelberg and San Diego, where they attracted many participants and
received high evaluation scores as well as requests from participants to use the scenes in their own setting. The format has helped to engage participants in a meaningful discussion about the do’s and don’ts of specific types of communication skills teaching.

**CA.2.3 “My passion in life…” Creative journals inspire effective, patient-centred communication.**

*Presenter(s):*
Sarah Collins, University of Edinburgh, United Kingdom  
Molly Spink, University of Manchester, United Kingdom  
Emmanuel Oladipo, University of Manchester, United Kingdom  
Daniella de Block Golding, University College London Hospital, United Kingdom  
Emma Romy-Jones, University of Manchester, United Kingdom

**Background:** This interactive exhibition, blending visual, auditory and performance elements, presents works in the MSc Medical Humanities, University of Manchester. Creative journals took shape through ‘Creative Approaches in Healthcare Practice’ workshops with artists, actors, writers, musicians, healthcare practitioners. Students represented diverse disciplines and career stages: medical students, doctors, midwife, journalist, graduates in literature, neuroscience, art history, biology.

We will show how creative processes can be employed in healthcare communication education, to: understand patient-centred care, develop self/other awareness, extend mindsets and repertoires. As personal narratives evidence, creative journals enhance patient-provider communication, and help build therapeutic relationships. Our exhibition invites new perspectives on healthcare communication, showing how creative work translates into, and benefits, patient-centred care. We aim to inspire visitors to actively engage with creative journal practices, with an ideas pack to create their own pieces and inform their communication as educators or healthcare professionals.

**Methods:** Visual arts exhibition.

15 minutes.

**Timeline:**
Opening (2.5 min) Live introduction. Everyone positioned to demonstrate openness for creative communication.

Exhibition viewing (10 min) 15-20 exhibits, with descriptions and bio-notes. Silent film sets scene, text on screen, on loop (What’s a creative journal? What did the course involve?). Visitors circulate, write comments. Hosts available for conversations.

Closing reflections (2.5 min)-
1. How journals enhance communication and professional development  
2. Using creative journals in communication training

**Creative elements:** Sculpture, photography, painting, music, poetry, memoir, story, drawing, embroidery, spoken word. Patient encounters, landmark moments in healthcare practice, celebrations of human relationships, personal illness experiences.

**Applications in healthcare professional education and practice:**
Creative journal activities translate into practical reflective exercises, enhancing communication and learning in healthcare encounters.

**Evaluations:** 'Widened my medical training' 'Stepped outside comfort zone' 'Safe space to share/gain insights into personal experience' 'Thought-provoking content' 'Truly impressive facilitation' 'A journey with permission to invest time in being creative'
14:15 - 15:45
Orals (online): O.O.3 Teaching and assessment 2

O.O.3.2 Experiential approaches to professional communication skills training: a grounded theory study

Presenter(s):
Michelle OToole, Royal College of Surgeons in Ireland, Ireland

Authors:
Naoise Collins, Royal College of Surgeons in Ireland, Ireland
Walter Eppich, Royal College of Surgeons in Ireland, Ireland
Eva Doherty, Royal College of Surgeons in Ireland, Ireland
Claire Condron, Royal College of Surgeons in Ireland, Ireland
Andrea Doyle, Royal College of Surgeons in Ireland, Ireland
Clare Sullivan, Royal College of Surgeons in Ireland, Ireland

Background: Simulation training techniques for team communication skills are rarely shared across sectors. Lack of similar language and conceptualisations of what simulation entails creates barriers to shared learning. Cross sector dialogue is needed to remove barriers to curriculum development. The aim of this study is to identify how various professional sectors (healthcare, first responders, teacher training and law) can share learnings in experiential communication training.

Methods: Grounded theory (GT) is a common qualitative methodology in health professions education research used to explore the “how”, “what”, and “why” of social processes” (Eppich et al. 2019). It is a flexible approach that allows researchers to interpret findings: using an iterative process of coding and constant comparison of the data. Data collection and analysis occurred simultaneously, i.e. a small number of semi-structured interviews were conducted and then analysed, prior to conducting more interviews (Charmaz 2014; Watling and Lingard 2012). Sampling in GT is:

1) purposeful, with non-random participants being selected based on their experiences with the phenomenon being explored and
2) theoretical, meaning that as themes and constructs develop into theory, researchers can adjust the sampling strategy to include more relevant participants.

For this study, our sample included educators spanning four professional sectors. GT methodology emphasizes the reflexivity of the researcher as a key element; the researchers aim to make sense of the participants experience from their own perspective, using their own backgrounds, experiences and preconceptions of the subject, in this case simulation training.

Findings: Our findings indicate that learning culture influences participants' approach to experiential learning. Training encounters were categorised by how they are designed, implemented, and reflected upon. The language of experiential learning differed greatly between sectors.

Discussion: This research identifies the processes by which learning cultures are shaped within communication training across professional sectors, both within and external to healthcare.

O.O.3.3 Using the Clinical competency assessment to assess how medical students apply behavioural sciences

Presenter(s):
Jacqueline Lavallee, University of Manchester, United Kingdom
Authors:
Sarah Shepherd, University of Manchester, United Kingdom
Jo Hart, University of Manchester, United Kingdom
Lucie Byrne-Davis, University of Manchester, United Kingdom

Background: Conversations about behaviour change are becoming increasingly more important within healthcare settings. We designed and implemented health-psychology-informed clinical communication sessions and a Clinical competency assessment (CCA) station for year 1 medical students.

Methods: We evaluated structural alignment throughout the years 1-5 psychology curriculum and explored areas for integration into skills practice. This led to additional teaching and learning content, a behaviour change CCA station in years 1, 3 and 4 and amendments to CCA global marking schemes. The year 1 behaviour change station included a 4-minute consultation exploring smoking behaviours with a standardised patient [SP] and three case study questions about behaviour change theory. We recruited 14 examiners with appropriate professional expertise and delivered this CCA station to 459 year 1 medical students in 2021 and 2022.

Findings: In 2021, 87% students passed the behaviour change station compared with 98% who passed the history taking only station. Students asked the SP theory-informed questions to gather information about their smoking; but some found it challenging to combine these questions with their usual communication skills and to demonstrate knowledge of the underlying theory during the examiner questions. Of the 60 students who failed the station, 82% failed the examiner questions, 1% failed the consultation and 17% failed both aspects. 2022 CCA assessment data will be available in June.

Discussion: Further development of the teaching and learning activities throughout medical school is needed to support students to use behaviour change theory to guide their consultations. The training of skills tutors and SPs in these theories and behaviour change conversation skills is integral to augment this learning.

O.O.3.4 Considerations for student-led telepractice in paediatric speech-language therapy during COVID-19

Presenter(s):
Jennifer Watermeyer, University of the Witwatersand, South Africa

Authors:
Rhona Nattrass, University of the Witwatersrand, South Africa
Johanna Beukes, University of the Witwatersrand, South Africa
Sonto Madonsela, University of the Witwatersand, South Africa
Megan Scott, University of the Witwatersand, South Africa

Background: COVID-19 necessitated a swift move of speech-language pathology clinical practicals to online platforms, without much preparation. Given that telepractice is likely here to stay, it is important to understand the challenges and special considerations required for teletherapy sessions so that students can be adequately prepared.

Methods: We used qualitative observational Methods: with reflexive thematic analysis to analyse 29 video recordings and 61 observation notes of student-led speech-language pathology teletherapy sessions with paediatric clients, collected at a South African university clinic.

Findings: Four overarching considerations for telepractice were identified across the data set. Additional preparation is required, with greater management of technology and adaptation of tasks especially during
connectivity challenges. Telepractice relies heavily on caregiver input and collaboration, and students need to navigate this relationship carefully. Promoting engagement online, holding a client’s attention, building rapport and offering reinforcement are critical and require a different approach online.

Discussion: Basic principles of therapy are relevant to both in-person and telepractice services, but teletherapy requires a significant amount of additional preparation, flexibility and problem solving by students to promote client engagement and motivation. We offer insights into aspects of teletherapy sessions that do and do not work, with implications for student training.

O.O.3.5 Preparing Simulated Participants for Feedback Practices in Communication Skills Training

Presenter(s):
Clare Sullivan, RCSI University of Medicine and Health Sciences, Ireland

Authors:
Andrea Doyle, RCSI University of Medicine and Health Sciences, Ireland
Michelle O’Toole, RCSI University of Medicine and Health Sciences, Ireland
Claire Mulhall, RCSI University of Medicine and Health Sciences, Ireland
Nancy McNaughton, University of Toronto, Canada
Walter Eppich, RCSI University of Medicine and Health Sciences, Ireland

Despite increasing evidence that demonstrates the value of feedback practices, we are only beginning to understand how they influence learning. SPs report that they find the delivery of precise and inspiring feedback difficult. Suboptimal feedback practices may impede learning. SPs are recruited from different groups, including: professionally trained actors, volunteer or paid lay people and health professions educators. These individuals come to their role with different experiences, knowledge and training due to their diverse backgrounds. The aim of this study is to explore how SPs from different groups prepare for and engage in feedback practices for communication skills training. Using grounded theory methodology, we are conducting a qualitative study with SPs who have participated in a simulated role (patient, family member or an embedded role as healthcare worker) for communication skills training. Through iterative data collection and analysis, we are conducting semi-structured interviews with SPs. Participants have been recruited from three different educational bodies and across the three groups (faculty, professional actors and lay SPs).

Preliminary results indicate that in order to prepare for simulated roles and feedback, SPs participate in training, prepare from the scenario script and draw on their own experiences. For new roles they sometimes feel unprepared, motivating them to seek out further guidance. During role portrayal SPs benefit from understanding the learning objectives: as this helps them scaffold the learning towards the desired objectives. After the scenario SPs foster an environment which is psychologically safe for open discussion, they encourage student reflection and they help students to understand the patient’s perspective. SPs learn from their experiences portraying roles and this feeds into their future roles. Understanding how to provide better supports to SPs to engage in feedback practices has the potential to improve the learning experience for students.

O.O.3.6 Challenges facing introduction of communication skills into medical education in Iraq

Presenter(s):
Abdulsalam Sultan, AlKindy medical College / University of Baghdad, Iraq

Authors:
Sawsan Habeeb, Basrah Medical College, Iraq
Introduction: Communication skills “CS” has no clear curriculum in most Iraqi medical colleges. This shortcoming of education is reflected on doctor centered approach.

Aim: to identify challenges facing introduction of CS into medical education.

Methods: Feedback form including the main challenges on introducing CS was distributed online for healthcare professionals who had been participated in training of CS courses.

Results: Ninety-three healthcare professionals were responded; 55 were males and 38 were females, faculty members were 46 & practitioners with part time teaching were 47. Doctors constitutes 92 % of the responders from different disciplines and 75.2% had more than 15 years’ experience in practice. Frequency of educational and practical challenges were 40% and 44% respectively. Lack of appropriate curriculum constitutes 42% of educational challenges. Challenges related to doctors' training on western model which is difficult to transform interview into a dialogue that harmonizes Iraqi culture and social barriers in frequency of 16%. While biomedical approach and lack of resources represent 22%, 21% of challenges respectively and 14% of the participants mentioned high proportion of students to faculty members. Challenges related to practice includes doctors centered approach and neglection of patients' psychosocial aspects in frequency of 47% and 30% respectively.

Factors related to patients revealed that 46% of challenges related to health literacy and 26% to patient’s behavior for seeking medical advice as well as the presence of more than one person at interview was the most difficult factor for successful interview in 14%, in addition to passive role of patient during interview in 13 %. There is no significance statistical difference of challenges in relation to specialty, workplace, sex and years of practice.

Conclusion: Multiple levels of challenges facing introduction of CS into medical education which needs systematic review in educational curricula and practice of medicine.

Orals (online): O.O.9 Policy and implementation

**O.O.9.1 Stairway to SDM: Building a matrix to ensure the integration of shared decision making in a hospital**

*Presenter(s):*
Elisabeth Sundkvist, University Hospital of North Norway, Norway

*Authors:*
Tove Skjelbakken, Centre for Shared Decision Making, University Hospital of North Norway, Associate professor, UiT The Artic University of Norway, Norway
Kirsti Rakkenes, University Hospital of North Norway, Norway
Lars Mandelkow, Ansgar University College, Kristiansand/ University of Oslo, Department of Psychology/ Centre for Shared Decision Making, University Hospital of North Norway, Norway
Marla Clayman, Center for Healthcare Organization and Implementation Research (CHOIR), Veterans Administration; Department of Population and Quantitative Health Sciences, University of Massachusetts Chan Medical School, United States
Mirjam Lauritzen, University Hospital of North Norway, Norway
Anne Regine Lager, University Hospital of North Norway, Norway

*Background:* Shared decision making (SDM) has been a fundamental right by law for all patients in Norway since 2001, with mechanisms for implementation (2017) and healthcare education (2019) required more recently. However, the majority of healthcare workers and employees are not familiar with SDM. To speed
up adoption of SDM and create an environment with SDM embedded, there is a need to structure resources for different types of people within the healthcare system.

Methods: We have organized resources in a matrix, following Bloom’s taxonomy of Learning objectives, and grouped by level of patient contact and employee’s role in the healthcare system. The content is either assembled from open access sources within the Norwegian healthcare system or produced by Centre of Shared Decision Making. Lectures and courses offered may be tailored according to the recipients’ needs and knowledge levels.

Findings: The stairway is illustrated by the 4 levels of knowledge based on the employee’s role and responsibilities in the healthcare system:

Level 1: Know about SDM (all employees)
Level 2: Be able to reproduce the knowledge (all clinical staff, e.g. nurses, phlebotomists or schedulers)
Level 3: Be able to apply the knowledge in clinical practice (clinicians with guidance and treatment responsibility, e.g. doctors, psychologists, nurses with treatment responsibilities)
Level 4: Be able to see connections and impart the knowledge in a holistic structure (SDM experts).

Implementation of this matrix presupposes its acceptance, feasibility and relevance. The training must be adapted locally and within available time frames for clinicians, without affecting the quality.

Discussion: Regardless of position, all employees needs knowledge about SDM. Clarifying which learners need which trainings and how the resources create a coherent program can help embed SDM amongst all employees. Using a visual representation of the knowledge ladder makes it easily understandable to learners and to organizational leadership.

O.O.9.2 Pediatric post-discharge telehealth follow-up program: a newly introduced promising project in Qatar

Presenter(s):
Zenat Kanfosh, Hamad Medical Corporation, Qatar
Manasik Hassan, hamad medical corporation (HMC), Qatar

Authors:
Mohammed Al kuwari, Hamad Medical Corporation, Qatar

Background: Transitioning care from inpatient settings to home poses risks to patient safety. Most high-risk patients need close follow-up post-discharge to ensure a safe continuation of care. The project aims to introduce a post-discharge follow-up telehealth program, aiming to decrease the ED visits within 28 days post-discharge for the same discharge diagnosis from 15% to 10% within two months. Other outcomes studied, were the need for overbooking patients in clinics and family understanding of the discharge plan.

Methods: A cross-sectional intervention study of a newly introduced post-discharge follow-up program in the general pediatric inpatient units at Hamad Medical Corporation, Qatar, started in November 2021. Patients were randomly distributed into two groups. The intervention group received a phone call and reviewed the discharge plan using a standardized checklist. The other group was selected as a control and went through the usual standard of care.

Findings: In 93 called families, 75 answered the call, control group were 75. ED visits had reduced significantly from 14% to 6.8% in the intervention group compared to the control. The need for overbooking clinic visits also decreased in the intervention group from 12% to 8%.
Awareness of the discharge diagnosis, worsening or new symptoms, medication reconciliation, and follow-up plans were stated by families as follows: 93%, 95%, 79%, and 100%. >90% of the called families were very satisfied with the program and emphasized on its importance to support their understanding of the discharge plans, especially for the medication and follow-up.

Discussion: Our project demonstrates the positive impacts of the post-discharge telehealth follow-up program on decreasing the ED visits, the need for close clinic follow-up, and patient and family support during the critical period of transition of care from inpatient settings to home. Healthcare providers should support patients and families beyond the healthcare facilities. The technology could facilitate and improve the transition of care.

O.O.9.3 A Holistic View on Facilitators and Barriers of EHR Usage from Different Perspectives

Presenter(s):
Anna Griesser, Alpen-Adria-Universität Klagenfurt, Austria

Authors:
Sonja Bidmon, Alpen-Adria-Universität Klagenfurt, Austria

Background: Health digitalization has been accelerated by various contemporary challenges and boosted by the ongoing pandemic. (Meister et al., 2018) When digitalization started, one endeavour was to connect patient-related electronic health records (EHR) during a treatment process. (Tenforder et al., 2011) In Austria, the roll-out plan of EHR implementation is lagging behind the original schedule due to different reasons, one of them being that EHR use remains behind expectations. Thus, our research project aims at gaining in-depth knowledge of the various barriers and facilitators of 1) patients' and 2) physicians' usage along the entire EHR process (in each phase: awareness-raising, adoption, usage, and the final consequences) and their experiences so far.

Method: A qualitative approach using four focus group discussions (patients' perspective) and eight expert interviews (physicians' perspective) is utilized. All focus group discussions and interviews are transcribed in full verbatim and analysed using qualitative content analysis (Mayring, 2014).

Findings: Facilitators and barriers emerged on three different levels:

- The macro-level of the health care system (e.g., EHR networking with and between health providers; data sharing)
- The meso-level of the EHR system (e.g., privacy and security; technical necessities)
- The micro-level on the personal level (e.g., past experience; attitude towards EHR; knowledge; gatekeeper role of physicians; EHR literacy)

A holistic view on the topic is gained by comparing the in-depth knowledge of patients' and physicians' perspectives on all three levels and along the entire usage process.

Discussion: The contribution of the present study is, therefore, twofold: First, the insights from merging the results of the focus group discussions and the expert interviews can be used to develop mediated health communication. Thereby, future EHR usage can be nudged by deploying facilitators and clearing inhibitors out of the way. Secondly, the results illustrate essential avenues for future research in the domain of EHR usage.

O.O.9.4 A pharmacist communicating about medicines with carers of people with intellectual disabilities

Presenter(s):
Bernadette Flood, Avista formerly Daughters of Charity, Ireland

Background: Medication use is the main therapeutic intervention in people with intellectual disabilities (PWID). The limited evidence available in the literature suggests that pharmacists can make positive interventions in relation to the quality of the medication use process, in collaboration with other healthcare professionals, carers and PWID. The public health role of the pharmacist is yet to be clearly defined, broadly recognized and sufficiently promoted by public health agencies, pharmacy educators or other health care professionals.

Objective: Baseline audit of medication and public health communications provided by a pharmacist in a residential centre for PWID in Ireland.

Methods:

- Collation of pharmacy electronic and paper based information communication records.

Findings: Pharmacist’s communication about health/medicines is perceived important by carers. Proactive information is communicated without a query in advance for the benefit of staff and residents.

“I value pharmacist’s interest in making information available to all those who are interested”.

Discussion: The pharmacist communicates information using finite resources (one pharmacy staff member) to support maximisation of outcomes and minimisation of medication risks and health risks. Impact of pharmacist’s interventions in this setting cannot be accurately measured.

With the right communication, health systems can reduce the likelihood of certain conditions or improve the quality of life for PWID who already have these conditions. Specialist pharmacists can engage PWID and their carers with targeted communication.

All types of health care provider should consider how to include pharmacy staffing into the overall skill mix for their service. Pharmacists have a role in optimising medication use, promoting health for PWID, preventing and delaying disease, and ensuring continuity of care. The pharmacist’s role has expanded beyond the traditional product-oriented functions of dispensing.

Pharmacists must learn how to communicate with PWID and their carers.

O.O.9.5 MetroMapping: Development of a methodology to redesign care paths to support Shared Decision Making

Presenter(s):
Anne Stiggelbout, Leiden University Medical Center, Netherlands

Authors:
Ingeborg Griffioen, Panton Design, Netherlands
Marijke Melles, Delft University of Technology, Faculty of Industrial Design Engineering, Netherlands
Judith Rietjens, Erasmus Medical Center Rotterdam, Netherlands
Marion Van der Kolk, Radboud university medical center, Netherlands
Dirk Snelders, Delft University of Technology, Faculty of Industrial Design Engineering, Netherlands

Background: To support shared decision-making (SDM), initiatives are often focussed mainly on communication in the encounter and the use of decision aids. Our previous research (Griffioen et al. Cancer Med 2021) revealed: decision-making as a sequence of (un)planned moments before, during, after the
consultation; work for patients and relatives to acquire/understand/recall information; often unclear roles and tasks, and unexpected energy drains (due to, e.g., changes in the trajectory).

We aimed to develop a service design methodology to improve SDM. The entire patient journey is considered a service. All ‘touch points’ (leaflets, devices, etc.) become parts of a consistent service, supporting stakeholders’ decision making. We used oncology as a case.

Methods: We combined insights from:
- Co-creation and process-mapping, enabling participants to oversee and improve decision-making, cooperation, and task allocation
- Presentation of complex information along the care trajectory
- Resilience, of individuals and systems, in terms of anticipation, sense-making, trade-offs, and adaptation

Findings: Through MetroMapping (MM, www.metromapping.org/en/), care paths are redesigned in a human-centred, holistic, iterative way, actively engaging patients, significant others, clinicians, and quality-of-care staff throughout the design process. MM addresses five layers: 1) current experiences of patients, significant others, and clinicians, 2) metroline visualizing the entire care trajectory, 3) information needed in every phase, 4) persons involved in care and decision-making, and 5) physical contexts and artefacts.

Discussion: Important assets of MM are its flexibility for heterogeneous care paths and its intuitive visual language, enabling multidisciplinary collaboration and engagement of patients with various levels of health literacy. It is currently tested in various care paths in Europe.

16:15 - 17:45
Orals: O.22 Communication skills training in healthcare staff
O.22.1 A validated rubric for assessing bad news delivery skills of physiotherapists

Presenter(s):
Petra Sneijder, University of Applied Sciences Utrecht, Netherlands

Authors:
Stan van Ginkel, University of Applied Sciences Utrecht, Netherlands
Inge Blauw, University of Applied Sciences Utrecht, Netherlands
Bo Sichterman, University of Applied Sciences Utrecht, Netherlands
Annette Klarenbeek, University of Applied Sciences Utrecht, Netherlands

Background: One of the most challenging communication skills for healthcare professionals is the delivery of bad news to patients. Professionals are often insufficiently equipped with such skills. Although literature largely focuses on bad news concerning severe medical conditions, there are many health care contexts in which patients may be confronted with bad news, including physiotherapy. In this project we developed a rubric for assessing and developing physiotherapists’ bad news delivery skills. In literature on formative assessment, rubrics are assessed as adequate teaching instruments (van Ginkel et al., 2017), since they explicate criteria and provide information on: the current performance (feed-back), the desired level of performance (feed-up) and suggestions to bridge the gap between the actual and the desired performance (feed-forward).

Methods: The rubric was constructed by identifying communication models and insights into bad news delivery in existing literature in the domains of (1) communication in physiotherapy (2) medical teaching and learning and (3) conversation analysis. The effectiveness of the rubric was evaluated by an expert group of physiotherapists through semi-structured interviews.
Findings: The expert’s evaluation enriched the rubric with respect to content-related aspects and form-related aspects. The result is a validated rubric instrument, constructed through iterative cycles of development and refinement. The rubric is concerned with the content and structure of bad news conversations as well as the non-verbal aspects, their related levels in performance and adequacy. The criteria correspond to those emphasized in literature and professional practice.

Discussion: The rubric helps to improve bad news delivery in practice and stimulates using a patient-centered approach, in which the message is adapted to the needs of the patient (Sparks et al., 2007). This may lead to higher patient satisfaction and improve the way the patient may deal with the news.

O.22.2 Using real-time recordings to design communication training on how physicians discuss code status

Presenter(s):
Anca-Cristina Sterie, Lausanne University Hospital, Switzerland

Authors:
Eve Rubli Truchard, Lausanne University Hospital, Switzerland
Kristof Major, Lausanne University Hospital, Switzerland

Background: Shared decision-making is the cornerstone of patient-physician communication, but its application to everyday medical practice in hospitals is limited. Our objective was to create a training for junior physicians in our hospital regarding how to lead code status conversations in a more efficient, ethical and sensitive way.

Methods: We developed a training based on a needs assessment about whether and what type of training would be useful to stakeholders, and what topics should be addressed. The needs assessment was informed by (i) our prior research results from a conversation analytic study using real-time recordings to explore the challenges that physicians and patients face during code status discussions, (ii) a review of our hospital’s policy on the topic, (iii) a literature review on existing guidance on the topic, and (iv) a survey of health professionals’ opinions on best practices. The design of the training was led by a sociologist, two geriatric physicians, an ethicist, and also involved experts in linguistics, nursing, spirituality, and clinical pedagogy.

Results: The training comprised three modules:
1. Module 1: an e-learning containing a recapitulation of (i) the main outcomes of CPR (cardiopulmonary resuscitation) and (ii) the principles of biomedical ethics that inform decision-making;
2. Module 2: a workshop using real-time recordings collected during our prior study;
3. Module 3: a workshop in which we present a structured way to broach CPR.

The pilot training was delivered two times to an audience of 17 resident physicians. It is now part of the regular training offer in our university hospital.

Discussion: Our experience with using applied conversation analysis was successful: listening to recordings of real-time conversations that their peers had had a few years before allowed participants to feel that the training was relevant, and offered a safe space to reflect on their practices and be open to change.

O.22.4 (WIP) Simulated patients’ dramatic performance: perceived impact on clinical communication training
Background: The acquisition of competencies, skills and abilities obtained through deliberate, systematic and sustained effort to carry out complex tasks in a smooth and adjusted manner has been taking a central role in medical education and clinical communication skills. To link theory to its practical application, using simulation techniques, has proved to be valuable and efficient in contribute to student training.

A simulated patient (SP) can be defined as an individual trained to represent a real patient mimicking symptoms or problems used for education, assessment, and research, in the context of health care. The use of different SP techniques, such as professional SP with an acting background, tailored to each particular teaching environment could potentially influence the learning outcomes.

Our primary objective is to describe medical students’ perceptions regarding the efficacy of different simulated patients in promoting their communication skills acquisition, by ascertaining medical students’ evaluations of the SP’s performance, medical students’ perception of their clinical communication skills learning, and the relationship between this learning and different SP performative techniques.

Methods: A cross-sectional observational study is ongoing, consisting in the application of a questionnaire to both current and former medical students that have been formally trained in clinical communication, for a period of two to three semesters. Training is based on experiential techniques (role-playing, and videotaped simulated clinical situations). The survey assesses students’ perception of the simulated patient technique and efficiency in contributing to their skills acquisition. The data will be analyzed through descriptive and inferential statistics.

Discussion: The use of SP is a well-established teaching and training method for the acquisition of clinical communication skills by medical students. Ascertain the medical students’ preferences and perceptions regarding of SP ability to mimic a real patient and their dramatic technique might potentially allow to optimize their learning experiences.

O.22.5 Webside manner: maskless communication

Presenter(s):
Ankit Mehta, HealthPartners, United States

Background: Telemedicine has seen a rapid expansion lately, ushering in virtual visits with patients. Given the shift in the interpersonal and technical aspects of communications in a virtual visit, it is prudent to understand its effect on the patient-provider relationships. A range of interpersonal and communication skills can be utilized during telemedicine consultations in establishing relationships. This talk presents a construct of “webside manner,” a structured approach to ensure the core elements of bedside etiquette are translated into the virtual encounter. This approach entails the totality of any interpersonal exchange on a virtual platform, and aims to ensure that clinician’s presence, empathy and compassion is translated through this medium.

Methods: This talk highlights the crucial aspects of an in-person encounter and proposes a construct to translate these in a virtual “tele” visit in a succinct, engaging way

Findings: Key elements at the website are as follows:
Set up - Effective website manner commences before the actual video encounter. The set up includes consideration of physical space and preparation for the visit: pre-charting, and mindfulness.

Set about - Focus on “tele-presence” - Tips on agenda setting, maintaining presence/positivity throughout the encounter and active listening.

Sensitivity - Interpersonal sensitivity entails perceiving patient’s emotional state and responding to those emotions with empathy. This section provides tips to mitigate the challenge of translating empathy in a virtual encounter.

Summarize - Thoughtfully closing a virtual visit and verifying the patient’s understanding of the key aspects

Discussion: Human connection is central to the practice of medicine—between a patient and their caregiver—and regardless of the medium, this connection should be actively sought and retained to provide compassionate cares. This talk is aimed to create an inventory of skills for telemedicine visits that can be useful for clinicians to be effective at their relational skills.

O.22.6 Interprofessional communication in rehabilitation: An interview study

Presenter(s):
Julia Paxino, University of Melbourne, Australia

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Charlotte Denniston, University of Melbourne, Australia
Robyn Woodward-Kron, University of Melbourne, Australia

Background: Interprofessional communication in rehabilitation is important for patient care yet relatively few studies have investigated how it is enacted in this context. This study explored interprofessional communication of healthcare professionals working in rehabilitation teams, employing a lens of Activity Theory to examine communication as a materially and socially mediated process.

Methods: Qualitative interviews with 24 healthcare professionals from Australia and New Zealand were conducted online or over the phone. Interviews were facilitated by a discourse map, informed by a scoping review on interprofessional communication in rehabilitation. This discourse map was used as a visual aid to prompt discussion during interviews and provided an anchor for data analysis using Activity Theory.

Findings: Healthcare professionals described integrating formal and informal processes to share information needed to complete discipline specific and team related tasks. Although meetings played an important role, often communicative work was reportedly performed outside these formal encounters.

Communication tools, the physical objects or modalities relied upon as part of the communication process (e.g., medical records, forms, phones, computers), were integral to coordinating patient care. However, juggling many communication tools was described as an additional ‘synthesis burden’ and carried risk that some information was missed.

Discussion: Employing activity theory allowed us to identify the evolving and intricate nature of information generation and sharing in rehabilitation teams. Our Findings: reinforce the need to observe smaller, informal communication episodes to better understand how they contribute to shared knowledge and decision making in rehabilitation teams. Further, scrutiny of communication tool utilisation is needed to reduce the communication workload for rehabilitation teams and minimise communicative errors.
To meet the needs of an increasingly interprofessional healthcare workforce research needs to reflect the inherent complexity of communication, acknowledging its distributed nature which involves many individuals and often relies on a multitude of communication tools.

**Orals: O.23 Remote consulting**

**O.23.1 Should “bad news” be disclosed in person or by telephone? A systematic review and meta-analysis**

**Presenter(s):**
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**Authors:**
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Christoph Becker, University Hospital Basel, Switzerland
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René Blatter, University Hospital Basel, Switzerland
Sabina Hunziker, University Hospital Basel, Switzerland

**Background:** Communication of “bad news” (such as a new cancer diagnosis) to patients may have a major impact on their well-being. We aimed to investigate differences in psychological distress of breaking bad news in person compared to by telephone in a systematic review and meta-analysis.

**Methods:** We included all studies that investigated breaking bad news (such as a new cancer diagnosis or genetic risk for life-limiting diseases) in person compared to by telephone in adult patients regardless of diagnosis regarding the association with symptoms of anxiety, depression or post-traumatic stress disorder. We systematically searched PubMed, Embase, PsycINFO and CINAHL from the inception of each database to June 1, 2021. We included randomized and non-randomized trials.

**Findings:** We screened 3625 studies and included eleven studies in the qualitative analysis and nine in the meta-analyses, including four randomized controlled trials. Overall, quality of studies was moderate to good. There was no mean difference regarding psychological distress when bad news was disclosed by telephone compared to in person with similar symptom levels of anxiety (3 studies, 285 participants; standardized mean difference [SMD] 0.10 [95% CI -0.15 to 0.35]), depression (3 studies, 248 participants; SMD 0.10 [95% CI -0.30 to 0.49]), and symptom levels of PTSD (2 studies, 171 participants; SMD -0.01 [95% CI -0.48 to 0.36]). Results: were similar for satisfaction with care.

**Discussion:** We did not find a difference in psychological distress if breaking bad news was done in person or by telephone but there were too few studies to draw more definite conclusions. Future research is needed to understand in which situation a telephone consultation is appropriate to disclose bad news with a patient.

**O.23.2 Review of frequent callers to telephone health services**

**Presenter(s):**
Sofia Skogevall, Mälardalen University, Sweden

**Authors:**
Jakob Håkansson Eklund, Stockholm University, Sweden
Elenor Kaminsky, Uppsala University, Sweden
Inger K. Holmström, Mälardalen University, Sweden

Background: Telephone health care constitutes a considerable share of health care organizations. One challenge among others, is that healthcare personnel cannot see the person calling. Some of the callers are seeking care repeatedly and are in the current study called “frequent callers”. No study investigating the state of the art of research about frequent callers has been found. Therefore, the aim was to conduct a comprehensive review of research on frequent callers to telephone health services.

Methods: An integrative review was conducted, and comprehensive searches were conducted in five databases. All the references of relevant articles were further hand-searched for additional articles. A total of twenty studies were included, analyzed, and structured in categories answering six research questions. An integrated model of frequent callers was constructed and another model of how they can be cared for.

Findings: The results indicate that calls from frequent callers constitute a large proportion of the total amount of calls to telephone health services. Most studies are demographic cross-sectional studies which are performed in Western countries. Frequent callers often have multiple and complex health problems. Being a frequent caller has a connection with having anxiety, and/or psychiatric and chronic illnesses. Suggested strategies for handling these calls are cooperation among staff and different healthcare services forming an individualized care and helping the person calling with consideration to their current situation.

Discussion: Frequent callers seems to be in complex and vulnerable life situations. The suggestions for handling these calls according to the study results could be used in telephone healthcare services by increasing the cooperation around frequent callers. An individualized designed care where the effort is placed where it is most needed, could help FCs in a more in-depth way, through empowering FCs to be involved and better take care of their health.

O.23.3 Black Americans’ Perceptions of Communication and Other Factors during Oncology Care Virtual Visits

Presenter(s):
Jennifer Elston Lafata, University of North Carolina at Chapel Hill, United States

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Salma Rezk, University of North Carolina at Chapel Hill, United States
Christine Neslund-Dudas, Henry Ford Health System, United States
Amy Barrett, University of North Carolina at Chapel Hill, United States
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Trevor Royce, Flatiron Health and Wake Forest University, United States
Angela Smith, University of North Carolina, United States
Jacob Stein, University of North Carolina at Chapel Hill, United States
William Wood, University of North Carolina at Chapel Hill, United States

Background: During the COVID-19 pandemic, many oncology practices began offering virtual visits via video and/or telephone. How such visits are perceived by Black patients, who have historically faced access barriers and poorer cancer outcomes, is not known. We elicited Black patients’ perceptions of and experiences with oncology virtual visits.
Methods: We conducted in-depth, semi-structured telephone interviews with Black adults receiving oncology care for head and neck cancer, prostate cancer, and multiple myeloma between 6/1/19 - 3/20/21 from two US-based academic health systems. The interview guide elicited virtual visit perceptions and experiences within predefined themes (e.g., ease of use, usefulness, communication quality, appropriateness). Interviews were audio-recorded, transcribed, and coded for a priori themes and new ones identified during data immersion. Two trained research assistants coded transcripts, using Atlas.ti for data management.

Findings: Forty-nine adults completed an interview between 9/2021 and 2/2022 (n=16 head and neck, n=16 prostate, and n=17 multiple myeloma); mean age 63 years (range: 39-75), 53% male, and 77% ever having a virtual visit. Participants indicated communication with their doctor and privacy was comparable between in-person and virtual visits but expressed feeling less human connectedness during virtual visits. They cited convenience advantages (e.g., being home, flexibility when physicians run late, and reduced travel barriers); however, they also reported preferring in-person visits, due to wanting doctors to conduct physical examinations or needing in-person testing. Participants described wanting a choice regarding visit type and valued it when physicians articulated the option to conduct an in-person visit (i.e., patient-centeredness in scheduling). To overcome technical barriers to virtual visit attendance, patients received assistance from adult children, physicians, and other support.

Discussion: We identified barriers to and facilitators of virtual visit use among Black patients receiving cancer care.

O.23.4 Do Patients have Communication Preferences during a Videoconsultation?

Presenter(s):
Noelle Junod Perron, Geneva University Hospitals and Geneva Faculty of Medicine, Switzerland

Authors:
Sanae Mazouri, Geneva University Hospitals, Switzerland
Robin Luechinger, Geneva Faculty of Medicine, Switzerland
Nadia Bajwa, Geneva University Hospitals and Geneva Faculty of Medicine, Switzerland
Melissa Dominice Dao, Geneva University Hospitals, Switzerland
Patricia Hudelson, Geneva University Hospitals, Switzerland
Sophia Achab, Geneva University Hospitals, Switzerland
Olivia Braillard, Geneva University Hospitals, Switzerland

Background: Teleconsultation can influence health behaviours through changes of doctor-patient communication. The aim of our study was to explore patients’ preferences regarding doctors’ behaviours in video consultation.

Methods: We conducted an exploratory study in both private and public medical centres and emergency services in Geneva in 2021. Patients in the waiting room were invited to watch videos displaying variations of doctor communication behaviours during video consultation and indicate which one they preferred. The videos featured 6 specific physician video communication behaviours with 2 variations for each: 1) Camera framing: face vs face and bust 2) Gaze orientation: towards screen vs towards screen and camera 3) Social phase: related to connexion quality or not 4) Privacy reminder regarding the online platform and environment: with or without 5) Pauses after physicians’ statements: usual / longer pauses 6) Empathy: with or without increased non-verbal expression.

Findings: 417 patients watched three different videotaped standardized encounters illustrating specific video consultation behaviours (two variations each). A majority of patients preferred framing with both face and bust (50.7%) versus face alone (21.8%). They valued eye gazing towards the screen (42.9%) versus
eye gazing shifting between screen and camera (13%). Social phase related to connection quality was praised (43.1% vs 17.1%) as well as the privacy reminder regarding the online platform and environment (80.8% vs 6.5%). Patients preferred usual pauses after physician’s statements (63.9 vs 14.9%) as well as expressive rather neutral non-verbal behaviour when associated with verbal empathy (46.7% vs 17.6%). The percentage of patients indicating no preference varied between 12.6% (privacy reminder) and 43.1% (eye gazing).

Discussion: Patients prefer the use of the video specific communication behaviours recommended by experts, with the exception of shifting eye gazing and pause duration. These recommendations, if confirmed by other studies, should be more consistently taught during medical training.

O.23.5 Has Telemedicine come to Fruition? Patients’ and Physicians’ Perceptions Regarding Telemedicine

Presenter(s):
Noelle Junod Perron, Geneva University Hospitals and Geneva Faculty of Medicine, Switzerland

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Olivia Braillard, Geneva University Hospitals, Switzerland

Introduction: The SARS-Cov2 pandemic boosted the use of telemedicine. The aim of our study was to evaluate patient and physician perceptions regarding the use of the different modalities of telemedicine for various health problems.

Methods: We conducted a cross-sectional survey in Geneva Switzerland in 2021. Patients in waiting rooms of both medical centres and emergency services were invited to answer an online questionnaire, while physicians working in private and public settings were asked to answer a similar questionnaire by email. The questionnaire focused on digital literacy, acceptability, preferences, as well as barriers and facilitators concerning of telemedicine.

Findings: 570 patients and 543 physicians participated. After face-to-face consultations, most patients preferred the telephone to other modalities for health issues such as simple medical advice (65%), discussion of clinical parameters (61%), acute or chronic problems (55% and 60%), and psychological support (57%). They valued emails for communication of blood tests (56%) and renewal of medication (49%). Half of patients considered video to be acceptable for psychological support. A large majority of physicians considered the phone to be an acceptable modality for all the issues mentioned above (85% to 94%). Emails and videos were considered to be acceptable for follow-up of patients with chronic diseases (53% and 54%) and provision of simple advice (51% and 48%). 65% of physicians would use video for psychological support. Patients’ main reasons for using telemedicine were lack of traveling (72%) and saving time (56%). Disadvantages were lack of physical examination (60%), technical problems (43%), and unsuitability (43%). Physicians feared the potential negative impact of telemedicine on the therapeutic relationship and insisted on the need for a facilitated access.

Conclusion: The use of telemedicine has increased since the pandemic but both doctors and patients continue to prefer face-to-face consultations. Telephone remains more acceptable than video in most medical situations.
O.23.6 Perception of the usefulness of telehealth and health literacy during COVID-19 crisis in France

**Presenter(s):**
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**Background:** With the aim of maintaining access to care for all, telehealth was promoted during the COVID-19 health crisis. Indeed, health professionals have used telemedicine by carrying out teleconsultation or medical telemonitoring. The objective of our study was therefore to study the perceived usefulness of video and mobile apps for consultations during the COVID-19 pandemic in France.

**Methods:** The data were collected, in two waves, alongside the “Health Literacy Survey 2019” among 2 003 people in France (1 003 in May 2020 + 1 000 in January 2021). It collected sociodemographic characteristics, health literacy, trust in institutions, self-reported health, and the use of healthcare services. The perceived usefulness of video in consultation was measured by combining two responses concerning the usefulness of videoconferencing and video recording of consultations. The same method was used regarding the usefulness of mobile apps (for doctor appointments booking and to communicate patient-reported outcomes to healthcare professionals).

**Findings:** The majority of respondents considered the use of mobile apps useful (69.0%), while only 29.9% declared videos useful in the context of medical consultations. The factors associated with the perceived usefulness of the video and mobile app were: age under 55, mother born outside France, trust in political representatives and higher health literacy. Not having chronic illnesses but being limited in daily activities increased the likelihood of adhering to video in medical consultation (adjusted Odds Ratio=1.78; p=0.008). The probability of adhering to mobile apps increased with the number of consultations with a specialist (aOR=1.38; p=0.019).

**Discussion:** The use of videos in medical consultations was perceived less useful than mobile apps. Almost the same factors were associated with the perceived usefulness of the two new technologies with a significant impact the level of health literacy. People whose physical health is degraded are more interested in videos.

**Orals:** O.24 Implementing shared decision making (SDM)

O.24.1 Decisions to Enter Phase I Oncology Clinical Trials: Effectual and Ethical Informed Consent

**Presenter(s):**
Jennifer Ohs, Saint Louis University, United States

**Authors:**
Stephanie Solomon Cargill, Saint Louis University, United States
Natalie Hardy, Saint Louis University, United States
When faced with advanced stage cancer, patients consider participating in Phase I oncology clinical research trials. The likelihood of patients benefiting from trial interventions is low (5%). Although scholarship has found that participants overestimate the benefit interventions, research has failed to assess the social context that may influence how potential participants evaluate their decision to participate. This understanding is critical for ethical informed consent procedures. Thus, the aim of this pilot project was to examine oncology patients’ decisions to enroll in Phase 1 trials.

In-depth interviews were conducted with eight adults who were invited to participate in Phase 1 oncology clinical trials. Analysis was guided by Problematic Integration Theory (PI, e.g., Babrow, 2001), providing a framework for understanding tensions among desires and expectations, particularly when faced with uncertainty. Researchers took an iterative analytical approach shifting between respondents’ viewpoints and PI theory.

Analysis revealed that participants understood that when invited to the trial, their current treatments were ineffective. In facing the tension between the likelihood of benefitting from the trial intervention with the hope that the intervention would be successful (and incur few negative side effects), participants faced an ambivalent situation. Thus, participants entered conversations with research coordinators anticipating to enter the trial with few uncertainties. Participants expressed a desire for more information about the chances the trial would effectively treat their cancer, but trust that the medical team was acting in their best interest, providing hope.

Project Findings: have valuable implications for how researchers and clinicians communicate about Phase I trials, and how scholars evaluate when ethical informed consent has been achieved. This study offers a first step in meeting the pressing need to enhance the informed consent process for oncology clinical trials.


O.24.3 Bringing personal perspective elicitation to the heart of shared decision-making: a scoping review

Presenter(s):
Ester Rake, Radboud university medical center; Knowledge Institute of the Dutch Federation of Medical Specialists, Netherlands

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Background: Proponents of shared decision-making (SDM) advocate the elicitation of the patient’s perspective. However, we hypothesise that this is neglected in clinical practice. This scoping review explores if, and to what extent, the personal perspectives of patients are elicited during a clinical encounter, as part of a SDM process.

Methods: A search was conducted in five literature databases from inception up to July 2020, to identify qualitative and quantitative empirical studies about SDM. We define personal perspective elicitation (PPE) as: the disclosure (either elicited by the clinician or spontaneously expressed by the patient) of information related to the patient’s personal preferences, values and/or context. Based on a list of existing SDM
instruments, we scored which instruments contained item(s) reflecting PPE and included those instruments in our analysis.

Findings: We identified 4562 abstracts; 263 full text articles, and included 99 studies. Both qualitative and quantitative studies reported low levels of PPE. 52 used an SDM instrument (quantitative approach), 45 were qualitative studies and 2 had mixed approaches. The 54 studies with PPE-related items reported scores that indicated low levels of PPE. More specifically, in 40 studies reporting the Observer OPTION 5 and 12, the items that matched our definition of PPE ranged from 0.4 to 1.7 on a scale from 0 to 4 with a score of 0 reflecting absent behaviour to explore personal preferences. Of the 47 qualitative studies, 24 were categorised as low personal perspective elicitation, 8 as medium and 6 as high, while 9 studies could not be categorised.

Discussion: Personal perspective elicitation, being recognized as an essential element of SDM, occurs on a low level in efforts to achieve SDM. To bridge this gap, possible causes should be identified followed by designing interventions and implementation strategies to improve this aspect of SDM.


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Background: Rheumatoid arthritis (RA) impacts quality of life causing disability and increased mortality. Treatment decisions are complex and require individualized decisions. Shared decision making (SDM) is the first principle of RA treat-to-target guidelines but uptake is suboptimal. We aim to evaluate the effectiveness of a multicomponent SDM intervention on RA disease activity and explore the early implementation of the intervention within three geographically diverse rheumatology services.

Methods/design: We will use a stepped-wedge, cluster-randomized trial design at 3 U.S. Veterans Health Administration rheumatology clinics. The multicomponent SDM intervention will consist of three parts: 1) rheumatology clinician training on SDM and choice awareness, 2) RA patient activation using the AskShareKnow questions, and 3) a point of care decision aid (RA Choice) and medication summary guide. We will conduct a mixed Methods: outcomes and process evaluation. Outcome will be evaluated during a pre-intervention and intervention period. The primary outcome is disease activity as measured by validated measure, with secondary outcomes of RA knowledge and medication adherence. SDM will be measured by two well-validated patient-reported measures: CollaboRATE and SURE. A subgroup of clinic visits will be audio-recorded and SDM will be assessed by the OPTION-5 scale. The implementation process will be evaluated using stakeholder interviews and field notes at each of the three sites.

Discussion: This study is the first multi-site study of a multicomponent intervention to facilitate SDM among Veterans with RA. We expect to improve uptake of SDM across three geographically distinct rheumatology clinics and hypothesize that patients exposed to the interventions will have a greater decrease in disease activity.
activity, and increase in knowledge of RA medications compared to controls. Insights gained from this study will inform broader dissemination and implementation of SDM across VA rheumatology clinics and beyond with the goal of improving quality of care for all persons with RA.

O.24.5 Evaluation of a program for routine implementation of shared decision-making in oncology

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Background: Despite high relevance, shared decision-making (SDM) is rarely implemented in oncology. This study evaluated an empirically and theoretically grounded SDM implementation program in oncology.

Methods: We used a stepped wedge design. Three departments of one comprehensive cancer center sequentially received the implementation program in randomized order. The program had six components: training for clinicians, individual coaching for physicians, patient activation intervention, patient information material/decision aids, revision of quality management documents, and reflection on tumorboards. The primary outcome was patient-reported SDM uptake using the 9-item Shared Decision Making Questionnaire. We assessed several secondary implementation outcomes. To evaluate reach and fidelity of the program, we conducted a process evaluation using mixed methods. We analyzed data using mixed linear models, content analysis, and descriptive statistics.

Findings: We evaluated a total of 2,128 patient surveys, 559 surveys from 408 clinicians, 132 audio recordings of medical encounters, and 842 case discussions from 66 tumorboards. There was no statistically significant improvement in the primary outcome. Shared or patient-lead decision-making was more likely experienced by patients in the intervention condition than in the control. The quality of psychosocial information in tumorboards was lower in the intervention than in the control condition (d = − 0.48). Other secondary outcomes did not show statistically significant differences between conditions. We implemented all components in all departments. However, reach was limited (e.g. training of 44% of eligible clinicians) and a range of adaptations occurred (e.g. reduced dose of coaching).

Discussion: Possible explanations for the lack of effects in most outcomes are provided by the process evaluation. The results may be explained by low reach and adaptations, especially in dose. We need different or more intensive approaches to successfully implement SDM on departmental levels in routine oncology. We need further research to better understand factors that influence SDM implementation.

O.24.6 We’re still learning: Engaging with busy breast cancer surgeons in a learning collaborative

Presenter(s):
Background: The What Matters Most (WMM) randomized controlled trial tested two conversation aids (Option Grid and Picture Option Grid) for breast cancer surgery in a comparative effectiveness trial and found they increase shared decision making (SDM) and patient-reported outcomes. Based on this success, we have begun an implementation project with 25+ sites to integrate the tools into routine care across North America. As we saw in the trial, implementation requires successful engagement with clinical teams at each site. Historically, however, clinician and clinical team engagement has been a challenge due to competing priorities and busy clinic schedules. Our goals were: 1) to engage breast cancer teams in the US in a learning collaborative where clinicians support each other to use conversation aids for early-stage breast cancer treatments and 2) document our learning curve.

Methods: Beginning in June 2021, we collected meeting notes, monitored meeting attendance, collected clinicians’ feedback and noted interactions between clinician members of the collaborative. We tested several methods: for increasing the engagement of clinicians in the learning collaborative, including 1:1 meetings, bi-weekly engagement meetings, individual emails, and engagement newsletter surveys.

Findings: Promoting interactions between the learning collaborative, its members and the research team proved challenging from the start. Standard videoconference meetings yielded poor clinician attendance with limited feedback and interactions. New engagement modalities were developed to better engage clinicians and collect feedback to inform the set-up of the learning collaborative. Analyzed data will be available in June 2022.

Discussion: Engaging busy clinicians in SDM research is an established barrier to implementation. It has become particularly challenging over the past 2 years, largely influenced by the COVID-19 pandemic. Testing new ways to engage key stakeholders, such as clinicians, in SDM research and implementation projects will be important to maximize their reach and impact.

Orals: O.25 Exploring the patient's story

O.25.1 Which clinician questions are most effective in eliciting patients’ agendas?

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Background: Despite decades of communication training in agenda-setting, studies repeatedly demonstrate that clinicians fail to effectively elicit patients’ agendas. Our overall goal was to provide clinicians with
simple, actionable guidance by determining the effectiveness of types of clinician agenda-soliciting questions.

Methods: We conducted an observational study of 138 audio-recorded ambulatory encounters at a large urban academic medical center. Four investigators independently reviewed and discussed consecutive encounters to identify and categorize linguistic constructions of agenda-soliciting questions. Two investigators then used the resulting taxonomy to code all remaining encounters. With each clinician question, we abstracted the patient’s verbatim response. In order to evaluate the association between question types and the likelihood of patients raising a substantive concern for discussion, we performed mixed effects logistic regression models accounting for multiple levels of clustering of question-response pairs within patient encounters and patient encounters within clinicians.

Results: We identified 395 agenda-soliciting questions within 138 visits (mean 2.86/visit; range 0-9). Agenda-soliciting questions were categorized as ‘general’ (37%, “How are you?”), ‘feeling’ (5% “How are you feeling?”), ‘problem-focused’ (12% “Are you having any problems”), ‘direct’ (3% “Is there anything you want to discuss today?”), ‘what else’ (3%), ‘anything else’ (14%), ‘leading’ (12% “Nothing else today?”) and those that reduce space (15% “Anything else? Smoking?”). Patients raised a substantive issue in response to 107 clinician questions (27%). Patients more often responded with a substantive issue to questions that directly solicited their agenda (OR 22.95, 95% CI 2.62-200.70) or when asked a ‘what else’ type question (OR 4.68, 95% CI 1.05-20.77), compared to the reference category of ‘general’ questions.

Discussion: The most effective agenda-soliciting questions are infrequently asked by clinicians. Clinicians should ask questions that explicitly ask what the patient would like to discuss, and use the phrasing ‘what else’ instead of ‘anything else’ when soliciting subsequent patient concerns.

**O.25.2 Factors associated with Peaceful Acceptance of the Illness among Older Patients with Advanced Cancer**

*Presenter(s):*
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Background: Peaceful acceptance has been associated with improved outcomes for cancer patients, including better adjustment to illness and quality of life. Having quality conversations about care with oncologists may facilitate acceptance of illness. We evaluated how older patients’ perceived efficacy and satisfaction with care in patient-physician interaction is associated with acceptance of illness.

Methods: We conducted a secondary analysis of a cluster randomized trial of a geriatric assessment intervention among 541 participants from 31 community oncology practice across the United States. We recruited patients aged >70 years with an advanced solid malignant tumor or lymphoma. Participants completed demographic and clinical information at enrollment, Perceived Efficacy in Patient-Physician Interactions (PEPPI; range [5-25]), and Peaceful Acceptance of the Illness (PEACE; assesses patient’s sense of acceptance, calmness, and peace concerning their illness [5-20]) at baseline. They completed satisfaction with care (measured by the Health Care Climate Questionnaire, HCCQ; [0-20]) at follow-up via telephone
team call (within 1 to 7 days after the baseline visit). We performed a linear regression analysis using total sum scores (higher = better) evaluating the associations of PEPPi and HCCQ with PEACE, controlling for intervention and demographic variables. Funded by PCORI 4639; UG1CA189961; T32CA102618; K24AG056589

Findings: Patients had a mean age of 76.6 (SD 5.2) years. The majority were White (89.1%), male (51.0%), with mean scores of 17.51 (2.51), 21.33 (3.48), and 17.48 (2.72) for PEACE, PEPPi, and HCCQ respectively. Linear regression demonstrated positive associations among patients’ perceived efficacy (unstandardized B=.23 (SE .03), p < .001) and their satisfaction with patient-physician interaction (unstandardized B=.10 (SE .04), p < .05) with peaceful acceptance.

Discussion: Quality communication with oncologists demonstrated positive association with peaceful acceptance, suggesting that quality conversations about cancer care is associated with patients’ reporting peaceful acceptance of their illness. This is clinically important for end-of-life decision-making and care.

O.25.3 Do patients always answer the question?

Presenter(s):
Anna Udvardi, University of Szeged Doctoral School in Linguistics, Hungary

Background: In case of a new medical consultation, the use of an open opening question (OpQ) is recommended, so that patients can freely present their problems. However, less research focuses on the actual content of patients’ answers, i.e. if they indeed answer by telling their current concerns. The goal of the talk is (i) to describe the patterns of patients’ answers to physiotherapists’ (PT) OpQs and (ii) to explore the relationship between the OpQs and those answers.

Methods: This observational study analyzes 75 audio recorded PT-patient first meetings, collected in a single Hungarian hospital. The participants were recruited by convenience sampling. 22 PT (all female) and 75 patients (12 male and 63 female) took part in the research. Using conversation and discourse analysis the characteristics of PTs’ OpQs and patients’ answers were described. The relationship between the OpQs and answers were both qualitatively and quantitatively assessed.

Findings: 10 linguistic variables were identified and coded in every OpQ. The inductive analysis of the information content of patients’ answers yielded seven, not mutually exclusive categories. The four biggest groups are: (1) Informative (40%), (2) (Hi)story (26.67%), (3) Incomplete (22.67%), and (4) Imaging result, medical diagnosis (21.33%). Chi-square test was used for statistical analysis, which revealed only one OpQ variable (OpQ includes some kind of reference to the hospital) that is significantly, although weakly, related to the preferred “Informative” answer category ($X^2(1)=6.681, p=0.010, \phi =0.298$).

Discussion: Based on the results, the form of PT’s OpQs may not influence patients’ answers as much as previously described. The data could serve as valuable teaching resource for PTs regarding how to better structure the opening phase of the interview, so that a most informative answer is gained from the patient and, as a result, the available time is used more efficiently.

O.25.4 Methods: to elicit and evaluate the attainment of patient goals in older adults: a scoping review

Presenter(s):
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Background: Aligning treatment plans with patient goals may hold a new approach to medication optimization interventions and improve person-centered care in nursing homes. Earlier research has shown that that support is needed to elicit and evaluate patient goals.

This scoping review aimed to identify and describe methods, both to elicit patient goals and to evaluate the attainment of these goals.

Methods: A scoping review was performed, guided by the methodological framework of Arksey and O’Malley. First, a broad search was performed to identify patient goal elicitation and evaluation methods: for older adults. Second, included papers were reconsidered to identify methods: that can be used in medication optimization interventions for nursing home residents.

PubMed, Embase, CINAHL, and Web of Science were searched with a two-stage selection process: 1) screening of titles and abstracts, 2) screening of full texts. Selection of references and data extraction were performed by three independent reviewers, followed by team discussions to solve discrepancies. Inductive thematic analysis was applied to synthesize the data. In a final step, expert consultations were performed.

Findings: Ninety-six references were included in the review. Thirty-eight patient goal elicitation methods: for older adults were identified. Five elicitation methods: were specifically developed for nursing home residents. However, none of these contained a medication-related assessment.

Twelve patient goal evaluation methods: for older adults were identified, of which three were used in nursing home residents and one was used to investigate patient goal attainment after a medication optimization intervention in older adults.

Discussion: No comprehensive method was identified that allows the elicitation and evaluation of patient goals and integration thereof in a medication optimization intervention for nursing home residents. Nevertheless, some of the instruments contain components that might be promising when adapted into a medication optimization intervention.

O.25.6 (WIP) “I tell you what, doc”. Patient initiated actions in decision-making conversations in Primary Care.

Presenter(s):
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Background: The aim of the project is to describe how patients involve themselves by taking the initiative in decision-making conversations in Primary Care consultations, and how this relates to SDM behavior and other patients, doctor, and consultation characteristics.

Patient Initiated Actions (PIA) are verbal initiatives of patients that do not respond to a direct doctor inquiry, and/or are not expected during the conversation.
We present results for objective n1 of the project: Description and categorization of PIA.

Methods: Design: Mixed-Methods: observational study using videotaped real consultations (N=207) from 8 different Primary Care (PC) settings in Spain.

Participants: Pairs of doctor-patient interacting in PC real consultations where a decision must be made.

Methods: of data collection: Patients over 18 and their usual doctors are invited to participate and consent to be videotaped.

Analysis: Qualitative methods. Conversational analysis

Findings: Three different categories of PIA were identified:

a) “Clarifying” PIA: Expressions that clarify, complement, correct, or question doctors’ discourse on aspects of decision-making. They appear at any moment during the decision-making process.
b) “Independent” PIA: Expressions that convey a different decision-making process than that being treated at that moment of the consultation. This behavior seems to show a certain level of reflection as well as the need to be listened to; not infrequently occurs while the doctor writes on the computer and with an opening statement (“I tell you what…”)
c) “Negotiating PIA”: In some consultations, the patient takes the conversational initiative from the beginning to the end to negotiate some decision-making issues.

Discussion: Patients display active verbal behaviors during decision-making consultations and make different movements to be listened to. Through different levels of participation, patients show their needs and values regarding decision-making. Space during medical-patient interaction -e.g., while doctors write on the computer- seems to facilitate patients’ reflection and expression.

Orals: O.26 Behaviour change and self-management

O.26.1 Innovative online platform to support communication for persons with obesity: STOP Portal

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Background: Persons with obesity requires support, including updated and regular communication in order to make informed lifestyle choices. The STOP project, a H2020 RISE project funded by European Commission (GA No 823978) aims to establish a data and knowledge ecosystem as a basis for the STOP Portal to enable healthcare professionals in decision support, and persons with obesity. The aim of this current study was to test the feasibility of the STOP Portal for ease of use, and to validate its functions. This paper focuses on the communication-related findings.
Methods: This is a feasibility study for the STOP Portal. The participants were adults who are overweight and obese. The STOP Portal collects the following data: knowledge resources, and physiological, activity and food data. Participants accessed the STOP Portal for one week and recorded their activity and food intakes. Data were sought from the platform to gain a more complete understanding of participation and engagement. Data were analysed using SPSS and content analysis.

Results: From the preliminary results, 31 participants registered for the STOP Portal and 24 used it for up to one week. From these 24 participants, they found the Portal was acceptable and easy to use. Factors influencing motivation and engagement to participate were: 1. social support; 2. technical issues; and 3. time. The Portal was able to collate information from other sources such as wearable wrist bands or apps in monitoring the activities along with inputted data to provide informative, educational and motivational messages for the participants.

Conclusion: The STOP Portal has potential and is deemed acceptable and fit for purpose to collect activity and food data from a range of sources to communicate messages to people with obesity to inform their lifestyle choice decision making. Further research is ongoing to establish the effectiveness of the STOP Portal.

O.26.2 Shared decision-making in goal-setting: from clinical dietitians’ and patients’ perspectives

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Background: Shared decision-making when setting goals with patients at risk of malnutrition is important so that the most relevant goals corresponding to the patient’s complex situation, needs, and preferences are set. The process of goal-setting in nutrition interventions for patients at risk of malnutrition has received little attention in research. The aims, therefore, were a) to gain an understanding of clinical dietitians’ reflections regarding the process of goal-setting with patients at risk of malnutrition, and b) to explore the personal goals, incentives, and perspectives of patients at risk of malnutrition.

Methods: Six semi-structured audio-recorded focus group discussions were held with registered dietitians (n=29) from primary healthcare and hospitals in Sweden. Interviews with patients at risk of malnutrition (n=15) were also held. Transcripts from focus groups and interviews were analyzed thematically to find patterns in the data and identify themes.

Findings: Dietitians described exploring patients’ narratives, capabilities and resources. Different strategies in counseling patients and a lack of patient participation in the goal-setting were highlighted. The dietitians described struggling with setting feasible goals due to discrepancies between their clinically-oriented goals and patients’ personal goals. Analyses of patient interviews are currently ongoing. Preliminary results indicate that aspects such as goals and expectations regarding the nutrition intervention are specific to the individual patient. Personal goals and incentives also seem to be important for how receptive patients are to dietary advice. Patients’ perspectives seem to be insufficiently elaborated in the goal-setting, which may in turn create resistance to the nutrition intervention.
Discussion: Findings highlight a gap in the process of setting goals for patients at risk of malnutrition, where patients’ participation was lacking. Education in SDM, and strategies and tools to support dietitians in involving patients in goal-setting, are required to bridge the gap and promote person-centeredness.

O.26.3 Does the Quality of Behavior Change Counseling in Routine HIV Care Vary According Topic and Demand?

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Background: Primary care clinicians face increasing time constraints during consultations with patients. Our objective was to describe the extent to which behavior change counseling is needed within routine HIV primary care visits and to explore the quality of behavior change counseling provided. We hypothesized that clinicians would provide lower quality counseling when facing increased counseling demands.

Methods: We audio-recorded and transcribed encounters between 205 patients and 12 clinicians at an urban HIV primary care clinic. We coded transcripts for episodes of behavioral dialogue and applied the Motivational Interviewing (MI) Treatment Integrity coding system to determine clinicians’ MI consistency during the visits. We used multi-level regression to evaluate changes in counseling quality with each additional counseling topic.

Results: Clinician counseling for at least one patient behavior was indicated in 92% of visits; mean 2.54/visit. The most common behavioral topic was antiretroviral medication adherence (80%, n=163), followed by adherence to other medications (67%, n=137), appointment adherence (54%, n=110), drug use (46%, n=95), tobacco use (45%, n=93), unsafe sex (43%, n=89), weight management (39%, n=80), and alcohol use (35%, n=71).

Clinician counseling was most consistent with MI when discussing drug and tobacco use, and least consistent when discussing medication and appointment adherence, unsafe sex and alcohol use. In multilevel analyses, clinician counseling became significantly less MI-consistent (-0.17; 95%CI -0.32, -0.03) with each additional episode of need for behavior change counseling.

Conclusions: The fact that HIV clinicians provide lower quality behavior change counseling when faced with multiple behaviors in need of change is perhaps not a surprise. Yet this, along with the fact that most routine HIV encounters present the complexity of multiple behaviors in need of change, suggest that HIV ambulatory care be restructured to allocate increased time for patients in need of behavior change counseling.

O.26.4 Health communication and self-care: the Wellbeing And Lifestyle in Transplantation study (WALT).

Presenter(s):
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Authors:
Background: Health communication between practitioners and patients is integral to supporting self-care, which is a top NHS priority. Renal transplantation is a life changing event where responsibility to self-care takes centre-stage overnight. There is a high risk of rejection if complex medication regimens are not adhered to, and the possibility of weight gain, new onset Diabetes and dyslipidaemia, if lifestyle is not adequately modified. Health communication is therefore vital in developing self-care capacity. This study aims to explore the lived experience of people with a transplant, from multiple view-points, focusing on wellbeing and lifestyle, with the aim to develop practical interventions that promote self-care.

Methods: This qualitative study employs focus group and semi-structured interview methods, conducted online due to Covid-19. Several interviews were run via telephone for greater participant accessibility. Participants included kidney transplant recipients, healthcare professionals and significant others. Purposeful sampling increased participation from diverse backgrounds and age ranges. The data analysis utilises framework methodology to identify key themes on the barriers and facilitators recipients and practitioners face in developing self-care.

Findings: Health communication between practitioners and patients was a key theme identified that served as both a barrier and facilitator to self-care in kidney transplantation. Nursing staff reported examples illustrating a multimodal approach when communicating complex health concepts e.g. using 3D models and diagrams that extended beyond traditional verbal communication and printed literature. Others reported allowing patients to make (safe) treatment errors which embedded learning and understanding of their health condition. However, an overburdened and time-constrained service disrupted effective health communication. Reported examples highlight a practitioner need to develop health literacy in others through personalised health communications that fosters self-care.

Discussion: The Findings: inform future work that aims to design, test and evaluate multimodal interventions in building self-care capacity and promoting lifestyle and wellbeing throughout the transplant journey.

O.26.5 Factors challenging the integration of chronic illness self-management. A qualitative scoping review

Presenter(s): Enxhi Qama, Swiss Paraplegic Research and University of Lucerne, Switzerland

Authors: Sara Rubinelli, Swiss Paraplegic Research and University of Lucerne, Switzerland
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Background: Decades of evidence show the value of self-management (SM) behaviors to improve symptom management and quality of life. Yet, in the context of chronic health conditions, long-lasting SM can be affected by the difficulties in merging perceived quality of life with the burden of dealing with the health condition. The aim of this scoping review is to identify major facilitators and obstacles to the integration of self-management behavior in daily life of people with severe chronic health conditions.
Methods: Arksey and O'Malley's methodology for conducting a scoping review was followed. PubMed, WoS, Cinahl, and PsycInfo were searched. Qualitative data were analyzed through a thematic narrative approach.

Findings: 8681 abstracts were screened, 718 full-text were consulted and 23 articles were included. Findings can be subdivided into two main interrelated analytical categories. Within a ‘supportive system perspective’, individuals much benefit from the help and encouragement they receive on practical issues and at the emotional level by families, health professionals and social relationships generally. Within the ‘comprehension gap perspective’, main obstacles to SM behaviors derive from difficulties in understanding biological cues, and in their translation into daily living of medical information. Also, patients experience the dilemma of giving up recommendations in an environment where family’s needs have priority, alongside feeling insecure when confronted with, unclarity and confusion on what is a priority in chronic condition SM.

Discussion: This scoping review highlights an important dimension of SM that is often left in shadow. Indeed, the literature often concentrates on how individuals with chronic conditions can comply to guidelines and procedures. Within a purely person-centered perspective, this study demonstrates the importance of focusing on the lived experience of these individuals. As such, it has high translation value to guide enriching research in the field, to optimize patient education and the training of health professionals.

O.26.6 Learning about blended care: is communication key?

Presenter(s):
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Background: In Belgium, there is a well-known problem of overuse of sleeping pills, benzodiazepines and z-drugs (BZRA). To obtain this medication, patients need a prescription from their treating physician, which is mostly their general practitioner (GP). Although GPs generally are aware of the problematic overconsumption, they find it difficult to manage the decrease and stopping of BZRA. Given the success of blended care for the treatment of sleeping disorders and the support of substance use disorders, research suggests that a blended care approach, combining in-person treatment by the GP with web-based self-learning by the patient, could be beneficial for the discontinuation of chronic benzodiazepine use for primary insomnia in general practice. Our study aimed to evaluate the implementation process of a blended care approach for the discontinuation of BZRA use in the long term (12 months) as assessed by toxicological screening.

Method: Multi-faceted evaluation of a multicentre, pragmatic, cluster randomised controlled trial, with a mixed method design, inspired by the framework of Grant et al. (2013) for process evaluations of cluster-randomised trials of complex interventions. Data was collected through an online survey (76 respondents), interviews with patient (18 respondents), focus groups with GPs (19 respondents), and a usage logbook of the online intervention. Inductive qualitative content analysis was used.

Findings: Communication was important in every stage of implementation, from recruitment, over delivery of the intervention, to follow-up. For patients, support from the GP and discussing the next step were crucial elements to take action and stay motivated.
Discussion: Diversity among patients and care providers requires differentiation, for which blended care is an added value. However, the e-tool in blended care cannot stand alone. Regular communication and feedback between patient and care provider is crucial to benefit from this approach.

**Orals: O.27 Sharing medical information**

**O.27.1 Supporting shared decision-making: online blended learning for general practitioners and nurses**

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Inge Henselmans, Amsterdam UMC, Netherlands

*Background:* The increasingly distributed and interprofessional nature of care has raised attention for interprofessional shared decision-making (SDM). To promote interprofessional SDM in palliative cancer care, we aimed to develop and evaluate a blended learning for GPs and nurses on supporting SDM about palliative cancer treatment.

*Methods:* The blended learning was evaluated in a one-group pre-posttest design. Participants (17 GPs and 16 nurses) engaged in an e-learning (1 hour) and (online) training session (3.5 hours). The content of the training was based on three strategies for supporting SDM (i.e., checking the quality of a decision, complementing SDM and enabling SDM), reported in qualitative studies with both GPs and nurses. Simulated consultations and surveys were conducted before (T0) and after (T2) the blended learning; another survey was filled in after the e-learning (T1). SDM support observed in the recorded consultations constituted the primary outcome, which was assessed by two raters using the DSAT10 and Triple-S. Secondary outcomes were observed strategies for supporting SDM as well as healthcare professionals’ self-reported knowledge, clinical behavioural intention and satisfaction with the communication. General Linear Models for repeated measures were constructed.

*Findings:* The blended learning had a significant positive effect on SDM support behavior as measured with the Triple-S (Cohen’s $d = 1.20$), not on support as measured with the DSAT10 (Cohen’s $d = 0.70$). Also, beliefs about capabilities (one factor of clinical behavioural intention) and knowledge improved after the training. Satisfaction with the conversation and intention, social influence, moral norm and beliefs about consequences did not significantly improve after the training. The effect of training did not differ between GPs and nurses.

*Discussion:* The results show that a blended learning can improve the SDM support skills of healthcare professionals. A next step is to investigate how cancer patients and survivors experience SDM support in simulated consultations.

**O.27.2 Development and design of a diagnostic report to support communication in dementia diagnosis.**

*Presenter(s):*
Aniek van Gils, Alzheimer Center Amsterdam, Amsterdam UMC, location VUmc, Netherlands

*Authors:*
Leonie Visser, 1) Center for Alzheimer Research, Karolinska Institutet, Sweden 2) Amsterdam Public Health Research Institute, Amsterdam UMC, Netherlands
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Hanneke Rhodius-Meester, 1) Alzheimer Center Amsterdam, Amsterdam Neuroscience, Amsterdam UMC, Netherlands, 2) Amsterdam Cardiovascular Sciences Institute, Amsterdam UMC, Netherlands

Introduction: The diagnostic work-up of dementia is complex and clear communication of test results is challenging yet important to empower patients and their care partners. A personalized diagnostic report, including visuals, could support the communication of test results and aid patients’ understanding. In this study, we aimed to design such a diagnostic report in co-creation with patients and care partners.

Methods: We used a mixed-methods approach, combining surveys with focus groups in iteration. Phase 1 consisted of an international survey assessing needs among patients (n=50) and care partners (n=46), and phase 2 consisted of focus group meetings (n=3) to co-create the content and hands-on co-design the layout of the diagnostic report with patients (n=7) and care partners (n=7). Phase 3 validated results from phase 2 in a survey among patients (n=28) and care partners (n=12), and phase 4 comprised final feedback by dementia (care) experts (n=5). Descriptive statistics were used to report qualitative results, and directed content analysis was used to analyze qualitative data.

Results: Most patients (39/50, 78%) and care partners (38/46, 83%) positively valued a diagnostic report to summarize test results. They indicated the diagnostic report should be brief, straightforward, and comprise results of the diagnostic tests, including brain imaging and information on the future. Despite a clear preference for visual display of test results, several visualization options were deemed best and were equally comprehended.

Discussion: Through an iterative co-creation design process, we developed a prototype of a personalized diagnostic report for patients. We learned that co-creation is highly valuable to meet the specific needs of end-users and that one size does not fit all. Overall, the resulting prototype of the diagnostic report is an important first step towards improving the understanding of patients and care partners of the information essential for them to cope with their situation.

O.27.3 Formulations used by doctors to provide information to patients: A video-based study

Presenter(s):
Julia Menichetti, Akershus University Hospital, Norway

Authors:
Jennifer Gerwing, Akershus University Hospital, Norway
Hanne C. Lie, University of Oslo, Norway
Anne Marie Landmark, University of South-Eastern Norway, Norway
Pål Gulbrandsen, University of Oslo, Norway

Background: Providing information to patients is one of the key tasks of doctors, as a clinical, legal and moral obligation. It is also proved to have an impact on patient outcomes: the more the doctors are deliberate in giving information, the more patients will remember what the doctor said and change their health-related behaviors. Still, details on how to actually support this goal and achieve it during medical interactions are absent. This study provides empirical observations of practices to frame information messages naturally used by doctors in real-life consultations.
Methods: From 380 videos of different medical interactions collected in a Norwegian hospital, we selected 30 scoring high on shared decision-making (therefore rich of information exchanges). We applied micro-analysis of clinical interaction following different analytical steps: (i) identify the sequences where doctors are in an “information giving mode”; (ii) extract all formulations of medical information observed in those sequences (i.e. imagine what the “concise” version of the same information would be and extract all possible deviations); (iii) categorize the extracted formulations.

Findings: More than 60 different formulations of medical messages were extracted, acting on the strength of the message (e.g. minimizing, prioritizing), on the logic or structure of messages (e.g. comparing, summarizing), on the modes (e.g. displaying for the patient to observe), on the contents (e.g. clarifying, using precise terms), on the professional role (e.g. showing competence, opening to the physician colloquialism), or on the interaction with the patient (e.g. tailoring, translating for the patient).

Discussion: The Findings: provide a list of “natural” information provision practices. For researchers, this can represent a first observational coding scheme that lists and captures components of medical information provision. For doctors, this overview can provide tips of possible ways to frame information so to become more deliberate in the information giving practice.

O.27.4 Patient-centredness in healthcare: co-design for patient education material about insomnia

Presenter(s):
Kristien Coteur, KU Leuven, Belgium

Authors:
Catharina Matheï, KU Leuven, Belgium
Birgitte Schoenmakers, KU Leuven, Belgium
Marc Van Nuland, KU Leuven, Belgium

Background: Non-pharmacological interventions are the first step in treating insomnia according to international guidelines. Nevertheless, insomnia and use of hypnotics are a global public health problem. In Belgium, primary care professionals lack validated material for patient education, that could help implement the treatment guidelines.

Method: Co-design project with patients and healthcare professionals in four phases, based on the framework of Sanders and Stappers (2014). Pre-design involved an exploration of needs with think aloud studies and focus groups. During design studios, a prototype concept was generated. The prototype was evaluated during a second series of think aloud studies. Post-design, a short survey was used to evaluate potential impact of the product in practice.

Findings: Discussing opinions and perspectives with patients and health professionals resulted in a relevant, educational leaflet about sleep and insomnia. The co-design process constantly challenged the usefulness of the product. Patients emphasised readability and visual design. Health professionals focused more on the content and usability. The output was tailored to a wide public because special attention was given to including patients with low health literacy, and a multidisciplinary group of health professionals. The final leaflet was positively welcomed. It enabled patients to review the information provided by the health professional, thereby increasing self-management. Also, the leaflet was used with the specific aim of supporting the decision for non-pharmacological treatment of insomnia in general practice.

Discussion: The co-design process was very inspiring and educational for all stakeholders involved, resulting in new projects. On the one hand, it was integrated into a federal toolkit for professionals about sleep and anxiety, which is publicly available online. On the other hand, it led to a collaboration with prevention services in Flanders, Belgium, to promote sleep as a key aspect of a healthy lifestyle.
O.27.5 Exploring racial differences in opioid overdose terminology preferences for rural patients

Presenter(s):
Delesha Carpenter, University of North Carolina at Chapel Hill, United States

Authors:
Chastity Barber, University of Southern Mississippi, United States
Patricia Mashburn, University of North Carolina at Chapel Hill, United States
Korey Kennelty, University of Iowa, United States
Kevin Look, University of Wisconsin at Madison, United States
Amanda Stover, University of North Carolina at Chapel Hill, United States
Salisa Westrick, Auburn University, United States

Background: In the United States, overdose deaths disproportionately affect rural populations, with the overdose death rate of Black people now exceeding that of non-Hispanic White people. Little is known about rural patients’ preferences for discussing overdose at the pharmacy, where naloxone (an overdose reversal medication) can be dispensed without a prescription. Our objective is to compare rural Black and non-Hispanic White people’s preferences for discussing overdose with pharmacists.

Methods: A convenience sample of 40 rural patients who were at high risk of opioid overdose from four states completed a digitally recorded 30-45 minute semi-structured interview. Patients were asked which term (“overdose,” “accidental overdose,” or “bad reaction”) they preferred for their pharmacist to use when discussing overdose risk. Using MAXQDA, two coders independently read each interview transcript, used a study codebook to code passages, and met to reach consensus on coding. Subsequent analysis focused on comparing Black and White patients’ communication preferences.

Findings: Eight (20%) patients were Black. Seven (88%) Black and 14 (44%) White patients preferred the term “bad reaction” because it was perceived as less stigmatizing than the other terms. Patients who disliked “bad reaction” thought it was either too vague or did not capture the severity of an overdose. One patient stated, “I think a ‘bad reaction’ isn’t nearly severe enough where it grabs your attention.” Thirteen White (41%) patients and one Black (12%) patient preferred the term “accidental overdose” because they thought it was less stigmatizing than “overdose” and more medically accurate than “bad reaction.”

Discussion: Overall, rural patients preferred that pharmacists use the term “bad reaction” when discussing overdose risk, but a stronger preference for the term “bad reaction” was found among Black patients. Rural pharmacists should consider using the term “bad reaction” when discussing overdose risk with patients, particularly Black patients.

Workshops

W.15 How can we create innovative blended-learning programs to enhance communication skills of HCP?

Presenter(s):
Jette Ammentorp, University of Southern Denmark, Denmark

Authors:
Maiken Wolderslund, University of Southern Denmark, Denmark
Connie Timmermann, University of Southern Denmark, Denmark
Trine Gregersen, University of Southern Denmark, Denmark

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Rationale: Traditionally, many communication courses are offered as in-class teaching over several days. However, in the light of an increasingly busy clinical practice and the challenges of ensuring implementation and transfer of skills into clinical practice more efficient and flexible training Methods: have been requested. Blended learning Methods: are seen as a possible way to accommodate these needs.

Learning objectives: The participants will get to know new innovative blended learning approaches. The goal is to provide the participants with new knowledge on the Methods: and design of blended learning programs and stimulate reflection valuable for their future working processes with blended learning programs.

Teaching methods: The participants will be engaged in different ways to plan and develop a blended learning program based on our experiences and existing products. They will have the opportunity to actively work with various useful elements that can be incorporated into a blended learning program such as reflection videos, simulation games, explainers, reflection- and dialogue tools and patient portraits.

Evaluation of outcomes for participants: The participants will present and receive feedback on their work in small groups. Activities will be summed up in the plenum immediately after the exercise by a brief common reflection on the learning outcomes. Moreover, a sheet is handed out for the participant to write up their reflections and important “take-home messages”.

W.16 What are empathy maps and how could they help your students develop empathy?

Presenter(s):
Evelyn Watson, University of St Andrews, United Kingdom

Authors:
Anita Laidlaw, University of St Andrews, United Kingdom
Patrick Cairns, Aarhus University, Denmark
India Pinker, University of St Andrews, United Kingdom
Andy Ward, University of Leicester, United Kingdom

Rationale: Empathy is a cornerstone of patient centred care but there is concern that not enough empathy is experienced or shown by healthcare professionals. Designing appropriate training for healthcare professional students can be challenging.

Empathy maps were initially developed within service industries to understand customer perspectives and may provide a useful tool for assisting healthcare students to focus on the perspectives and experiences of patients, therefore developing cognitive empathy. In this workshop we will introduce empathy mapping and encourage attendees to consider how they can be utilised in a healthcare education setting.

Learning objectives: By the end of the workshop, participants will be able to:
- Explain what empathy maps are
- Give examples of how empathy maps could be utilised within healthcare training
- Examine how empathy maps could be integrated into their own teaching

Teaching methods and timeline. The workshop will comprise:
a) A brief introduction to empathy maps as a learning tool (15 mins)
b) An exercise to highlight how empathy maps can be used in small group teaching which includes:
   a. A video of a student patient conversation (10 mins)
   b. A small group activity to complete an empathy map (20 mins)
   c. Discussion of challenges in completing the empathy map (15 mins)
c) Reflection and discussion in small groups on how empathy maps could be integrated or utilised within participants own training (15 mins)
d) Conclusion with take home points from participants (15 mins)

Evaluation of outcomes for participants: Participants will be prompted to discuss how empathy maps could assist their learners, and where within their curricula or teaching, such activity would support communication development. They will also be invited to share any take home points with other participants during the concluding part of the workshop.

W.17 Communication curriculum in undergraduate nursing education

Presenter(s):
Annegrethe Nielsen, University College Copenhagen, Denmark
Patricia Strackan, McMaster University, Canada
Debra Kerr, Deakin University, Australia
Lynn Furber, Healthcare Communication Matters, United Kingdom
Jette Ammentorp, University of Southern Denmark, Denmark
Sharyn Milnes, Barwon Health, Australia

Rationale: Communication is central to effective, safe, patient-centred and compassionate nursing practice. While communication is considered as vital to nursing practice as oxygen is to life, consensus about the essential core communication skills that nursing students require, remains elusive. Variable standards exist internationally about nurses’ communication skills. Many communicative actions are embedded in interventions such as health teaching, assessments and decision-making activities with patients or taught as if nurses carry out the communicative act in a silo. Nurse educators are challenged to facilitate communication education to meet practice realities that require affective and cognitive engagement, often in dynamic and unpredictable in-the moment contexts. For students, the transfer of communication skills learned in classroom or lab settings is frequently challenging, unobserved, set apart from and secondery to, valued tangible organizational outcomes such as task efficiency and patient safety. Education for core communication skill development must address the particular and contextual, beyond oncology and palliative care where most communication education is focused.

In this workshop we invite exploration, lively dialogue and re-imagining about how nurses’ core communication education can be improved for real world practice.

Learning objectives:
1) Explore, make visible and articulate core CS for nurses’ professional practice and the implications for curriculum.
2) Identify barriers to application of effective CS in varied clinical contexts
3) Identify radical possibilities for education and research priorities needed to transform education for nurses’ communication skill development.

Teaching methods: Short didactic presentation, group work and discussions.

Evaluation of outcomes for participants: Participants will gain ideas and inspiration to support teaching and curriculum development that addresses particular nurse-sensitive communication contexts.

We will invite participants to participate in ongoing work in the EACH nursing SIG.

Symposia

S.8 Communicating Effectively with Inclusion Health Populations
Presenter(s):

Andy Ward, University of Leicester Medical School, United Kingdom
Leigh Andrews, Change Communication, United Kingdom
Anna Black, Public Health Scotland, United Kingdom
Andrea Williamson, University of Glasgow, United Kingdom

Rationale: Inclusion health includes any population group that is socially excluded. This can include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, but can also include other socially excluded groups. (Public Health England, 2021). For a number of reasons, communication with patients in inclusion healthcare requires a different approach to that usually adopted in mainstream practice. People experiencing homelessness face communication barriers that prevent access to healthcare and have high rates of conditions linked with communication difficulties such as acquired brain injury, autism, mental health difficulties, prison history and care history. People who are migrants may have additional language communication needs and have experienced psychological trauma.

This symposium will draw on the expertise of active practitioners working in inclusion health and furnish attendees with communication strategies to work more effectively with socially excluded population groups. Experts-by-experience will also provide their perspective and join the discussions.

Panel:

AW – Chair of symposium.
AW has worked in healthcare communication skills education for over 15 years and has a particular interest in the role of empathy in effective patient care. Currently working as a GP in inclusion healthcare, providing primary care services for homeless patients and asylum seekers.

LA - Will provide evidence of communication needs for people who are rough sleeping. What could explain this level of need (medical conditions and social determinants) and what works in changing communication for the better (mix of evidence and practice based)?
LA is a Speech and Language Therapist working with rough sleepers and hostel dwellers with extensive prior experience of working with vulnerable adults. She has published research on communication in inclusion health.

AB – The speaker will discuss best practice when communicating with people for whom English is not their first language, especially for those who may have experienced trauma.
AB is a GP in an ethnically diverse area and has worked to reduce health inequalities for those who seek asylum or are refugees in Scotland for the last 10 years. She delivers undergraduate, post-graduate and peer to peer training on this in partnership with experts by experience. She is also a Scottish Human Rights Commissioner and non-executive on the board of Public Health Scotland, tacking both health inequalities and defending human rights.

AEW - The speaker will describe the principles of Psychological Trauma Informed Practice and provide tips on what this means when communicating with Inclusion Health patients.
AEW is an Inclusion Health GP and academic who uses Trauma Informed Practice in their own clinical practice with and delivers undergraduate and postgraduate teaching on the topic.

Two Experts by Experience - to be confirmed but will be drawn from the local community in Glasgow and will include a person with lived experience of homelessness and a person who has sought asylum in the UK.

Introduction - Chair AW - 5 minutes
What are the issues? 10 minutes per speaker initial introduction of the main topics (30 minutes)
LA – communication needs in homeless populations
AB – communication needs in migrant populations
Communication skills education for health professional students faces numerous challenges in meeting the needs of learners in rapidly changing healthcare systems. Representation of the perspectives of learners is essential in order to better understand how well current educational methodologies prepare learners to enter real world clinical practice.

In this symposium, diverse viewpoints will be represented from pre-clinical and clinical medical students from several different countries. Perspectives from participating students will be explored through discussion, interview, and interactive role-play scenarios.

The symposium will focus on three main areas for improvement and learning in communication skills education:

- The COVID-19 pandemic has transformed primary and hospital care around the world, and these changes have impacted clinical and communication curricula. We will discuss the effectiveness of aspects of these curriculum changes and consider the future role these practices may play in communication skills education.
- Representing diverse patient populations is a challenge in simulated patient scenarios and clinical vignettes. We will discuss student perspectives on our readiness to adapt to the unique needs of our future patient populations. We will also identify areas in which learners may be under-prepared to communicate with patients with backgrounds different from our own.
- In some contexts, communication skills are taught in idealized situations; in others, students practice communication skills under time restraints. We discuss our varying experiences and consider the degree to which time restraints impact student perceptions of preparedness for clinical practice.

This symposium will allow for the juxtaposition of diverse student perspectives so that we may better understand the evolving communication learning needs of health professional students. Similarly, the symposium with explore through presentations and interaction with the audience suggestions as to how current teaching may be adapted to ensure learners can develop the skills and knowledge necessary to provide high-quality patient care in the real world.
Orals (online): O.O.4 Patient-centred and interprofessional communication

O.O.4.1 Stories Side-by-Side: A comparative narrative analysis of stories about end-of-life care

Presenter(s):
Tracy Moniz, Mount Saint Vincent University, Canada

Authors:
Carolyn Melro, Dalhousie University, Canada
Chris Watling, Western University, Canada

Background: As the focus on end-of-life care intensifies in Canada, so does the need to understand more deeply the experiences of physicians, patients, and informal caregivers. Educating for and practicing patient- and family-centered care at end of life requires a shared understanding of illness and its meaning and impact. The narratives of physicians, patients, and informal caregivers each offer a distinct perspective, yet comparative research is uncommon. This study compares public discourses on end-of-life care by these groups.

Methods: An archive of first-person written narratives published between January 1, 2010 and December 31, 2019 was created through searching public domains (e.g., national newspapers), personal blogs, and academic journals. A comparative narrative analysis was conducted for recurring patterns of content (e.g., theme, lesson, agency) and strategy (e.g., narrative arc, characterization, metaphor).

Findings: In total, 352 narratives were analyzed (113 physician/medical learner, 149 caregiver, 65 patient, 25 other). Themes of grieving loss, living with uncertainty, coping with change, and cultivating resilience intersected between groups but manifested in unique ways. For instance, with grief, physicians wrote about recurring grief over losing patients, caregivers described grieving the loss of a companion and their own identity, and patients grieved the loss of physical abilities resulting from illness. All groups told stories from the patient’s perspective foremost and positioned the illness as the antagonist of the story.

Discussion: Exploring end-of-life care from the perspectives of those closest to the experience offers insight into dying with dignity in ways that may inform health professional education, communication, and practices that are compassionate, personalized, and participatory. Furthermore, comparative narrative analysis has been underused in various fields, including narrative health research. This study models a comparative approach to narrative inquiry using end-of-life care as a context to analyze within and across social groups, with applications across disciplines.

O.O.4.2 Nursing during COVID-19: Communicating with professionalism, grace, and a touch of human connection

Presenter(s):
Valerie Smith, California State University, East Bay, United States

Background: Healthcare provision during COVID-19 has called for shifting standards of care because of limited time, personal-protective equipment, and staff to care for surges in patient populations that challenged emergency department, ICU, and COVID-19 floor capacities, as well as non-COVID hospital care and outpatient clinics. Crisis standards of care have provided some help for healthcare providers to make ethically informed decisions towards quality patient care, yet disease containment has been the priority. Nurses have borne the brunt of this quandary as they have sought to communicate with some semblance of human connection and relationship with patients and their family members, amidst limited visitation policies, cancellation of "elective" surgeries, and when other typical standards of care could not always be met. This study investigated frontline nurses’ accounts of communication strategies and interventions to provide this relationally based care in these challenging COVID-19 environments.
Methods: This qualitative research study employed in-depth, semi-structured interviews with 17 nurses working in healthcare during coronavirus surges. A code book was created by the author and three research assistants were trained to code transcripts using Atlas.ti software. Once initially trained, coders independently coded a transcript and results were compared to ensure accuracy. The remaining transcripts were coded, and themes were identified related to relationship-centered care and to ethical challenges.

Results: Findings consisted of nurses employing strategies for self-care, including gaining support from colleagues who understood their challenges; developing or implementing creative PPE and disease containment protocols to foster patient support; and communication practices with patients and family members that demonstrate professionalism, grace, and a touch of human connection in the midst of extraordinary circumstances.

Conclusion: While not ideal situations, nurses are capable of resilience and excellence in crises with models of care that can be adapted in other limited-resource and emergency settings.

O.O.4.3 Prioritizing the clinical agenda: A missed opportunity for patient-centeredness in primary care

Presenter(s):
Amanda McArthur, UCLA, United States

Background: Despite decades of movement toward patient-centered care in the U.S., it remains an aspiration. I examine one opportunity for patient-centeredness physicians consistently miss. In acute primary care visits, patients frequently disrupt counseling by, e.g., problematizing characterizations of their symptoms or suggesting further inquiry. These disruptions may occur in more than three-quarters of visits and are red flags of unmet concerns. However, as I show, physicians prioritize the clinical agenda over attending to or pursuing patient concerns.

Methods: Data consist of 286 recordings of primary care visits (211 from 2005; 75 from 2018). Conversation analysis was used to examine how physicians respond when patients disrupt counseling. A coding scheme was developed and applied to the 2018 dataset, which contains 185 instances of patient disruption. Coding of the 2005 dataset is underway; preliminary analyses strongly suggest similar distributions of practices across both datasets.

Findings: In no cases do physicians query patient concerns. Instead, they work to mitigate disruption and return to counseling, tending toward less patient-oriented responses affording the fastest return:
1. Patient-oriented responses (18%): explaining clinical reasoning, connecting to patient experiences and legitimizing patient concerns before moving on; lengthy; reserved for persistent disruption.
2. Physician-oriented responses (28%): mitigating disruptions quickly, e.g., through perfunctory explanations (“it’s not acting bacterial”) before moving on.
3. Brush-offs (54%): ignoring or casting aside patient actions as not clinically relevant, e.g., through expressions of empathy; no orientation to the existence of a disruption; fastest return to counseling.

Discussion: One barrier to patient-centered care is the persistent, shared privileging of the clinical mode of discourse for discussing patients’ concerns, leaving their beliefs and expectations unaddressed. Physicians perpetuate this by working to mitigate patient disruptions rather than pursuing patient concerns. Further research will explore ways physicians can take advantage of this missed opportunity for patient-centered care.

O.O.4.4 “I just want you to hear that term”: Characterizing language used in fetal cardiology consultations
**Presenter(s):**
Kelly Harris, University of Pittsburgh School of Medicine, United States
Kelsey Schweiberger, University of Pittsburgh School of Medicine, United States

**Authors:**
Ann Kavanaugh-McHugh, Monroe Carell Jr. Children's Hospital at Vanderbilt, United States
Robert Arnold, University of Pittsburgh School of Medicine, United States
Jessica Merlin, University of Pittsburgh Medical Center, United States
Nadine Kasparian, Cincinnati Children's Hospital Medical Center, United States
Judy Chang, University of Pittsburgh School of Medicine, United States

**Background:** Communication with parents during pregnancy about complex congenital heart disease (CHD) can significantly influence parental understanding of, and psychological responses to, the diagnosis. Fetal cardiac consultations provide an important opportunity to optimize this communication. Prior research suggests words clinicians use to describe CHD, such as “heart difference” rather than “heart defect”, may be important to parents. However, little is known about the language used in fetal cardiac consultations.

**Methods:** Initial fetal cardiology consultations with parents for potentially complex CHD were audio-recorded, transcribed verbatim, and coded by two independent coders. A codebook was inductively developed and applied to all transcripts. Coding differences were adjudicated to full agreement. The final coding framework was used to identify communication patterns and themes.

**Findings:** In the 19 audio-recorded consultations across five fetal cardiology clinicians at one academic institution, 14 different cardiac diagnoses were discussed (seven with low and seven with high risk of mortality). We identified three themes for language used to describe CHD: medical, plain, and patient-centered language. Each consultation utilized all three types of language with plain language used most frequently. Plain language often was used to define and emphasize the meaning behind medical language. While less frequently used, patient-centered language emphasized the child as a whole person with value and worth beyond their heart condition.

**Discussion:** Fetal cardiology clinicians in our study used plain language to define and describe medical language for parents. They employed patient-centered language to center counseling on the child rather than the pathology. Similar clinician language may help familiarize and empower parents with the tools to understand their child’s condition and communicate with their medical team. Future research should focus on clinicians’ communication intentions and the consequences of their language use on parents’ decision-making, psychological adjustment, mental health, and quality of life outcomes.

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**O.0.4.5 What are health professionals’ health literacy core competencies?**

**Presenter(s):**
Rebecca Jaks, Careum Center for Health Literacy, Switzerland

**Authors:**
Fabian Berger, Careum Center for Health Literacy, Switzerland
Elena Guggiari, Careum Center for Health Literacy, Switzerland
Saskia De Gani, Careum Center for Health Literacy, Switzerland

**Background:** Health literacy (HL) is an important health determinant and necessary to be able to make informed decisions for one’s health. The pandemic, the complexity of the health system, the digitalization as well as other developments pose great challenges to the population. Health professionals (HP) play an important role to encounter these challenges, as they inform, advise and empower their users to manage their health. However, HP need the corresponding competencies to address HL of their users. However, at
least for Switzerland and regarding HL it remains unclear, which motivation, knowledge, and skills HP need therefore.

Methods: A Delphi study of two rounds with 24 experts from German-speaking countries in this field was conducted. Based on a preceding literature analysis, they were asked to evaluate and rate core competencies of health professionals regarding HL. Additionally, they had the possibility to provide written feedback and recommendations.

Results: Out of the originally 65 competencies, 14 core competencies (5 knowledge, 7 skills, and 2 motivation) were evaluated as relevant after the two rounds of rating. In the first round of the Delphi study 27 core competencies were classified as relevant, and 4 core competencies were newly added. Thereby a cut-off of 85% agreement on each item by all experts was applied. After the second round and the application of a cut-off of 70% agreement and an according ranking, 14 core competencies remained.

Discussion: The present Delphi study identified 14 relevant core competencies regarding HL for HP in Switzerland, whereby especially communication skills seemed to be important. The identified core competencies might be important for future assessments of core competencies of HP concerning HL, and the development of tailor-made trainings and education.

**O.O.4.6 Summarizing the Purposeful SDM Schema, a problem-based model of SDM.**

*Presenter(s):*

Ian Hargraves, Mayo Clinic, United States

*Authors:*

Victor Montori, Mayo Clinic, United States
Marleen Kunneman, Leiden University Medical Center, Netherlands
Merel Ruissen, Leiden University Medical Center, Netherlands
Montserrat León-García, Iberoamerican Cochrane Center, Spain
Stuart Grande, University of Minnesota, United States
Juan Brito, Mayo Clinic, United States

Background: SDM has been conceptualized in several ways throughout its development, with each orientation furthering research and SDM practice in new and fruitful directions. Recently, a new perspective on SDM was formed by asking “What problem is SDM the solution to?” and proposing as a response “The problem that the patient is experiencing” and that SDM’s purpose is to help patients and clinicians figure out how best respond to that problem. This perspective led to the development of the Purposeful SDM schema, opened up new research questions, insights into SDM, approaches to SDM education, and directions for intervention development.

Methods: We sought to summarize the key Findings: of work drawing on the Purposeful SDM schema.

Findings: This body of work has shown that:

- There are several distinctly different types of problems that require patients and clinicians to make decisions together. (PEC 2019)
- Each of those problems utilize fundamentally different SDM Methods: of working out how to respond to the problem (weighing, negotiation, problem-solving, insight-development). (PEC 2019)
- Generalized models of involving patients in making decisions do not account for necessary problem-specific variation in deliberative method (PEC 2020)
- Each SDM method conceives of, and utilizes, key SDM terms (e.g. option, preference, involvement etc.) in different ways. (PEC 2020)
Current SDM observer measures only detect the use of 1 of 4 SDM Methods: (PEC 2021)
Change in SDM method is discernable in clinical encounters (Forthcoming)
The method of weighing pros/cons/preferences is not the most common form of SDM (Forthcoming)

Discussion: The Purposeful SDM model has usefully distinguished different kinds of SDM that correspond with different types of patient problems. The schema’s conceptual framework is consistent with empirical findings. Purposeful SDM schema provides an additional perspective that can be used to advance SDM research and practice in new directions.

Orals (online): O.O.10 Patient-centred and empathic communication

O.O.10.1 Sexual Orientation and Gender Identity Disclosure Among Oncology Patients: Describing Current Trends

Presenter(s):
Viktor Clark, Virginia Commonwealth University, United States
Richard Brown, Virginia Commonwealth University, United States

Background: Sexual Orientation and Gender Identity (SOGI) data are not systematically collected for Sexual and Gender Minority (SGM) individuals, thus impeding equitable and high-quality cancer care. SGM cancer patients experience significant barriers to disclosing their SOGI data either via medical forms or in clinical consultations. We explored factors that can facilitate SOGI data disclosure among SGM cancer patients.

Methods: We conducted a secondary-data analysis of survey data collected from a national sample of SGM cancer patients (N = 4517) in the United States to explore their experiences of disclosure and outcomes thereafter. Correlations, chi-squares, linear and logistic regressions were utilized.

Analysis: Our sample were mostly white (85.37%), male (61.50%) cancer survivors (71.70%). Participants identifying as gay most frequently disclosed SOGI data through medical forms (X$^2$1 = 51.31, p <.001), rather than self-disclose during consultations (X$^2$1 = 119.35, p <.001). SOGI disclosure was significantly correlated with SGM patients' perception of providers' cultural competence, "safeness" (r = .51, p <.001) and satisfaction with care (r = .50, p <.001). A Binary logistic regression found that participants with higher levels of safeness or perceptions of cultural competence were 1.22 times (p <.01) and 1.18 times (p <.01) more likely to disclose their SOGI information on an institutional medical form. In a binary logistic regression, participants with higher levels of "safeness" or perception of cultural competence were 1.27 times (p <.01) and 1.18 times (p <.05) more likely to disclose SOGI data during clinical consultations.

Discussion: Our limited data suggest that providing culturally competent care in a “safe” clinical environment may facilitate SOGI data disclosure. The factors that foster disclosure vary among SGM groups. Further research is warranted to identify other factors. If these goals are realized, SOGI data disclosure among SGM cancer patients may increase, thus addressing a substantive inequity in SGM cancer care.

O.O.10.2 Evidence-based approach to designing wearable technology to improve patient-clinician communication

Presenter(s):
David Lee, School of Medicine, University of Virginia, United States

Authors:
Tabor Flickinger, University of Virginia School of Medicine, United States
Virginia LeBaron, School of Nursing, University of Virginia, United States
Mehdi Boukhechba, School of Engineering and Applied Science, University of Virginia, United States
James Edwards, School of Nursing, University of Virginia, United States
Zhiyuan Wang, School of Engineering and Applied Science, University of Virginia, United States
David Ling, School of Medicine, University of Virginia, United States
Daniel Wilson, Health Sciences Library, University of Virginia, United States
Laura Barnes, School of Engineering and Applied Science, University of Virginia, United States

Background: While progress has been made on communication skills training for clinicians, gaps exist in how to best monitor, measure, and evaluate the implementation of communication skills in the actual clinical setting and provide timely feedback about effectiveness and quality.

Methods: This 1-year, multi-phase, proof-of-concept study aims to design and pilot test ‘CommSense,’ a novel wearable sensing system and associated natural language processing algorithms. Our team leverages disciplinary expertise from nursing, engineering, medicine, and library science. CommSense will be deployed on mobile devices (e.g., smartwatches) with the goal to reliably extract key markers of communication quality from real-time patient-clinician palliative care interactions. In Phase 1 (completed) we conducted a thorough review of the literature to develop an evidence-based list of quality communication metrics and determined how these metrics could be best operationalized. Phases 2 and 3 (in-progress) will involve design of the CommSense system and pilot testing with simulated clinical scenarios to assess fidelity of data capture and extraction of desired metrics.

Findings: We identified 96 articles from relevant databases in consultation with a health sciences librarian; 18 articles were added based on expert opinion. After screening article titles and abstracts (n=114) for relevance, 72 articles were selected for full-text extraction and independently reviewed by 2 members of our clinical team. We used a ‘talk-aloud’ thematic analysis approach to develop a list of 7 core communication metrics (5 verbal; 2 non-verbal) with associated strategies for operationalization.

Discussion: Clinician-patient communication is complex and determining appropriate metrics for evaluation is challenging. We propose a core set of communication ‘best practices’ that can be extracted from conversations using the CommSense technology. The long-term goal of this research is to deploy CommSense in a variety of healthcare contexts to provide real-time feedback to end-users to improve communication and patient-centered health outcomes.

O.O.10.4 The floor is yours - or mine? Observational study on interruptions during the opening statement.

Presenter(s):
Inge (A.G.) Vos, Wilhelmina Ziekenhuis Assen, Netherlands

Authors:
Ellen (E.M) Driever, Isala Hospital Zwolle, Netherlands
Paul (P.L.P.) Brand, Isala Hospital Zwolle, Netherlands

Objective: To analyse verbal interruption practices by Dutch hospital consultants during the patient’s opening statement.

Design: Cross-sectional descriptive study.

Setting: Isala teaching hospital in Zwolle, the Netherlands.

Participants: 94 video recorded consultations of 27 consultants, recorded in 2018 and 2019.
Main outcome measures: Physicians’ verbal utterances (interruptions) during patients’ opening statements, rate of completion of patients’ opening statements, time to first interruption, and the effect of gender, age and physician specialty on the rate and type of physicians’ verbal interruptions.

Results: Patients were interrupted a median of 9 times per minute during their opening statement, the median time to first interruption was 6.5 s. Most interruptions (67%) were backchannels (such as “hm hm” or “go on”), considered to be encouraging the patient to continue. In 52 consultations (55%), patients could not finish their opening statement due to a floor changing interruption by the consultant. The median time to such an interruption was 31.4 seconds, on average 20 seconds shorter than a finished opening statement (p=0.004). Female consultants used more backchannels (median 9, interquartile range [IQR] 5 to 12) than male consultants (median 7, IQR 2 to 11, p=0.028).

Conclusions: Hospital-based consultants use various ways to interrupt patients during their opening statements. Most of these interruptions are encouraging backchannels. Still, consultants intrusively interrupt more than half of their patients during their opening statements after a median of 31 seconds.

O.O.10.5 The dark alleys of patient journeys: exploring patient-centredness in health communication

Presenter(s):
Martha Monrad, Roskilde University, Denmark

Background: Patient-centredness – understood as targeting individual patients' needs – has become a raison d'être in health communication. This is, for instance, visible in the Danish healthcare system’s many patient communication strategies, where conventional communication actions such as reducing medical terms are taken. However, fundamental pathways of patient journeys, such as waiting times, should also be considered as communication, but are absent in strategies. As a result, achieving and improving patient-centredness of health communication becomes difficult. This paper aims to shed light on the nuances of patient-centred communication – in particular how disregarding contextual factors like non-human actors when strategizing communication might leave patients in the dark.

Methods: Based on longitudinal fieldwork at a Danish hospital, I explore and map the communication journeys of patients being screened for osteoporosis. Informed by actor-network theory, and by way of observations, interviews, and close-reading of documents, I explore the association between patient-centredness and medication compliance. The analysis includes both easily recognisable patient communication, e.g., medical records and doctor—patient conversations, as well as more oblique patient communication, e.g., waiting time and materiality.

Findings: The paper shows that the patient-centredness of unconventional communication prior to osteoporotic treatment decisions has not been scrutinized. This results in individual medication recommendations that do not treat the patient as a whole – without the healthcare system being aware of counteracting their own ideal. It might leave the patient with responsibility of deciding whether to take medication that does not suit them or not taking their medication at all.

Discussion: The Findings: contribute to healthcare communication by highlighting the need for strategies where “being here for you” is more than a slogan. That in order to be truly patient-centred, health communication needs to pay attention to not just the well-lit highways, but also the dark alleys. In practice and academia.
The integration of communication skills courses within the medical curriculum shows increasing satisfaction for students and patients. Various studies provide evidence for the benefits of those courses on the students’ development as junior doctors. This has indirectly shown improvement in the patients’ experience and therefore adherence to treatment.

In this research, data was collected from 2 cohorts (MD6 and MBBS) in a medical school via feedback questionnaires regarding 3 communication skills sessions. The data collected is of quantitative and qualitative type from the academic years 2017/2018 and 2018/2019. This study aims to explore the undergraduate students’ perception of those courses using content analysis.

Overall, the data analysis suggests the students are satisfied with the inclusion of communication courses in their curriculum. Eighty-three students out of a hundred and two (n=102) who received the questionnaire provided feedback for the question regarding session satisfaction (81.4% response rate). Specifically, the use of simulated patients and the opportunity to practice during role-plays were among the most highly valued aspects. Tutors who created a safe environment and had good time management were also highly rated. Twenty-eight students out of a hundred and two (27.5% response rate) provided answers when asked for points of dissatisfaction. When asked about ways the session could be improved, twenty-seven students replied (26.5% response rate). Areas of improvement included better time management of the session by tutors and more opportunities for role-plays.

With the increasing use of simulated patients, it is important to explore the views of the recipients on this matter. Our Findings: support the existing evidence of the importance of communication skills in the development of future doctors. More research is needed to identify the relationship between communication training and the students’ performance as junior doctors.
Background: Tomorrow’s doctors will have abundant opportunities to improve public health and wellbeing and tackle inequalities. The NHS Future Forum recommends ‘every healthcare professional should “make every contact count (MECC)” and use every contact with an individual to maintain or improve their mental and physical health and wellbeing where possible.’ However, lack of time, confidence, knowledge and training are perceived as obstacles to healthy lifestyle counselling. Medical students will benefit from MECC-focused communication skills training, enabling them to engage in healthy conversations with their patients and communities. The aim of the study was to test the feasibility of integrating MECC into the undergraduate medical curriculum in Leicester Medical School and evaluate its effectiveness.

Methods: MECC will be introduced to second year students (n=300) with lectures, online resources, small group seminars and role-plays. Students will be trained to include diet and lifestyle within a clinical history. New summative Objective structured clinical examination (OSCE) stations will assess healthy conversation skills. Performance of students in the OSCEs will be analysed. Students’ and educators’ feedback will be gathered.

Findings: Preliminary discussions demonstrated feasibility for the medical school to collaborate with local authority colleagues in this venture. The teaching and assessment materials were developed along with questionnaires for students and facilitators. In addition to promoting wellbeing within the medical school, community immersion opportunities have been provided for students with local authority public health teams to engage with vulnerable communities.

Discussion: Future doctors are well placed to improve public health and wellbeing by making every contact count and communication skills training will enable them to achieve this. This study will evaluate the success of integrating MECC into the medical curriculum. A sustainable model of delivering MECC in local communities is being explored with students as MECC trainers.

O.O.5.3 (WIP) Student Perceptions of Clinical Communication Teaching in Undergraduate Medical Education

Presenter(s):
Isioma Igweike, University of Nicosia Medical School, United Kingdom

Authors:
Alexia Papageorgiou, University of Nicosia Medical School, Cyprus
Maria Perdikogianni, University of Nicosia Medical School, Cyprus
Panayiota Andreou, University of Nicosia Medical School, Cyprus
Zoe Giannousi, University of Nicosia Medical School, Cyprus
Lama ZenEddin, University of Nicosia Medical School, Cyprus

Background: Effective communication skills are integral to medical practice and enable the development of a strong doctor-patient relationship. It has been demonstrated that the incorporation of clinical communication teaching in undergraduate medical education enables future doctors to develop better communication skills and enhance their performance in a clinical setting, resulting in better patient adherence to treatment and positive health outcomes. The aim of this narrative review is to evaluate the current body of literature, to assess students’ perceptions of clinical communication teaching in undergraduate medical education.
Methods: We conducted a systematic search of the literature relating to communication teaching in undergraduate medical education. PubMed, PubMed Central, BioMed Central, Cochrane Library and Google Scholar were systematically searched for relevant papers.

Findings: The literature search yielded thirty-four studies of which twenty-five were included in the review and nine were excluded. Twelve studies were qualitative, nine studies were quantitative, and four studies were mixed method. From the twenty-five studies, we found that students’ perceptions impact the value they place on communication skills and their willingness to learn, which could have a direct effect on the care of future patients. Overall, students have positive perceptions of clinical communication teaching and consider it to be useful in their learning and development as future doctors. Experiential learning, such as utilising role plays, is shown to be an effective tool for practising communication skills and enables students to develop key attributes such as empathy, as well as increasing their confidence and competence in a clinical setting.

Discussion: This narrative review emphasises the importance of course evaluation, by using feedback provided by students on how to improve the course curriculum and therefore enhance the learning process. In addition, it highlights the need to improve course evaluation methods: and to enhance the quality of feedback provided by the students.

O.O.5.4 (WIP) EPAs for assessment of communication skills competences during Family Medicine residency in Portugal

Presenter(s):
Joana Monteiro, Faculty of Medicine, Porto University, Portugal

Authors:
Paulo Santos, Faculty of Medicine, Oporto University, Portugal

Background: Throughout the latest decades there has been a change in the paradigm of medical education, shifting from objective and knowledge-based curricula to competence-based curricula. In 2005, the concept of Entrustable Professional Activities (EPA) was introduced to represent units of work that define a profession and are entrusted to a resident to complete unsupervised once she or he has obtained adequate competence. EPA have been described and implemented successfully in a number of countries and have been shown to contribute to greater trainee and trainer satisfaction. Doctor–patient communication is paramount in Family Medicine consultations and specific communication tasks can be defined as recognizable professional activities that can be performed and assessed in daily clinical activity. The purpose of this work is to define EPAs in doctor–patient communication in Family Medicine residency training, including underlying competences and assessment, by expert consensus and implement EPAs in a sample of residents also undergoing traditional evaluation methods.

Methods: two studies will be conducted: 1) a Delphi study including experts in Family Medicine and Communication Skills training to reach consensus about EPAs for Family Medicine focusing on clinical communication including three stages: identification of communication related tasks in Family Medicine from literature that could be treated as EPAs, content validation by experts and consecutive rounds of modified Delphi using predefined consensus levels; 2) an intervention study, to evaluate the impact of competence based assessment on acquisition of competences, and resident satisfaction in a sample of Family Medicine residents also undergoing traditional evaluation methods.

Findings: the hypothesis is that, similarly to published literature, assessment using a EPA model leads to less time for competence acquisition and higher trainee satisfaction.
**O.O.5.5 (WIP) The alarms of communication echoes in ICU: A team training program can be vital to save lives.**

*Presenter(s):*
Paula Pinto Meira, Porto University Hospital Center (CHUP), Portugal

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

Intensive care units (ICU) are highly complex environments in providing care to patients, requiring well-trained professionals, with sophisticated equipment and specific protocols. In order to guarantee the quality of care provided, effective teamwork is also essential. For this, it is necessary to train health professionals, help them to develop communication and collaboration skills and the ability to perform effective teamwork. The objective is to achieve greater effectiveness in managing unexpected events, sometimes difficult to plan, as well as cultivating the ability to anticipate and prevent undesirable consequences.

In this scenario, interprofessional education, with a focus on communication and teamwork, may play a key role here.

The main objective of the present study is to develop a training program in communication skills and assess its impact on the relational coordination of an intensive care team. Simulation technique "in situ" and debriefing, with the practice of 4 scenarios unfolded in the professionals’ workplace will be used. A multidisciplinary team working in the ICU will be integrated into the training at the same time.

From the 71 health professionals working in the ICU of the Centro Hospitalar Universitário do Porto (UCIP/CHUP), groups of 20 professionals are going to be allocated to intervention and control groups.

The research which will approach the problem in a quantitative and exploratory way, with a quasi-experimental design.

Using creative models of communication training in health settings, it is expected that this intervention will demonstrate its impact in sensitive areas such as: team collaboration effectiveness, leadership, professional motivation/satisfaction, patient safety, level of stress/conflicts and quality of care.

We expect that high quality team communication, supported by objectives, shared knowledge and mutual respect, can make a substantial contribution to overcoming these urgent problems.

**O.O.5.6 (WIP) Qualitative adaptation of CICAA scale for audiotape recording consults: a Delphi study**

*Presenter(s):*
Asunción Samper Hernández, CSI Santa Pola, Spain
Jesús González Lama, CS Matrona Antonia Mesa Fernández, AGS Sur de Córdoba, IMIBIC, Spain

*Authors:*
Nieves Barragán Brun, CAP Vallcarca, Barcelona, Spain
José Joaquín Mira Solves, Universidad Miguel Hernández, Spain

Background: The aim of this study is to adapt a highly validated scale for evaluating communication skills in video-recorded clinical interviews (the CICAA scale) to audio tape recorded interviews (called CICAA-Audio scale). A Delphi study will be used for the first qualitative validation of the scale, in order to assess face, content and consensus validity. We have just completed the first wave of the study.
Methods: Active representatives of the semFYC (Spanish Society of Family Medicine) Communication and Health Group, with teaching and/or research experience, were invited to participate in the Delphi. Participants in the elaboration of the original CICA scale were also enrolled in this study. Those who agreed to participate in the study were given a proposal of a modified scale adapted to audio recordings, so that they could modify or eliminate the items they considered. These answers will be used to create a new CICAA-Audio version that will be sent again to the experts to weigh the importance of each item, in an ordinary scale from 1 (less important) to 5 (the most important). A consensus point of 70% of experts scoring 3 or more of this scale will be used for including the item of the definitive CICAA-Audio scale. This CICAA-Audio scale will be quantitatively validated in a subsequent study using audio recordings from pediatric consultations, inside the OPTIMAP study.

Discussion: a validated scale for evaluating communication skills in audio recording clinical interviews could be very useful in cases where video recording is not possible or when would be inefficient. Audio tapes are easier to record and can be helpful for keeping the privacy of interview participants.

Orals (online): O.O.11 Complex clinician-patient interactions

O.O.11.1 Pandemic Health Communication with Aboriginal and Torres Strait Islander Peoples

Presenter(s):
Maria Karidakis, The University of Melbourne, Australia

Authors:
Barbara Kelly, The University of Melbourne, Australia

Background: The challenges precipitated by the advent of COVID-19 have brought to the fore the task governments and key stakeholders are faced with; ensuring public health communication messaging is readily accessible to vulnerable populations. COVID-19 has presented challenges for the provision and reception of timely, accessible and accurate health information pertaining to vaccine health messaging to Aboriginal and Torres Strait Islander peoples. The objective with this research was to investigate ways in which vaccine-health communication can be enhanced to better facilitate communication with Aboriginal and Torres Strait Islander peoples. This qualitative study explored strategies used by Aboriginal-led organisations to improve communication about COVID-19 and vaccination for their communities and to explore how these mediation and outreach strategies were received by community members.

Method: Data used included 8 hours of transcribed audio recording from semi-structured interviews with 6 Aboriginal-led organisations and 15 community members from several states across Australia and these interviews were analysed thematically.

Findings: The Findings: suggest that effective public health communication is enhanced when a First nations-led response defines the governance that happens in Indigenous communities. Pro-active and self-determining Aboriginal leadership and decision-making helps drive the response to counter a growing trend towards vaccine hesitancy. Other strategies include establishing partnerships with government departments and relevant non-governmental organisations to ensure services are implemented and culturally appropriate.

Discussion: The outcomes of this research will afford policymakers, stakeholders in healthcare and cultural mediators the capacity to identify strengths and potential problems associated with pandemic health information and to subsequently implement creative and culturally specific solutions that go beyond the provision of written documentation via translation or interpreting. It will also enable governing bodies to adjust multilingual polices and to adopt mediation strategies that will improve information delivery and intercultural services on a national and international level.
O.O.11.2 Challenges and adaptations in communications during COVID 19 among midwives of Sri Lanka

Presenter(s):
Sembakuttige Amali Chinthika Dalpatadu, General Sir John Kotelawala Defence University, Sri Lanka

Authors:
RM Mudiyanse, University of peradeniya, St. Helena
Thilini Agampodi, University Of Rajarata, Sri Lanka
Anjeli Mendis, Ministry Of Health, Sri Lanka

Introduction and Objectives: The role of midwives in maternal and childcare is greatly hampered due to challenges in communication during COVID pandemic. This study explores challenges and adaptations for communication.

Methods: This FGD based qualitative study included 12 PHMs from a field clinic and 11 midwives were from a ward setting from Anuradhapura district, Sri Lanka in two separate focus group discussions. The focus group discussions based on a pretested interviewer guide were audio-recorded, transcribed and thematically analysed.

Results: Challenges faced and adaptations made were described under twelve sub themes. Disruption of bonding, difficulty in clear comprehension, compromised communication due to lack of non-verbal expressions, limited talk time and lack of “reassuring touch” were the different categories of challenges identified. Using the telephone for inquiry, managing time to accommodate patient care, explaining the limitations of care to mothers beforehand were the common adaptations made. Lack of non-verbal communication was pointed out as the most important barrier in building up a good relationship. The time spent on proactive health education, were compromised and individually modified to according level of knowledge, understanding capacity and available support. Conversations seem to have focused more on COVID advice more than proactive advice on health promotion.

Conclusions: The main challenges were the distance and lack of nonverbal cues. However the care delivery was provided under dire circumstances with minimum interruption to communication. Public health midwives made adaptations in order to communicate efficiently and effectively and went and extra mile to do so. Alternative routes of communication have proven extremely useful under these difficult circumstances.

Keywords: Midwives ,adaptations, Focus Group Discussion (FGD), communication, Anuradhapura, Sri Lanka

O.O.11.3 Discussing complementary and alternative veterinary medicine: equine veterinarians’ perceptions

Presenter(s):
Pia Keller, Ghent University, Belgium

Authors:
Liselot Hudders, Ghent University, Belgium
Annelies Decloedt, Ghent University, Belgium

Background: Based on our earlier study, up to 75% of horse owners indicate that they have used complementary or alternative veterinary medicine (CAVM), e.g. osteopathy or acupuncture. However, non-disclosure of CAVM use to the veterinarian is common. This may harm animal welfare as not all CAVM
treatments are evidence-based. The aim of this study was to investigate how veterinarians communicate about CAVM with clients and identify factors influencing CAVM discussions.

Methods: Telephone survey among Flemish equine veterinarians conducted by a single researcher in February-June 2022. Veterinarians’ contact details were retrieved from a public list, resulting in 338 contacted vets and 101 completed surveys. The survey included 13 questions, mainly multiple choice and Likert scale type. Answers were recorded in Qualtrics® and statistical analysis was performed using SPSS®.

Findings: The majority of veterinarians indicated that they discuss CAVM with clients on a weekly (39.6%) or daily (21.8%) basis. Participants indicated that initiation of this conversation happened most often by the client (49.3%) or was evenly distributed between veterinarian and client (26.8%). When vets initiate the conversation, CAVM is either mentioned as one of many treatment options or as complementary therapy in addition to traditional treatment. Whether CAVM is mentioned depends largely on the problem diagnosed and if CAVM seems to be applicable. Other factors hindering communication are no knowledge about and no support of CAVM by the vet, clients already having a CAVM practitioner or clients who don’t ask about CAVM.

Discussion: Conversation about CAVM could be facilitated by having informed vets, actively approaching clients instead of waiting for them to ask questions. Veterinarians’ knowledge and communication skills could be improved with educational courses.

O.O.11.4 A conversation analysis of personal COVID-19 risk communication in a global pandemic

Presenter(s):
Charlotte Albury, University of Oxford, United Kingdom

Authors:
Madeline Tremblett, University of Oxford, United Kingdom
Helena Webb, University of Nottingham, United Kingdom
Rachna Begh, University of Oxford, United Kingdom
Rebecca Barnes, University of Oxford, United Kingdom
Wendy Lawrence, Healix, United Kingdom
Nicola Walmsley, Healix, United Kingdom
Deborah Groenewald, Healix, United Kingdom
Marise Caunter, UK Foreign Commonwealth and Development Office, United Kingdom
Dipti Patel, UK Foreign Commonwealth and Development Office, United Kingdom

Background: Effective communication is key to ensuring people understand their risks of disease. Conversations between clinicians and patients provide good opportunity to discuss individual risk, including for COVID-19. During the height of the COVID-19 pandemic UK Foreign Commonwealth and Development Office (FCDO) clinical staff contacted members of British government teams working aboard to communicate their individual COVID-19 risk, supporting informed risk mitigation behaviours. Variation in the approaches used in these recorded telephone consultations provides unique opportunity to identify how personal COVID-19 risk was communicated, and to identify effective practices.

Methods: Conversation analysis of 20 routinely recorded telephone consultations between FCDO clinicians and UK government staff, discussing COVID-19 risk. Calls were collected from September 2020 to July 2021, opportunistically sampled, and transcribed using the Jeffersonian approach. We used the next-turn proof-procedure to understand which approaches used by clinicians to communicate risk supported displays of understanding from patients.
Results: We identified two ways clinicians achieved the complex activity of personal risk communication: (1) “Isolate risk” where a personal risk ‘level’ was stated (e.g. “your risks are low”), and often accounted for (e.g. “that’s because of your age”); and (2) “Contextualised risk” where clinicians communicated a personal risk ‘level’, and an account. This was followed by describing a hypothetical scenario, tailored to an individual patient, placing risk in context. This was usually achieved through an ‘if’-prefaced hypothetical scenario (e.g. “If you did develop COVID and you became very unwell there is a possibility that…if the local hospitals were overrun…we wouldn’t be able to evacuate you”). Isolate risk communication was usually followed by minimal responses, whilst contextualised risk communication was often followed by displays of understanding (e.g. “I understand.”).

Discussion: When clinicians communicate personal COVID-19 risk to their patients, providing hypothetical scenarios, which place individual risk in context, may be most effective in supporting understanding.

O.O.11.5 Self-management support: a complex clinician-patient interaction

Presenter(s):
Lotte Timmermans, KU Leuven, Belgium

Authors:
Dagje Boeykens, Ghent University, Belgium
Mustafa Muhammed Sirimisi, University of Antwerp, Belgium
Peter Decat, Ghent University, Belgium
Veerle Foulon, KU Leuven, Belgium
Ann Van Hecke, Ghent University, Belgium
Mieke Vermandere, KU Leuven, Belgium
Birgitte Schoenmakers, KU Leuven, Belgium

Background: Coping with a chronic disease can be really challenging. Self-management represents a promising strategy to improve daily life experiences. The role of primary healthcare professionals cannot be underestimated in supporting self-management. Due to a shortage of theory, implementation of self-management support is hindered in primary care practice. The aim of this study is to create a conceptual model for self-management support by analysing patients’ care experiences towards self-management support.

Methods: An explorative-descriptive qualitative study was conducted in Flanders, Belgium. Semi-structured interviews were performed with 16 patients and their informal caregiver (dyads) using a purposive sampling strategy and processed by an inductive content analysis, according to Graneheim and Lundman.

Findings: Interviews revealed in-depth insights into patients’ care experiences. A conceptual model was developed for primary care practice, including five fundamental tasks for healthcare professionals - Supporting, Involving, Listening, Coordinating and Questioning (SILCQ) – contributing to the support of self-management of chronic patients.

Discussion: This qualitative research emphasises the use of the SILCQ-model to develop optimal roadmaps and hands-on toolkits for healthcare professionals to support self-management. The model needs to be further explored by all stakeholders to support the development of self-management interventions in primary care practice.

10:15 - 11:45

Orals: O.28 Teaching/assessment of learners in health professions

O.28.1 Factors that influence health professionals team communication in emergencies.
Presenter(s):
Sharon Bourke, Federation University, Australia

Findings from a grounded theory study.

Background: Ineffective health professional team communication is a significant contributing factor to poor clinical outcomes for patients. Nurses are in a unique position to make a difference in influencing improvements in team communication. Although there has been much work in the healthcare literature on communication and its intersection with patient safety, there is still a gap in explaining how individuals within the team contribute to communication.

The purpose of this study was to explore and explain how nursing students communicate in simulated emergency settings and how factors, such as culture, language, gender, age and power, affect nursing students’ team communication.

Methods: Final year nursing students were recruited from one Australian university, to undertake a structured team simulation experience. Simulations were video recorded after which individual, in-depth, semi-structured interviews were conducted with 21 participants.

Findings: The discovered theoretical construct Navigating uncertainty: explaining communication of nursing students within an emergency setting helps to explain nursing students’ actions and insights into factors that influence their communication within emergency teams. The core process is represented in three transitional stages of the theory comprising: Finding a place in the team, Understanding and working out differences and looking to the future - developing strategies to improve communication.

Discussion: The influence of national culture, language, gender, power and age and how these affect the performance of teams of nursing students was explored. Recommendations include team training focusing on convergence of attitudes, values and beliefs and, encouragement of speaking up behaviours to address communication issues because of cultural or other differences in team members. The Findings: and recommendations of this study provides insights in health professional education to transition effective communication skills into clinical work to ‘bridge the gap’ between theory and practice.

O.28.2 Co-developing a suicide prevention training module with community pharmacy staff

Presenter(s):
Amanda Stover, University of North Carolina, Eshelman School of Pharmacy, United States

Authors:
Jill Lavigne, Center of Excellence for Suicide Prevention, Department of Veterans Affairs, Canandaigua, New York; Wegmans School of Pharmacy, St John Fisher College, United States
Wendi Cross, University of Rochester Medical Center, United States
Alexis Shook, University of North Carolina, United States
Delesha Carpenter, University of North Carolina, Eshelman School of Pharmacy, United States

Background: Pharmacists are one of the most accessible health professionals in the United States; with training, they may serve as gatekeepers who recognize suicide warning signs and refer individuals with warning signs to care. Our objective was to co-develop a 30-minute online gatekeeper training module (Pharm-SAVES) specifically for community pharmacy staff.

Methods: Over a period of 8-months, a five-member pharmacy staff stakeholder panel and the Finger Lakes (New York) Veterans Research Engagement Review Board each worked with the study team to co-develop
Pharm-SAVES. Formative data from previous interviews with community pharmacists guided design based on communication preferences, delivery mode, duration, and video scenarios.

Findings: Four key topics were identified for brief skills-based development in shorter modules delivered asynchronously on-line. To help pharmacy staff understand their opportunities as gatekeepers in suicide prevention studies, statistics, and statements from the Joint Commission and pharmacy professional organizations were highlighted in Module 1. Module 2 (“What can I do?”) presents “SAVES”: 1) Recognize warning Signs 2) Ask if someone is considering suicide 3) Validate feelings 4) Expedite referral, and 5) Set a reminder to follow-up. Module 3 (“How does it work?”) provides three video scenarios modeling the SAVES and two interactive video cases for participant practice. Module 3 demonstrates use of the 24/7 National Suicide Prevention Lifeline including the DOD/VA Crisis Line. Module 4 (Resources) includes links to national resources and an original zip-code based provider directory.

Discussion: Pharm-SAVES delivers, brief, skills-focused, video-based interactive training tailored to the retail pharmacy setting. Pharm-SAVES is now the intervention in a funded randomized controlled trial to evaluate staff communication behaviors in suicide prevention gatekeeping.

O.28.3 Interdisciplinary Write-Read-Reflect narrative sessions transform the experience of listening

Presenter(s):
Lorraine Dickey, The Narrative Initiative LLC, United States

Authors:
Erin Bendas, St. Lukes University Health Network, United States

Background: "Enhancing listening and communication skills" is a crucial component of healthcare learner and staff competencies so they successfully provide care for patients and families that is perceived as "good care."

Objective: How do we learn and practice robust reflective listening skills that can be immediately put into practice to improve the patient-provider/provider-colleague experience?

Methods: The Narrative Initiative LLC (TNI) and St. Lukes University Health Network (SLUHN) collaborated in 2020-21 to conduct an interdisciplinary IRB-approved study employing a series of Write-Read-Reflect narrative experiences over 6 months to the curriculums for graduate medical education (GME) learners in Hospice & Palliative Medicine (HPM), Spiritual Care, and Psychiatry Programs. Using their own short stories on a series of advancing topics, they learned and practiced selecting and reflecting specific qualitative words that invite the other to explore what matters to him/her. A validated survey was used to collect quantitative and qualitative data. The qualitative analysis was performed to identify themes.

Findings: Questions measured by a Likert scale showed over 95% of participants consistently "agreed" their narrative experience enhanced their listening skills, enhanced their personal and professional sense of resilience, and gave them the ability to immediately apply what they practiced to their next clinical encounter.

Discussion: In addition to developing athletic and robust reflective listening skills, these learners noted their shared experience provided an opportunity for meaningfully decompression. And they noted these narrative experiences enhanced their personal wellness and professional resilience that is so needed during this global pandemic. Based on these results, Write-Read-Reflect narrative exchange sessions are now an integral component of the current curriculum of the HPM, Spiritual Care, Psychiatry and Family Medicine programs to address curriculum requirements of interdisciplinary team dynamics, death and dying, ethics
and moral distress, communication, and wellness. The Internal Medicine and OB-GYN programs are joining in 2022-23.

**O.28.4 A communication training for pharmacy staff to improve the conversation about medication switches**

*Presenter(s):*

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*Authors:*

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*Background:* Non-medical medication switches occur frequently and can have a negative impact on patients’ medication use, due to distrust in the new medicine, or fear of new side effects. Pharmacy staff’s communication about these switches, how they deliver the message and how they address patients’ emotions and concerns regarding the switch is crucial. However, pharmacy staff experiences difficulties in communicating about these switches. This study aimed to develop and pilot-test a communication training to improve conversations about medication switches.

*Methods:* Two communication strategies, ‘positive message framing’ (emphasizing positive elements of the message) and the ‘breaking bad news model’ (break the news immediately, give room for and address emotions), were adapted for use in pharmacy encounters. A blended learning training was developed, consisting of an e-learning followed by a half-day live training. The e-learning contained theory on the two communication strategies and reflective exercises for participants on their own conversations. During the live training participants mainly practiced conversations regarding medication switches using role play with a simulated patient (actress). The training was pilot-tested with staff from 15 Dutch pharmacies. Participants’ evaluation of the training (level 1 of the Kirkpatrick Model) was assessed.

*Findings:* Twelve pharmacists and 27 pharmacy technicians from 15 pharmacies were trained. All participants indicated that the training met their expectations. They most valued practicing the conversations, and discussing these role plays with each other and getting feedback, and as such learning from each other. Suggestions for improvement included having exemplary sentences to use in daily practice, portraying examples of a ‘good’ and ‘bad’ conversation and having more time to practice various situations. The training will be adapted according to these suggestions.

*Conclusion:* The training was well-received by pharmacy staff. Our next step is to investigate the degree to which they apply their learned skills in daily practice.

**O.28.5 (WIP) Impact of a coaching intervention on clinician communication skills: comparison across specialties**

*Presenter(s):*

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*Authors:*

Kipton Pedersen, University of Iowa Hospitals and Clinics, United States
Theresa Brennan, University of Iowa Hospitals and Clinics, United States
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Introduction: Formal communication skills training programs for practicing healthcare providers have increasingly been implemented. However, transfer and sustainment of these communication skills into daily clinical practice can be challenging. The uptake of novel communication skills may vary depending on clinician specialty and clinical context. Post-workshop coaching has been identified as one approach which helps support providers integrate workshop communication skills into their workplace interactions with patients. The current study examines post-workshop coaching feedback to identify differences in the uptake of communication skills across medical specialties.

Methods: Trained communication coaches observed healthcare providers (including physicians, advanced nurse practitioners, and physician assistants) 30 and 60 days after they participated in a communication skills workshop. Coaches provided written and verbal feedback to each provider on their use of workshop skills. Content analysis was applied to written feedback reports to compare which skills clinicians had effectively incorporated into their patient interactions and how this varied by provider’s medical specialty, discipline, and gender.

Results: All participating providers (N=85) demonstrated improvement in use of skills following the workshop and coaching sessions, with more improvement at 60 days post workshop. Primary care specialties (family medicine, general internal medicine, general pediatrics) were more successfully able to integrate skills such as agenda setting and teachback into their clinical practice than surgical and medical subspecialties. Utilization and sustainment of skills was comparable across gender and across disciplines (physician vs. non-physician).

Discussion: Preliminary study Findings: demonstrate that a program combining a communication skills workshop and coaching can be effective in improving and refining practicing healthcare providers’ communication skills. Potential challenges in specific clinical contexts and disciplines on effective uptake of skills, such as agenda setting and teachback, deserve further study. This research can inform the development of specialty-focused interventions that better support translation of these skills into diverse clinical practice settings.

O.28.6 Training clinicians to recommend the HPV vaccine using a C-LEAR communication strategy

Presenter(s):
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Marta Hansen, University of Florida, United States
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Background: Human papillomavirus (HPV) vaccination initiation and up-to-date rates among 13- to 17-year-olds remain low in the United States. Clinician recommendations are the most influential factor on adolescent vaccination. Yet, existing strategies to increase the clinician HPV vaccine recommendation effectiveness have not shown increases in UTD rates. We developed and tested an empathy-focused, communication strategy for recommending the HPV vaccine.

Methods: In one-hour Zoom-based sessions, we trained 36 clinicians who care for adolescents to use our developed C-LEAR (Counsel, Listen, Empathize, Answer, and Recommend) HPV vaccine recommendation strategy. The communication skills training included presentation of the importance of HPV vaccine, an overview of the C-LEAR communication strategy, and experiential role plays. Clinicians completed a survey
before and immediately after the training to assess acceptability, intention to recommend the vaccine, and current strategy benefits.

Findings: Most clinicians were female (27/36 = 75%) and had not received formal communication training in HPV vaccine recommendations (26/35 = 74%) during their average of 12 years primary care experience. The majority of clinicians agreed that the training was helpful and easy to understand (97% = 34/35), agreed that the trained recommendation strategy would be more effective than their existing strategy (77% = 27/35), and intended to implement what they learned (97% = 34/35). Prior to the training, 86% (30/35) of clinicians intended to recommend the HPV vaccine 81-100% of the time in the next 30 days. The strategy benefit item with the largest pre-post change was clinician report of having a recommendation strategy that saves time: increase of 0.7 for a 5-point scale from 1 to 5 (p<0.001).

Discussion: Experienced clinicians liked, understood, and intended to use the C-LEAR communication strategy when recommending the HPV vaccine. The largest perceived benefit from the training was the potential to save time when recommending the HPV vaccine.

Orals: O.29 Health policy and implementation

O.29.1 Most important contextual factors for the implementation of self-management interventions

Presenter(s):
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Background: The variation in successful implementation of self-management interventions (SMIs) can be partly explained by the differences in the context in which a SMI is implemented. Understanding why, when and where SMIs work most effectively is crucial for implementation. This study aimed to identify important Contextual Factors (CFs) for the successful implementation of SMIs for type 2 diabetes, obesity, COPD and heart failure.

Methods: This study was conducted as part of the COMPAR-EU study. A literature study identified 31 CFs related to the patient (n=14), health care professionals (HCP) (n=10), their interaction (n=3) or the setting/organization (n=4) of the SMIs. A Delphi study with 44 experts was set up to identify for SMIs in general, and nine component of SMIs, which CFs contribute most to their successful implementation. The Delphi consisted of two survey rounds and an online consensus meeting in which the 31 CFs were scored, prioritized and discussed. This resulted in Top5’s of most important CFs per component and disease-specific comments.

Findings: The most important CFs identified for several component of SMI overlapped to a great extent. Overall, the most important CF identified by stakeholders was: HCPs’ ability to adapt the advice, communication or intervention to patients’ situation and level of knowledge. This implies that ‘tailoring’ is an important asset for HCPs. Most CFs originated from the literature and were common across diseases although also disease-specific CFs were found.

Discussion: CFs are important to take into account when implementing successful SMI in real life settings. The Findings of this study will be incorporated into a self-management platform which provides support
for policymakers, guideline developers, HCPs and patients to make informed decisions on the adoption of the most suitable SMIIs in a given context and on which CFs to take into account for successful implementation.

O.29.2 Estonian case for mapping the needs and challenges for assessment of digital health technologies

Presenter(s):
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Tanel Ross, Tallinn University of Technology, Estonia
Maarja-Liis Elland, Tallinn University of Technology, Estonia

Background: The global pandemic has initiated an urgent need to rearrange the understanding of healthcare services in terms of innovative patient-provider communication assessment of digital technologies. Although there is clear guidance for medical devices’ assessment, not all technologies are medical devices and guidelines on how to evaluate the appropriateness of non-medical devices are missing. Therefore, this research aimed to analyze potential approaches to (re-)organize and regulate the area of the assessment of digital health technologies to secure and support users.

Methods: a mixed-method approach, where a questionnaire and workshops using focus group interviews and non-participatory observation was used. The sample consisted of representatives of different Estonian stakeholders from the public and private sectors (n=20). Thematic textual analysis was conducted.

Findings: The analysis revealed that in addition to the sense of urgency of the topic, and despite the unified concept of digital frameworks, the assessment process for medical devices and non-medical devices in the area of health and wellness should be distinguished to avoid duplication of processes. Also, unauthorized availability should be avoided and supportive algorithms for developers/producers could be provided. For non-medical devices, especially health applications, a local country-based assessment tool called Health Application Assessor was proposed. Furthermore, while there are areas for unified assessment, cost-efficiency should be considered and assessed as context-specific.

Discussions: further analysis to specify country-specific needs and challenges in the area of digital health technologies’ assessment is needed to consider existing healthcare, legislative, economical and practical context. The needs and ways of assessment for various digital health services (e.g. remote consultations) and the role of local Health Application Assessor should be analyzed.

O.29.3 Can a generic framework support the implementation of video consultations in clinical departments?

Presenter(s):
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Connie Timmermann, University of Southern Denmark/Odense University Hospital, Denmark
Background: Video consultations have increasingly gained acceptance during the COVID-pandemic. Experiences from the rapid implementation of video consultations at a Danish University Hospital in 2020 revealed a need for professional development of competencies regarding both technical and communication skills. Consequently, a training initiative was developed as a cooperation project between the hospital’s simulation centre, clinical IT and Centre for Research in Patient Communication. This comprised a blended-learning program with five digital modules and a four-hour face-to-face simulation training. This study investigates how a newly developed implementation framework can support the process of implementing the use of video for outpatient consultations.

Methods: Ten departments at a Danish University Hospital enrolled for the initial test of the blended-learning program. Resources were allocated for local coordinators and buy out of health professionals. An implementation guide was developed inspired by the RE-AIM and CFIR frameworks and on the needs identified during the implementation process in the first four departments. This was applied for the start- and follow-up meetings in the remaining six departments with the purpose of guiding the process and establish a close follow-up on both the organisational changes, the training intervention and the implementation of video consultations. Further, focus interviews will be conducted during spring 2022 with department management, local coordinators and participating health professionals to investigate barriers and facilitators for implementation.

Findings: The implementation process is ongoing; however, results on the effectiveness of the implementation process, focus groups and a revised guide will be ready for presentation in September 2022.

Discussion: Based on the Findings: we will discuss how the developed implementation framework performed in terms of supporting the implementation process and whether this framework has the potential to function as a generic framework for future implementation of communication interventions.

O.29.4 Communicating breast cancer screening during covid-19 pandemic - a Slovenian experience

Presenter(s):
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Background: Organized, population-based screening programs can decrease the burden of breast, cervical and colorectal cancers. Screening programs have been interrupted since the onset of the COVID-19 disease. The anticipated outcomes include delays in diagnosis and early treatment.

In the Slovenian Breast Cancer Screening program, called DORA, which provides screening mammography for Slovenian women aged 50–69 (280,000), planned communication has taken place throughout the pandemic in order to maintain the trust of women and participation rate above 70%.
The aim of this paper is to assess the effectiveness of the program's communication during the period 2020-2021 through the number of achieved media outlets and the participation rate.

Methods:
Key communication activities:
- Joint calls from all Slovenian cancer screening programs for residents to take part in screening programs during the epidemic.
- Press releases of DORA program.
- Continuous operation of the program’s Call Center.

Key communication messages:
- The importance of early detection of breast cancer.
- Ensuring infection prevention during mammography.
- Informing about changes in the operation of the program.

Findings: Quantitative media analysis: with three joint messages from all Slovenian cancer screening programs we achieved reporting in all major national media; a total of 62 outlets. With 34 stand-alone messages, we achieved more than 1,000 media outlets.

Participation rate: 75% in 2020 and 77% in 2021.

Discussion: The media positively accepts the joint communication of national programs and institutions. Screening indicators show participation rate is at pre-pandemic level (75%).

Limitation of analysis: we did not measure the factors influencing women's decisions regarding participation in screening during the epidemic.

We have shown that planned communication contributes to maintain trust and participation and supports the management of a screening program during crisis, such as the covid-19 pandemic, which can be the basis for planning future crisis management.

O.29.5 Risk Information Management and Public Health Crises: An Application of PRISM for Future Practice

Presenter(s):
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Research during previous public health crises has provided some insight on the public’s consumption of health information, as well as their preferred channels for information about crisis directives, and their intent to seek information about preventative measures like vaccines. Research is beginning to address the specific context of information consumption and management during the COVID-19 pandemic. However, more comprehensive, theoretically driven scholarship examining predictors of information seeking and preventative behaviors is needed. Guided by the Planned Risk Information Seeking Model (PRISM; Kahlor, 2010) which proposes that intention to seek information is the result of an individual’s perceptions of knowledge insufficiency, risk perceptions (severity and susceptibility), attitudes toward information seeking, and perceived seeking control, this study examined information seeking about COVID-19 risk, transmission, and prevention in May of 2020. Given that older age is a risk factor in the context of COVID-19, age was also considered in the model. A cross-sectional, online survey of a nationally representative
A sample of U.S. adults (N=510) was conducted. Results: demonstrate some support for the PRISM. Subjective norms and perceived seeking control were related to perception of knowledge insufficiency. Additionally, attitude toward information seeking and perceived seeking control were related to information seeking intention. Finally, age was found to positively influence risk perception. These results have important theoretical and practical value. Part of devising effective public health messages in future public health crises involves understanding information seeking intentions about COVID-19 risk, transmission, and prevention. These findings: have implications for how public health messages can be tailored in ways that influence publics to manage health information during public health crises, particularly for those most vulnerable.


Orals:  O.30 Remote communication skills training

O.30.1 Pilot-evaluation: Comparing a face-to-face versus a web-based training on parental cancer

Presenter(s):
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Background: To enhance healthcare professionals’ competencies caring for cancer patients with minor children, two versions of an educational training were developed and pilot-evaluated (face-to-face training (F2F) and e-learning (EL)). Due to COVID-19 contact restrictions, we adapted original F2F into web-based training (Web-F2T). This work investigates differences between participants of F2F, Web-F2F and control group (CG) regarding knowledge, behavior and self-efficacy in and perceived importance of communication skills.

Methods: A three-armed randomized controlled pilot-study was conducted ((Web-)F2F, EL, CG). Outcomes were assessed at baseline (T0), post-training (T1) and 3-months-follow-up (T2). Linear mixed models were used analysing group differences between F2F, Web-F2F and CG. Knowledge transfer and behaviour were set as primary outcomes, self-efficacy in and perceived importance of communication skills as secondary outcomes.

Findings: Findings: indicate no significant differences in outcome improvements between F2F (n=12) and Web-F2T (n=35). Nevertheless, when comparing F2F and Web-F2F with CG (n=31), participants of F2F and Web-F2F show higher improvements in knowledge transfer (T1-T0: F2Fvs.CG p=.017; Web-F2Fvs.CG p=.015) and in self-efficacy in child- and family specific communication skills (F2Fvs.CG, T1-T0 p=.021, T2-T0 p=.016; Web-F2Fvs.CG T1-T0 p=.01, T2-T0 p=.021). While F2F participants report higher improvements in behavior than CG (T2-T0 p=.03), participants of Web-F2F show higher improvements in self-efficacy and perceived importance of general communication skills than CG (T1-T0: confidence p=.04, importance p=.007).

Discussion: Findings: indicate positive intervention effects in both subgroups (F2F, Web-F2F) when comparing with CG. Web-F2F might be an adequate alternative to classical F2F. Nevertheless, further results on participant’s satisfaction show half of participants prefer original F2F to Web-F2F (e.g., due to direct exchange). As there are no differences between F2F, Web-F2F and CG regarding knowledge transfer comparing follow-up with baseline, a short refresher might be useful for stabilizing improvements. Results: should be interpreted with caution due to small sample size of F2F (n=12).
O.30.2 Evaluating an interprofessional training on parental cancer: Differences among health professionals

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Background: Healthcare professionals (HCPs) often lack communication skills and knowledge to provide adequate care for cancer patients parenting minor children. To enhance their competencies, an interprofessional training for HCPs on parental cancer was developed evaluating a face-to-face training (F2F) and e-learning (EL). This study explores outcome differences between HCP groups in both interventions.

Methods: A randomized controlled pilot-study with three arms was conducted (F2F, EL, waitlist-control). Outcomes were assessed at baseline (T0), post-training (T1) and 3-months-follow-up (T2). Differences between HCP groups (physicians, nurses, psychologists) over time were analysed using linear mixed models. Among others, knowledge-transfer and behaviour were primary, self-efficacy in and perceived-importance of child- and family-specific communication skills secondary outcomes.

Results: Analyses indicate significant differences between various HCPs participating in F2F (physicians n=11, nurses n=8, psychologists n=16) and in EL (physicians n=7, nurses n=6, psychologists n=17) for assessed outcomes. In the F2F, physicians respectively psychologists showed greater improvements compared to nurses in knowledge-transfer (T2-T0 physicians vs. nurses p<.001, psychologists vs. nurses p<.001) and perceived-importance (T1-T0 psychologists vs. nurses p=.025). In the EL, physicians and psychologists showed greater improvements compared to nurses in behaviour (T1-T0 physicians vs. nurses p<.001, psychologists vs. nurses p=.026; T2-T0 physicians vs. nurses p=.006, psychologists vs. nurses p=.04), self-efficacy in (T2-T0 physicians vs. nurses p=.005, psychologists vs. nurses p<.001) and perceived-importance of (T1-T0 psychologists vs. nurses p=.019; T2-T0 physicians vs. nurses p=.01, psychologists vs. nurses p<.004) in specific communication skills.

Discussion: Findings: show greater improvements between physicians respectively psychologists compared to nurses with more outcome differences in EL group. The analyses suggest before implementation of a specific interprofessional intervention to discuss possible adaptation to each HCP group individually in order to meet specific needs of each HCP group. Results: should be interpreted with caution due to self-assessed outcomes and small sample sizes of subgroups.

O.30.3 Effects of Online Modules on Genetic Counseling Student Skill Use and Simulated Client Satisfaction

Presenter(s):
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Background: Communication is essential to effective genetic counseling, but few studies have rigorously evaluated Methods: of teaching or assessing genetic counseling communication. We aimed to: 1) Compare the strength of associations between standardized client (SC)- and student-reported skill use and SC satisfaction with simulated genetic counseling sessions, and 2) Determine if brief, online communication skills training modules improved SC-reported skill use.

Methods: We recruited genetic counseling students and recent graduates from accredited programs across the U.S. and Canada. Participants completed a baseline virtual simulated genetic counseling session and a follow-up session about five weeks later. Participants and SCs completed post-session surveys about communication skill use (a 22-item checklist) and session satisfaction (a 12-item Likert scale). Random intercept models assessed associations between SC satisfaction and either SC- or participant-reported skill use in the baseline session. Participants had been randomized to complete a series of modules either before ("immediate group") or after ("delayed group") the follow-up session. The online modules covered 22 communication skills that included effective elicitation of concerns, information exchange, shared decision-making, facilitation of adherence, and interpersonal rapport. Two-sample t-tests assessed differences in SC-reported skill use between the groups at follow-up.

Findings: Sixty participants completed the baseline session, and 23 participants completed the follow-up session. At baseline, both SC- and participant-rated skill use were significantly associated with higher SC-rated satisfaction, but the model with SC-reported skill use explained a higher proportion of the variance in SC satisfaction scores (R2=76% versus R2=55%). At follow-up, SCs reported that immediate group participants used an average of two more skills than the delayed group (p=0.097).

Discussion: The communication skills modules increased students’ use of the target skills. Both SC- and student-reported skill use was positively associated with SC-reported satisfaction. These modules may complement existing teaching Methods: for genetic counseling students and other learners.

O.30.4 Use of a serious game in teaching bovine veterinarians clinical communication skills: a pilot study

Presenter(s):
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Background: Effective communication can aid bovine veterinarians in improving client relationships in herd health consultancy, improving client satisfaction, adherence to veterinary advice and patient welfare and health. Communication skills are often taught using traditional role-play training, which has limitations, e.g., time constraints, assessments and cost. The Veterinary DialogueTrainer (VDT) is a new tool mitigating these barriers. It is a serious game platform using ‘digital role-play’ with avatars, developed to enhance and assess learning outcomes, improve use of learned skills, and increase cost-effectiveness of communication training. The objective of this pilot study was to determine suitability and applicability for using the VDT.

Methods: Twenty-four Finnish bovine veterinarians participated in a communication training using the VDT for training and assessment. After playing the simulation participants received scores and feedback on selected conversation options. VDT scores measure multiple aspects of communication on a 0-100% scale,
based on motivational interviewing methodology and Calgary-Cambridge guidelines. Participants completed the provided simulation at least twice.

Findings: Mean (±SD) number of attempts participants played the scenario was 4.1 (±2.6), with highest total score reached after a mean of 3.7 (±2.0) attempts. All participants scored <50% at the first attempt of playing the scenario, whereas most participants (n=22) increased their initial score at the second attempt. Mean score increased from 15% (±14%) to 43% (±29%) (paired T-test, p < 0.001) and the majority (n=17) of participants was able to reach a score >80% after 4.0 (±1.6) attempts.

Discussion: Communication skills scores increased when using the VDT. Whether increased communication skills measured through VDT will improve communication skills in practice is subject of further study. However, based on these results there is likely a benefit of using the VDT in teaching and monitoring veterinary communication competencies and preparing for offline role-plays and real-life conversations in veterinary practice.

O.30.5 SAGE & THYME works fine online

Presenter(s):
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Background: SAGE & THYME (S&T) is the most commonly taught foundation level (FL) communication skills workshop for healthcare professionals in the UK, using group work, a presentation and live rehearsals. COVID-19 necessitated online training.

Methods: The programme was adapted to include: guidance on using Zoom; a presentation delivered conversational style; group work in breakout rooms; discussing a film (replacing live rehearsals); and using polls and chat to maintain engagement.

Findings: Eighteen online workshops were run Oct 2020-July 2021. An online survey captured learner feedback post-workshop. Mean number of learners per workshop was 13 (minimum 5, maximum 19). Learner job roles included: nurse (37%), healthcare assistant (9%), manager (5%), and occupational therapist (4%). Of the 255 learners, 214 (84%) completed the survey. 69.2% of learners learned ‘a lot’, 29.0% ‘a moderate amount’ and 1.9% ‘a little’ about listening and responding to concerns. Learner rating for: ‘I am more confident about listening and responding to concerns after receiving the S&T training’ was: 67.5% strongly agree; 31.1% agree; 1.4% neither agree nor disagree. Learner rating for: ‘I am more willing to talk to people who are emotionally troubled after receiving S&T training’ was: 55.7% strongly agree; 39.0% agree; 3.8% neither agree nor disagree; 1.4% disagree. When asked ‘how likely is this training to influence your practice’, the learners responded: 81.1% very likely; 17.9% likely; 0.5% neither likely/unlikely; 0.5% very unlikely. 96.2% strongly agreed/agreed that they found the training enjoyable. 93.4% definitely and 6.6% possibly would recommend the training. The key learning outcomes were the same as with face-to-face training: listening fully, holding back with advice, and allowing patients to identify their own solutions.

Discussion: Online communication skills training for healthcare professionals can increase knowledge, change attitudes to listening and responding to concerns, be enjoyable, and motivate learners to change their practice.
O.30.6 Developing shared understanding remotely: a thematic analysis of data from a dementia evaluation.

Presenter(s):
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Background: Delivering person-centred dementia care requires practitioners and patients/clients to co-develop plans, based on shared understanding of needs, priorities, and preferences. For any client population, high levels of engagement and excellent practitioner communication are required to achieve shared understanding. However, dementia practitioners often need more advanced communication practices to help people with dementia share who they are and what is important to them. This complex work is traditionally completed face to face. However, following COVID-19, dementia support is likely to continue to be delivered remotely as well as face to face. Consequently, dementia research needs to examine experiences and perceptions of working towards shared understanding remotely.

Methods: This presentation reports on a study, which thematically analysed, multiple sources of qualitative data (from dementia support workers, people with dementia and carers) collected during COVID-19.

Findings: Three themes were interpreted as occurring: (1) whether relational pre-requisites to shared understanding can be experienced remotely (sub-themes: physical proximity, visual identification of practitioners and a sense of formality); (2), communication factors affecting real-time remote development of shared understanding (sub themes: communicating with a person with hearing loss, interaction flow and carers’ ability to disclose privately) and (3), confidence in whether shared understanding was achieved remotely (sub themes: limited ability to use pictorial tools, limited window into peoples’ lives and reliability of accounts).

Discussion: Findings indicated that, while remote support creates unique challenges to shared understanding, adapted communication practices can facilitate. In addition, carers may especially benefit from the option to share remotely. Further research should: 1) synthesise evidence on communication practices in various remote health care settings and 2), examine how, when and for whom proposed dementia communication practices for aiding adaptation to interactional remote challenges work. This will enable dementia practitioners to use evidence-based guidance to inform how they work towards shared understanding remotely.

Orals: O.31 Managing risk and uncertainty

O.31.1 Relations between recurrence risk perceptions and cancer worries in breast cancer survivors.

Presenter(s):
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Authors:
Fleur K. Lansink Rotgerink, Santeon, Netherlands
Background: For accurate patient-provider communication in oncology it is important to know more about factors influencing risk perceptions and the relation with fear of cancer recurrence (FCR). This study aimed to: 1) determine the accuracy of breast cancer survivors’ estimations of their risk for locoregional recurrences (LRRs); 2) to examine which variables influence risk estimations, risk appraisal, and the accuracy of risk estimations; and 3) to investigate the influence of the objective LRR risk, risk estimations, and risk appraisal on FCR. Findings: of this study will inform clinicians on risk communication so that breast cancer patients are able to make informed choices with regard to their risk.

Methods: In a cross-sectional survey among 258 breast cancer survivors, we measured women’s recurrence risk estimations (in odds) and risk appraisal (in high/low), FCR, demographics and illness perceptions, about one year after surgery. Tumour- and treatment-related variables, obtained from electronic health records, were used to determine the objective risk for LRRs. This study is part of the SHOUT-BC study (Netherlands Trial Registry nr. NL8374).

Findings: Half of the women (54%) accurately estimated their LRR risk, 34% of women underestimated and 13% overestimated their risk. Women’s risk estimations and risk appraisal were only moderately positively correlated (r = .58). Higher risk appraisal was significantly associated with radiotherapy (r = .18) and having weaker cure beliefs (r = -.19). Younger age was significantly associated with overestimation of risk (r = -.23). Recurrence risk estimation and risk appraisal were significantly associated with more FCR (r = .29, r = .39). In regression, only risk appraisal contributed significantly to FCR.

Discussion: Although women were fairly accurate in their recurrence risk estimations, it remains difficult to predict over- or underestimation. Since risk estimation and risk appraisal were only moderately intercorrelated, clinicians should address both in their communication.

O.31.2 How and why do doctors communicate about diagnostic uncertainty: an experimental vignette study
Presenter(s): Caitriona Cox, University of Cambridge, United Kingdom

Authors: Thea Hatfield, The University of Cambridge, United Kingdom
Zoe Fritz, The University of Cambridge, United Kingdom

Background: Diagnostic uncertainty (DU) is common in medicine, but little is known about if, how, and why, doctors communicate it to patients. This study aimed to characterise variation in doctors’ communication of DU and why any such variation occurred.

Methods: Participants (n=36) were general internal medicine doctors from five English hospitals. They were given four vignettes to read, each depicting a clinical scenario with significant DU. After each one they explained the diagnosis and to a ‘patient’ and were interviewed about reasons for their communication and prior training in communicating DU. Interviews were recorded, transcribed and then coded. Quantitative and thematic analysis was undertaken.

Findings: Participants commonly explained investigation results and the most likely diagnosis, but less frequently acknowledged any uncertainty around this diagnosis: e.g. 50% mentioned their level of certainty
in offering a diagnosis of IBS and 53% discussed other differentials they had considered. When differentials were discussed, participants were more likely to name benign diagnoses than malignancy. There was variation in explaining uncertainties in investigations: e.g. only 25% acknowledged that CT did not exclude subarachnoid haemorrhage. A minority of participants explicitly acknowledged when they could not provide a definitive diagnosis. Safety-netting was frequent, but participants rarely did so with any reference to risk of diagnostic error. When explaining their communication, participants referenced patient anxiety, perception of (un)certainty, and complexity of information. Those who explicitly communicated DU often did so to encourage shared decision-making or limit diagnostic errors by empowering patients to reattend. Few participants recalled receiving training in communicating DU, but many supported the idea.

Discussion: There was significant variability in how much diagnostic uncertainty doctors communicate in a controlled setting. Participants expressed conflicting ideas about approaches for managing patient anxiety and safety-netting. Further patient-focused research is needed to explore these conflicts and inform future best practice guidelines.

O.31.3 Education, trust, and likelihood to vaccinate against COVID-19 among patients with diabetes

Presenter(s):
Christy Ledford, Medical College of Georgia at Augusta University, United States

Authors:
Tao Li-Stein, Medical College of Georgia at Augusta University, United States

Background: Drawing on studies that demonstrate a relationship between education and vaccine hesitancy in the broader public, our purpose was to identify factors associated with likelihood to vaccinate among patients living with diabetes in the American South, a geographic region with high vaccine hesitancy located in the Diabetes Belt.

Methods: Following a retrospective chart review, we designed a survey to describe patients’ health behaviors in response to the COVID-19 pandemic. Measures included education, likelihood to get the COVID-19 vaccine, likelihood to get the COVID-19 vaccine after healthcare provider’s strong recommendation, and provider trust. As a surrogate measure of severity of diabetes, we recorded the A1c collected most closely prior to survey date.

Findings: Of 309 patients who met inclusion criteria, we successfully contacted 106 patients. 54 (50.9%) individuals completed the survey. An ANCOVA demonstrated the effect of education, controlling for age and A1c, onto likelihood to get the COVID vaccine. A paired t-test showed that patients reported a significant increase in likelihood to vaccinate after their providers’ strong recommendation. To better understand this influence, an ANCOVA tested the effect of education on likelihood to receive the vaccine after provider’s strong recommendation. Education was significantly associated with likelihood, but it was not a linear effect. Respondents who did not complete high school or graduated high school both increased in likelihood; however, individuals with some college did not.

Discussion: Severity of diabetes was not linked to vaccine acceptance. Clinicians cannot assume that patients with poorer glycemic control are more likely to vaccinate against COVID-19. Instead, clinicians should consider patient education when counseling patients. Patients who did not finish high school are receptive to healthcare providers’ strong recommendation. This group may experience the greatest benefit from vaccine education. Clinicians may need more time to counsel patients with some college education through vaccine hesitancy.

O.31.4 Patient experiences and provider perspectives on genital surgery on young children with DSD
Presenter(s):
Sandra van Dulmen, Nivel, Netherlands

Background: Recently, the United Nations issued a strong statement against performing elective genital surgery on children with DSD (Differences of Sex Development) below the age of 12 years. In children with DSD, development of chromosomal, gonadal or anatomic sex is atypical. Children from 12 years are legally allowed to decide (with their parents) on such interventions, but at a younger age they cannot. Yet, genital surgery does have an impact on the rest of their lives. There is no consensus in relation to the need or optimal timing of many surgical interventions and the management of DSD remains extremely difficult because it involves dealing with uncertainty for parents and professionals.

Insight into the frequency and timing of genital surgery as well as in the preceding decision-making process in parents and providers can make clear how the decision for direct or deferred surgery can be supported. We aimed to investigate numerical trends in genital surgery on children with DSD in the Netherlands and to ask healthcare providers to interpret these trends. In addition, we aimed to get insight into the process that parents of children with DSD go through before deciding on genital surgery or not.

Methods: By analyzing Dutch Hospital Data from 2014 until 2019, we currently investigate trends in genital surgery in a broad range of DSD diagnoses. Paediatricians and paediatric urologists working in one of the three Dutch Expertise Centers DSD, will then be asked to interpret these figures. Lastly, parents of children with DSD will be interviewed (n=12) on the arguments that made them decide to opt for genital surgery or not.

Discussion: The outcomes of this study will make clear to what extent the decision-making process regarding genital surgery on young children with DSD needs to be improved.

O.31.5 Interventions to improve medical media reporting: a co-designed acceptability study with journalists

Presenter(s):
Tessa Copp, The University of Sydney, Australia

Authors:
Thomas Dakin, The University of Sydney, Australia
Brooke Nickel, The University of Sydney, Australia
Loai Albarqouni, Bond University, Australia
Liam Mannix, Fairfax Media, Australia
Kirsten McCaffery, The University of Sydney, Australia
Alex Barratt, The University of Sydney, Australia
Ray Moynihan, Bond University, Australia

Background: Although the media has a powerful influence on the public’s perceptions, behaviours and utilisation of healthcare, journalists generally receive little training in how to interpret and report on medical research. This study investigated the feasibility and acceptability of a multi-component training intervention for journalists in Australia.

Method: We conducted a small pragmatic pilot with journalists using a pre- and post-design. Journalists attended a 90-minute online workshop delivered by expert researchers and clinicians via Zoom (instead of face-to-face, owing to pandemic restrictions). The training intervention covered a range of topics, including strengths and limitations of different study designs, conflicts of interest, misleading medical statistics, population screening programs and overdiagnosis. The program also provided additional tools to help
Findings: Eight journalists attended the online workshop and completed the pre- and post-workshop questionnaires. Feasibility Findings: suggest that the medical training program is acceptable and relevant to journalists, with participants indicating the workshop had increased their confidence with reporting on medical tests and treatments. We observed increases in knowledge from pre- to post-workshop for all knowledge measures on common issues with health stories. Analysis of free-text responses identified several areas for improvement, such as including more examples to aid understanding of the counterintuitive topic of overdiagnosis, delivering the workshop in-person rather than online, and allowing more time for questions and discussion.

Discussion: Piloting suggested the multi-component training intervention is acceptable to journalists and provided important feedback and insights that will inform the development of a randomised trial to test the intervention’s effectiveness in improving medical reporting.

O.31.6 (WIP) Shared decision-making in audio-recorded consultations of brain tumor patients and neurosurgeons

Presenter(s):
I.J.M. Bras, Elisabeth-TweeSteden Hospital / Tilburg University, Netherlands

Authors:
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K. Gehring, Elisabeth-TweeSteden Hospital / Tilburg University, Netherlands

Background: There are only limited treatment options available for brain tumor patients. In order to assess whether the (oncological) benefits outweigh the (functional) risks of treatment for an individual patient, it is important that physicians involve patients in decision-making and personalize the process. The aim of this study is to evaluate shared decision-making (SDM) during consultations of brain tumor patients and their neurosurgeons.

Methods: For this observational study we collected 66 audio-recordings of pre-surgical consultations of adult brain tumor patients (glioma, meningioma) and neurosurgeons. A preliminary analysis based on a SDM template was conducted on 14/66 transcribed audio-recordings to assess in how many consultations the following key elements of SDM were present, namely 1) offering a choice to the patient and emphasizing that the patient’s opinion is important in decisions, 2) discussing treatment options with benefits and risks and 3) asking about treatment preferences and personal goals. Next, thematic analysis will be performed by two independent researchers until data saturation is reached to gain insight into SDM.

Findings: Preliminary Findings: show that 1) offering the patient a choice and emphasizing that the patient’s opinion is important in decisions was done in 12/14 consultations; 2) discussing treatment options with benefits and risks was present in every consultation (14/14); and 3) in 12/14 consultations the neurosurgeon asked the patient about their treatment preference. However, explicitly asking the patient about personal goals occurred only in 3/14 consultations. By the time of the conference, we expect to have explored the decision-making process more in-depth and will be able to share the themes we have identified related to SDM.
Discussion: Key elements of SDM were present in most pre-surgical consultations, except for asking patients about their personal goals. This element seems pivotal for personalizing the decision-making process and making it truly shared.

Orals: O.32 Communication in cancer care

O.32.1 How Patient-Centered is Education and Counselling of Patients on Oral Anticancer Therapy?

Presenter(s):
Ilyse Kenis, KU Leuven, Belgium

Authors:
Lise-Marie Kinnaer, Ghent University, Belgium
Ann Van Hecke, Ghent University, Belgium
Veerle Foulon, KU Leuven, Belgium

Background: As an adequate level of patient self-management is essential for a successful oral anticancer therapy, assessment of patient-centered education and counselling for patients on oral anticancer drugs (OACD) is needed in order to improve care quality. This study examined which elements of patient-centered education and counselling are currently being performed adequately, and which areas require improvement.

Methods: Patients from 11 Belgian hospitals completed the CONTACT-Patient-Centered Care Questionnaire (CONTACT-PCCQ). This Patient Reported Experience Measure (PREM) consists of 81 items, which all represent a key element (KE) in patient-centered education and counselling for patients on OACD. Patients were asked to indicate how they experienced the performance of each KE on a Likert rating scale. The degree of performance for each KE was defined by calculating the proportion of patients who indicated that the item was performed ‘Sufficiently’ or ‘Definitely’.

Findings: In total, 266 patients completed the CONTACT-PCCQ. The degree of performance of all items ranged from 22% to 95%, with 16 KEs having a degree of performance below 50%. The item regarding information about vaccines had the lowest score. Few other items regarding specific topics in patient education (e.g. what to do in case of vomiting, what is allowed to eat or drink during treatment) also showed low scores. Last, the items about the involvement of the community pharmacist and homecare nurse scored below 50% - in contrast to the items regarding involvement of general practitioners. In general, KEs on communication style (e.g. HCPs left enough opportunity to ask questions, HCPs took sufficient time for a proper conversation) received high scores.

Discussion: This study uncovered specific gaps in patient-centered education and counselling, e.g. lack of interprofessional communication and collaboration with primary care. These results can help HCPs and policy makers to set priorities in quality improvement and devise effective improvement strategies.

O.32.2 Providers’ Communication-Related Concerns in Helping Patients Address the Financial Impact of Cancer

Presenter(s):
Theresa Hastert, Wayne State University School of Medicine, United States

Authors:
Mrudula Nair, Henry Ford Health System, United States
Susan Eggly, Wayne State University School of Medicine, United States
Background: Oncology providers in the U.S. are increasingly responsible for helping patients manage the financial impact of cancer; however, their experiences and perspectives have not been studied systematically. This work describes the communication-related concerns of U.S. oncology providers who address financial issues.

Methods: We conducted semi-structured interviews with 10 providers (oncologists, social workers, navigators, attorneys) who assist patients in accessing resources and/or information related to the financial impacts of cancer in their professional roles. Interview topics included cost-related concerns of patients, how providers address those concerns, resources providers use to assist patients, and unmet needs related to addressing financial issues. Two authors (TH, MN) iteratively examined transcripts to identify themes, developed codes, and coded transcripts.

Findings: Communication related to addressing financial concerns was a main theme; however, its expression differed by provider type. Oncologists endorsed lack of time as a barrier to fully communicating about financial issues and instead preferred to refer patients to social workers or to a specialty pharmacy for assistance. Social workers and navigators identified lack of knowledge of individual patients’ ultimate out-of-pocket costs as a barrier to providing timely and accurate information and resources. Timing of communication around financial issues was a concern for several providers. Attorneys expressed the importance of discussing financial concerns and resources as soon as possible after diagnosis so that patients can make informed decisions related to insurance and employment. Financial navigators, meanwhile, reported the need to build a relationship with patients before communicating about financial issues or resources to prevent patients believing they are trying to collect money or refusing assistance because of a self-image as someone who does not take “charity”.

Discussion: Clinical interventions to address the financial impacts of cancer will benefit from understanding the distinct roles and communication concerns of oncology providers who help patients address these concerns.

O.32.3 Profiling Cancer Patients Based on Their Motives for Seeking Support Online

Presenter(s):
Song Duimel, University of Amsterdam, Netherlands

Authors:
Annemiek Linn, University of Amsterdam, Netherlands
Ellen Smets, Amsterdam Public Health Research Institute, Netherlands
Eline Smit, University of Amsterdam, Netherlands
Julia van Weert, University of Amsterdam, Netherlands

Background: Understanding why patients seek informational and/or emotional support online is fundamental to providing patients with accurate and reliable support that is tailored to their needs, preferences, and personal situation. Earlier studies provided valuable insights into cancer patients’ motives for using the internet but did not account for individual differences in motives that patients may hold to search for different types of support online. Based on stress coping theory and uses and gratifications theory, this study aimed to identify profiles of cancer patients differing in their motives for seeking support online, and to compare the profiles in terms of patients’ psychological and perception of health care services.

Methods: Hierarchical cluster analysis was conducted, using questionnaire data of cancer patients and cancer survivors visiting a large Dutch health website (N = 181).
Findings: The results revealed three distinctive profiles, i.e., overall seekers (seeking for both informational and emotional support, n = 83, 46.0%), occasional information seekers (occasionally seeking for informational support, n = 83, 46.0%), and contact exchangers (mainly seeking for emotional support, n = 15, 8.0%). Patients across these profiles were found to differ in their eHealth literacy, with the contact exchangers being more eHealth literate than the overall seekers and occasional information seekers.

Discussion: This study can be used to create awareness among health care providers that there are three different types of cancer patients’ that differ in their motives for seeking informational and/or emotional support online. Such awareness can help the providers to tailor referrals to accurate and reliable websites or platforms that fit a specific patient. Based on the results of this study we suggest extending the stress coping theory by acknowledging the interplay of different coping strategies and different gratifications when studying motives for online support seeking.

O.32.4 From Community to Scale: Development and Validation of a Patient-Informed Cancer Communication Scale

Presenter(s):
Lauren Hamel, Wayne State University/Karmanos Cancer Institute, United States

Authors:
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Tanina Foster-Moore, Wayne State University/Karmanos Cancer Institute, United States
Elisabeth Heath, Wayne State University, United States
Susan Eggly, Wayne State University/Karmanos Cancer Institute, United States

Background: Most assessments of patient-centered communication (PCC) were created by researchers rather than through community engagement. Our objective was to develop and validate a patient-informed PCC scale.

Methods: As part of a larger study on communication and cancer clinical trials (PACCT), we convened a racially diverse panel of cancer patients and caregivers. Panel members (n=11) included 5 black and 3 white men and 1 black and 2 white women. They met regularly over six months to observe and discuss video-recorded treatment and clinical trial discussions between black and white men with prostate cancer and their physicians. Through an iterative process of generating and refining a list of physician communication behaviors they considered critical for PCC, they produced a 22-item scale titled Patient-Informed Cancer Communication Scale (PICCS).

Trained raters then applied the scale to video-recorded treatment discussions (n=61) with acceptable inter-rater reliability. We then determined constructs using scale development and factor analysis and validated the scale through correlation with previously-validated scales assessing physician PCC and patient active participation (PAP).

Findings: The final scale included 22 items. Factor analysis identified five factors: 1. treatment options (10 items ?=.92); 2. clinical relationship (6-items ?=.92); 3. prognosis and goals of treatment (2-items ?=.79); 4. explanations (2-items ?=.43); and 5. context (1 item). Four factors were significantly correlated with previously-validated scales. Factor 1 was correlated with PAP (r=.46; p=.003); Factor 2 with PCC (r=.54, p<.001); Factor 3 with PAP (r=.48; p=.002); and Factor 5 with PCC (r=.47, p=.002). The full scale was correlated with PAP (r=.37, p=.02). Factor 4 was not correlated with the scales.

Discussion: This community-engaged research produced a reliable and valid patient-informed scale to assess PCC. Next steps include translating the Findings: by using PICCS to train physicians to communicate effectively about treatment and clinical trials in a diverse cancer patient population.
O.32.5 Factors affecting interest in multiple genetic tests in an ethnically diverse sample of young women

Presenter(s):
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Authors:
Jemar Bather, Harvard T.H. Chan School of Public Health, United States
Brianne Daly, Huntsman Cancer Institute, United States
Daniel Chavez-Yenter, University of Utah, United States
Alexis Vega, University of Utah, United States
Wendy Kohlmann, Huntsman Cancer Institute, United States

Background: Sequencing technologies can inform individuals’ risks for multiple conditions, but research on how providers can offer multiple genetic tests as part of routine healthcare is limited, particularly among ethnically diverse populations. Cancer predisposition testing and carrier screening could be offered together to women of reproductive age but providers would need communication support. To develop a communication intervention, this study examined interest in multiple genetic tests offered as part of routine care, and predictors of interest, among a diverse sample of women aged 20-35.

Methods: We conducted an online English-language survey of 450 women; 39% identified as Latina. We examined predictors of interest for two outcomes, interest in testing in the next year and high level of interest, in multivariable logistic regression models. Predictors were selected based on risk information processing and uncertainty management theories. We also stratified analyses by Latina ethnicity.

Findings: The majority of respondents reported being interested in cancer predisposition testing (55%) and carrier screening (56%) in the next year; this did not differ by ethnicity. About 26% reported being very interested in cancer predisposition testing and 27% in carrier screening. Latina respondents (32%) were more likely to be very interested in cancer predisposition testing than non-Latina respondents (22%; p<0.03). In multivariable models, higher worry about genetic risks, higher genetic knowledge, and higher perceived importance of genetic information were associated with higher interest in both types of testing. Predictors of interest were similar by ethnicity in stratified models.

Discussion: Our Findings: show substantial interest in cancer predisposition testing and carrier screening being offered as part of routine care, and similar levels of interest between Latina and non-Latina women. However, varying levels of interest suggest the importance of implementing provider- and system-level support to facilitate informed decision making about testing, particularly for those with less prior genetic knowledge.

O.32.6 (WIP) Patient-practitioner interaction in oncology settings: The delicacy of discussing sexuality

Presenter(s):
Irene Kelder, HU University of Applied Sciences Utrecht / Amsterdam University Medical Centres, University of Amsterdam, Netherlands

Authors:
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Annette Klarenbeek, HU University of Applies Sciences Utrecht, Netherlands
Ellen Laan, Amsterdam University Medical Centres, University of Amsterdam, Netherlands
Tessa Roseboom, Amsterdam University Medical Centres, University of Amsterdam, Netherlands
Background: Cancer and its treatments can cause significant changes in intimacy and sexuality that affect quality of life of patients and their partners. It is important that practitioners discuss this topic with their patients, for instance, because this may help normalize the issues patients encounter. Since little is known about how the topic of intimacy and sexuality is actually discussed during the course of the disease trajectory, our aim is to gain insight into how this topic is raised and dealt with in consultations between cancer patients and practitioners.

Methods: We recorded 27 consultations between cancer patients and their healthcare providers at two outpatient clinics at a large medical centre in the Netherlands, before, during, or after treatment. Six healthcare professionals and 27 patients (18 women, 9 men) with a form of gynaecological cancer or rectal cancer were included in this study. Audio recordings were transcribed and analysed on a micro-level using the analytical principles of the discursive psychological perspective.

Findings: Our preliminary analysis shows that practitioners and patients orient to the delicacy of discussing intimacy and sexuality in two ways. First, when discussing the topic, they both construct sexual issues as self-evidently less important than surviving cancer, thereby anticipating the possible inference of giving sexuality too much priority. Second, when giving advice, practitioners use cautious formulations, countering the potential suggestion that they disregard patients’ freedom of choice.

Discussion: Our study offers relevant opportunities for healthcare professionals to engage cancer patients in a conversation about sexual health, since we gained insight into what these patients treat as relevant in discussing sexual health. Practitioners could be trained in handling the delicacy associated with intimacy and sexuality by making them attentive to the various outcomes different communication practices can have. These trainings can involve reflecting on practitioners’ own interactions in medical practice.

Orals: O.39 In-person and online information exchange

O.39.1 Caregiver-Clinician Communication about Online Cancer Information

Presenter(s):
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Authors:
Carla Fisher, University of Florida, United States
Alyssa Crowe, University of Florida, United States
Skyler Johnson, University of Utah, United States
Maria Sae-Hau, The Leukemia & Lymphoma Society, United States
Elisa Weiss, The Leukemia & Lymphoma Society, United States
Carma Bylund, University of Florida, United States

Background: Caregivers often become “surrogate information seekers” when caring for an individual with cancer, educating themselves about cancer diagnoses and treatment options. Caregivers often accompany patients to clinical appointments and may be a main information source for them. Furthermore, they are often involved in treatment decision-making. Thus, understanding the experiences of these caregivers is important to help them best support the patient.

Methods: An online survey was conducted of caregivers of a living parent with a blood cancer who was in treatment or had finished treatment within the past year (n= 121). Survey questions examined caregivers’ experiences speaking with cancer clinicians about online information. Open-ended survey responses were coded using pre-developed coding systems. Intercoder reliability for the coding schemes was acceptable (Krippendorf’s Alpha= .80, .73).
Findings: 34% of respondents did not speak with a clinician about online cancer information during their most recent clinical visit. The most common reasons were that they had no need (n= 14, 35.90%), they had no appointment (n=6, 15.38%), or needed to save face (n= 6, 15.38%). Among those respondents that spoke with a clinician, 20% (n= 18), were advised not to look on the internet for information regarding cancer, 23% (n= 21) received a cautionary response to searching for information online, and 57% (n= 52) received an engaged, positive reaction from their clinician. Nearly 30% of participants reported a clinician advised them at some point not to look online for information, but of these 77% still proceeded to look for online cancer information pertinent to the patient’s care.

Discussion: Despite their clinician cautioning or advising against it, many caregivers proceeded to seek online information about cancer. Educational interventions and medical education programs for clinicians and trainees could enhance skills in identifying trusted online sources and initiating conversations with caregivers about information acquired online.

O.39.2 How do oncology clinicians respond to patients about cancer misinformation found online?

Presenter(s):
Carma Bylund, University of Florida, United States

Authors:
Michaela Mullis, University of Florida, United States
Jordan Alpert, University of Florida, United States
Merry-Jennifer Markham, University of Florida, United States
Skyler Johnson, University of Utah, United States

Background: Cancer patients and their caregivers frequently go online to seek out cancer information. Despite many credible websites about cancer treatment options, there is also an increasing prevalence of misinformation. Misinformation, compounded by low e-health literacy, can impact the ability of the clinician and patient to engage in shared decision-making effectively. To improve communication, we must understand how these conversations take place. Thus, this study aims to describe how oncology clinicians respond to patients about online cancer misinformation.

Method: Participants were cancer clinicians who were directly involved in discussions related to cancer care. Recruitment emails, participant referrals, and professional network contacts were utilized for study enrollment. A total of 59 recruitment emails were sent between July and December 2020. All interviews were conducted using a semi-structured interview guide covering three different communication topics in cancer care, with questions about cancer misinformation constituting one of three sections. All interviews were audio-recorded and professionally transcribed. We analyzed the interview transcripts using an inductive, thematic approach. All authors validated the final codes.

Findings: We interviewed 21 clinicians. Analyses revealed five emergent themes that represent the strategies utilized to respond to patients about misinformation as listed: 1) Work to understand the misinformation (e.g., ask about the source of the information); 2) Correct misinformation (e.g., emphasize need for scientific base); 3) Refocus the discussion on patient’s cancer (e.g., explain relevancy to the patient); 4) Counsel and advise for future online searches (e.g., guide to reputable sources); and 5) Preserve the doctor-patient relationship (e.g., don’t bash or discourage patient).

Discussion: The first four strategies may provide a valuable sequence for responding to cancer treatment misinformation, while the fifth strategy of preserving the relationship underlies all the other strategies. This initial description of strategies used to discuss cancer treatment misinformation provides a potential model for future work.
O.39.3 Cancer Patients’ Use of the Internet to Search for Health Information: A Think-Aloud Study

Presenter(s):
Fiorella Huijgens, Amsterdam University Medical Center, Netherlands

Authors:
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Ellen Smets, Amsterdam University Medical Center, Netherlands
Annemiek Linn, University of Amsterdam, Netherlands
Julia van Weert, University of Amsterdam, Netherlands
Marij Hillen, Amsterdam University Medical Center, Netherlands

Background: The internet is one of the most frequently consulted sources for health information among cancer patients. Yet, it is not well understood how they obtain and assess health information while navigating the internet. We therefore aimed to explore the real-time online health information (OHI) seeking strategies of cancer patients in various stages of their disease trajectory.

Methods: This study used a scenario-based online think-aloud approach. Participants (N = 15) were recruited from a panel of cancer patients, survivors and their caregivers. They were asked to seek OHI while imagining to be either a patient in the pre-diagnosis phase (N = 5), treatment phase (N = 5), or after their last treatment (N = 5). While searching, participants were encouraged to verbalize what they were thinking. Sessions were inductively coded and codes were categorized into overarching themes.

Preliminary findings. Themes were: motives for going online, search approach, heuristics used to evaluate the information, coping strategies and emotions evoked. Motives for seeking OHI include reducing uncertainty and validating the treatment plan. Search approaches varied from exploratory to focused. Coping strategies included seeking multiple times a week and seeking distraction. When coming across cognitively or emotionally difficult information, participants either adapted their search strategy or stopped searching. Various heuristics were used. Emotions were present throughout the search process, ranging from anxiety to hope.

Discussion: Our findings shed light on how cancer patients obtain and evaluate OHI. The results suggest that patients often use an exploratory search approach and can be guided by their emotions and heuristics while choosing information. Knowing how cancer patients search for and select OHI is the first step toward optimizing online health platforms, such that cancer patients can easily find and navigate through the information they seek.

O.39.4 Negative language use of the physical therapy: a randomised controlled trial in healthy respondents

Presenter(s):
Wim van Lankveld, HAN University of Applied Sciences, Netherlands

Background: The language used by a physiotherapist when communicating with patients is an important predictor of therapeutic outcomes. To date, no potential causal relation between negative language use and the nocebo effect in Low Back Pain has been established. Therefore, this study aimed to determine the nocebo effect of physiotherapists’ negative language use on triggering state anxiety and illness beliefs in healthy students.

Methods: A web-based randomized controlled trial was conducted including adults without recent musculoskeletal pain. The intervention was a short educational video about low back pain using negative language (nocebo condition: n = 87) versus an educational video using neutral or positive language (control
condition: n = 82). State anxiety was assessed using the State-Trait Anxiety Inventory Dutch version. Illness beliefs were assessed using the Illness Perception Questionnaire.

Findings: Nocebo and control groups differed in outcome measures (MANOVA Pillai’s trace = 0.22, F = 4.98; df = (9,159), p < .001). Post-hoc analyses showed a medium to large effect for the nocebo condition on anxiety (d = 0.71, 95% CI 0.4 –1.0). The nocebo group also had higher scores in three illness perceptions: beliefs on timeline (d = 0.45, 95% CI 0.14 – 0.75), treatment control (d = 0.43, 95% CI 0.12 – 0.74) and concern (d = 0.47, 95% CI 0.16 – 0.78).

Discussion: Physiotherapists’ use of negative language contributes directly to a higher state anxiety and illness beliefs that can trigger the nocebo effect in the recipient. Treatment of pain conditions might be more effective when health care providers are trained in avoiding nocebo language. (Trial registry: Netherlands Trial Register NL 9370)

O.39.6 Developing & testing a web tool to improve consultation participation and outcomes in older patients

Presenter(s):
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Julia van Weert, ASCoR, University of Amsterdam, Netherlands

Older cancer patients may search for health information online to prepare for their consultations. However, seeking information online can have negative effects, for instance increased anxiety due to finding incorrect or unclear information. Therefore, an online health information tool aimed at older cancer patients was systematically developed, implemented and evaluated, providing information that complements the consultation with healthcare providers.

For the development and evaluation of the Patient Navigator, the four phases of the MRC framework were used. In the first and second phase the Patient Navigator was developed and pilot tested. During the third phase the Patient Navigator was implemented in four Dutch hospitals. In the last phase, a pilot RCT was conducted to evaluate the Patient Navigator in terms of usage (observational tracking data), user experience (satisfaction, involvement, cognitive load, active control, perceived relevance), patient participation (observational data during consultation), and patient outcomes related to the consultation (anxiety, satisfaction, and information recall). Recently diagnosed colorectal cancer patients (N = 45) were randomly assigned to the control condition (usual care) or the experimental condition (usual care + Patient Navigator).

The Patient Navigator was well used and evaluated positively. Patients who received the Patient Navigator contributed less during the consultation by using less words than patients in the control condition and experienced less anxiety two days after the consultation than patients in the control condition.

Since the Patient Navigator was evaluated positively and decreased anxiety after the consultation, this tool is potentially a valuable addition to the consultation for patients. Usage of the Patient Navigator resulted in patients using less words during consultations, without impairing patients’ satisfaction, possibly because
information needs might be fulfilled by usage of the Patient Navigator. This could create the possibility to personalize communication during consultations and respond to other patient needs.

Workshops

W.18 Addressing COVID-19 vaccine hesitancy: skills for healthcare providers and learners

Presenter(s):
Aaron Scherer, University of Iowa Carver College of Medicine, United States
Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States
Kelly Skelly, University of Iowa Carver College of Medicine, United States
Krista Johnson, University of Iowa Carver College of Medicine, United States

Rationale: Healthcare providers (HCPs) are important sources of vaccine information for patients. While recent surveys indicate that some unvaccinated adults could still be open to getting vaccinated, misinformation and public discourse have decreased HCPs’ confidence and motivation in discussing COVID vaccination with unvaccinated patients. Evidence based communication skills from patient centered care, motivational interviewing, and public health can support and encourage HCPs and learners in their approaches to these conversations. The purpose of this workshop is to explore communication strategies that HCPs find useful in addressing COVID vaccine hesitancy with their patients, and educational Methods: for helping health professional learners develop skills in using these strategies.

After the workshop, participants will be able to:
• Describe challenges for patients, healthcare providers, and learners in discussing vaccine hesitancy.
• Demonstrate communication strategies useful in addressing COVID vaccine hesitancy.
• Use experiential exercises in teaching healthcare learners how to approach COVID vaccine conversations.

This workshop will use multiple educational approaches to engage the audience including reflection, brief interactive didactics, critical analysis of videos/demonstrations and experiential role play. Workshop facilitators include physicians who regularly engage in COVID vaccine conversations and academic faculty with research and teaching expertise in factors impacting vaccine hesitancy and vaccine health risk communication. Content will include reflection on challenges in discussing vaccine hesitancy, role play practice and critique of a variety of approaches to address vaccine hesitancy, and consideration of how workshop content could be used in participants’ own institutions. Communication skills emphasized will include assessing rather than assuming patient perspectives, eliciting all patient concerns before sharing information, and using empathy to partner with patient. Participants will commit to using one insight from the workshop in their work and will receive a reminder of their commitment via email 6 weeks post-workshop. Participants will receive a written guide to addressing COVID vaccine hesitancy.

W.19 Writing tEACHing tip sheets on the spot: Creating & sharing workplace-based expertise

Presenter(s):
Lode Verreyen, EACH, Belgium
Katrien Bombeke, University of Antwerp, Belgium

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, ... tEACHing Tips can be accessed on the EACH website, accompanied by brief videos demonstrating effective use of these teaching techniques. Two examples have been published in PEC1 and this workshop has resulted in several new sheets since the previous conference, on topics such as ISBARRR and Emotional Competence. 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.

W.20 The Three-Part-Consultation - how to avoid "The Biomedical Reflex" and how to deliver a wrapped gift

Presenter(s):

Gunnar Marden, Linköping University, Sweden
Magnus Falk, Linköping University, Sweden
Liselott McKenzie, Linköping University, Sweden

Rationale: At the Faculty of Medicine in the University of Linköping, Sweden, communication skills are taught to undergraduate medical students using the “Three-Part-Consultation-Model” for structuring the consultation; the Patient’s part, the Doctor’s part and the Shared part. This model has been outlined by Danish GP and researcher Jan-Helge Larsen. The model has been widely accepted in medical faculties in Scandinavian countries, now also highlighted by British former GP and author Roger Neighbour.

In the Patient’s part it is essential to give attention to the patient’s story and ICE:s, but refrain from asking questions. Students need practice to avoid asking closed end medical questions prompted by the Biomedical Reflex, and only communicate with the patient in form of “receipts” and summaries. It is important to give the patient this space in order to achieve a patient-centred consultation. In the Shared part, the structure of this model also promotes the chance of success for shared decision-making and good compliance. The Shared part contains 4 subdivisions: You, I, We and What

Learning objectives: To get some experience in using the framework of the Three-Part-Consultation model. Experience from practising the use of only receipts and summaries in the Patient’s part. Experience from how to wrap a 4-part parcel for the patient in the Shared part.

Teaching methods: Introduction to the special features of the Three-Part-Consultation framework -Power Point presentation. Participants divided into groups of 3; roleplaying the Patient’s part and the Shared part with pre-written cases, one playing the health provider, one the patient and one observer. Rotation of roles. Using the concept of communication with receipts and summaries. Reflection. Wrap-up

Evaluation of outcomes for participants: Feedback to facilitators via e-mail. Pre-written questions.

W.21 A Message from the Bell Tower: Compassion in Challenging Times

Presenter(s):

Amy Zelenski, University of Wisconsin School of Medicine and Public Health, United States
Mariah Quinn, University of Wisconsin School of Medicine and Public Health, United States
Sarah Floden, University of Wisconsin Hospital and Clinics, United States

Rationale: We are living through a time when even the most compassionate people are being pushed to their limits. This can create compassion fatigue, vicarious trauma, burnout, and breakdowns in communication. Compassion cultivation and self-compassion can be an antidote. Compassion itself is considered a positive emotion, but repeated exposure to suffering which we cannot alleviate can take a toll on our well-being. We will grapple together with these issues and discover ways to put our compassion to use even when the going gets tough. These are skills we can also teach to our learners and colleagues, which in turn will help us better connect with our patients and each other.

Learning objectives:
1. Unravel the concepts of empathy, compassion, compassion fatigue, and self-compassion.
2. Understand compassion’s role in well-being and increased altruism.
3. Experiment with two compassion cultivation techniques that you can practice in your own life to leverage the power of compassion with yourself and others.

Evaluation of outcomes for participants: We will use a closing reflection to elicit take home points from participants.

We will ask for permission to send a brief follow up survey one month after the session to see if participants have been able to put these activities/principles into action.

Innovative Technology

IT.1.1 Teaching communication in health care with immersive learning and branching scenario

Presenter(s):
Jennifer Foucart, U.L.B (Université Libre de Bruxelles), Belgium

Background: Health care communication education is facing many challenges: increasing student numbers, digitalisation of teaching, ... For these reasons, we had to reinvent our teaching practices. We therefore created an online immersive learning tool for healthcare communication. This tool, created with ADOBE CAPTIVATE, combines immersion in a caregiver role-play with a branching scenario. It presents scenarios with different outcomes depending on the student’s choices. At each step of the communication process, students watch a video and must make choices. A follow-up video clip is then presented, showing the outcome of the choice made and theoretical explanations on it.

Method: 200 3rd year physiotherapy students participated in this innovative technology. They were separated into two groups. The first group underwent the usual teaching method (theory and practice via roleplay). For the second group, 2H of role play were replaced by this program. They then had to respond to several questionnaires auto evaluating their communication abilities before and after the cursus, and evaluating their satisfaction.

Results: The results showed that this program increased the experimental group's sense of ability for communication (p<0.001). After the immersive learning, students find that it’s better to check the patient’s understanding and to pay attention to the vocabulary chosen. It seems also that the group with immersive learning evolved better than the control group, but not on all items.

Conclusion: This innovation allows students to develop their communication skills by having a practical and individualized learning tool. They are very satisfied and recommend this program with an excellent utility score (82%) because it allows them to practice while being less afraid of making mistakes. Some students
also reported that they tried to make mistakes in order to see what the result will be. This type of tool could therefore be extremely useful in health care communication education.

**IT.1.2 Development and usability tests of a Chronic Kidney Disease Dashboard**

*Presenter(s):*
Dorinde van der Horst, Antonius Ziekenhuis & Leiden University Medical Center, Netherlands

*Authors:*
Nelly van Uden, Santeon, Netherlands
Ellen Parent, Maasstad Hospital, Netherlands
Hans Bart, Dutch Kidney patient Association, Netherlands
Geke Waverijn, Maasstad Hospital, Netherlands
Iris Verberk-Jonkers, Maasstad Hospital, Netherlands
Rene van den Dorpel, Maasstad Hospital, Netherlands
Arwen Pieterse, Leiden University Medical Centre, Netherlands
Willem Jan Bos, St. Antonius Hospital, Netherlands

**Background:** Improving information transfer during consultations with Chronic Kidney Disease (CKD) patients may stimulate Shared Decision Making (SDM) and add to patients’ disease knowledge and activation. Dashboarding is a new strategy to visualize the information transfer during consultations, including individual clinical and patient-reported outcomes. We aimed to systematically develop a dashboard for CKD patients receiving treatment in the hospital, test its usability, and explore conditions for optimal use in practice.

**Methods:** For development a participatory approach with patients and clinicians from three hospitals was used. Working groups and patient focus groups were conducted to identify needs and inform the dashboard’s design. Usability was tested in patient interviews. A focus group with clinicians was held for identifying enablers for effective use of the dashboard in practice.

**Results:** A CKD dashboard was developed, visualizing both clinical and patient-reported individual outcomes over time, for use during consultations and accessible for patients at home. Both clinicians and patients indicated that they expect the dashboard to: motivate patients in adhering to their treatment plans, by providing outcome feedback over time; improve conversations by enhanced preparation of both clinicians and patients; better inform patients, thereby facilitating their involvement in decision-making. Clinicians and patients both stated that setting a topic agenda for the consultation together is important in effectively discussing the dashboard during consultations. Moreover, the dashboard should not dominate the conversation. Lastly, the usability tests provided useful design requirements for optimal user-friendliness and clarity.

**Conclusions:** Dashboarding can be a valuable way to support clinical encounters by visualizing the information transfer. Our Findings: suggest it can stimulate patient activation and facilitate decision making. Co-creation with patients and clinicians was essential for successful development of the dashboard. Gained knowledge from this development process can inform others wishing to develop similar digital tools for use in clinical practice.

**IT.1.3 Virtual reality training of bad news delivery in health care**

*Presenter(s):*
Petra Sneijder, University of Applied Sciences Utrecht, Netherlands

*Authors:*
Stan van Ginkel, University of Applied Sciences Utrecht, Netherlands  
Inge Blauw, University of Applied Sciences Utrecht, Netherlands  
Bo Sichterman, University of Applied Sciences Utrecht, Netherlands  
Annette Klarenbeek, University of Applied Sciences Utrecht, Netherlands

Background: Training of bad news delivery skills usually takes place with classic role play. Research of the use of virtual reality (VR) shows that this innovation has a positive impact on learning (van Ginkel et al, 2017). As bad news delivery is considered a challenging task by health care professionals, including physiotherapists (Hiller, 2017), we developed a VR learning environment for practicing conversational communication skills for this target group.

Methods: Developing the VR tool required insight in (a) the phases in the conversation, (b) the communication practices of the physiotherapists, such as meeting the needs of the patient and c) the educational design principles of instruction, learning activities and feedback. To gain these insights, we conducted a literature study and semi-structured interviews with physiotherapists.

Three tools were developed:
2. An interactive PDF combining the rubric and VR-video’s: mainly instructional.
3. An online VR learning environment: feedback method.

Findings: The rubric, interactive PDF and VR learning environment have been discussed and tested in several demo sessions with both students and physiotherapists. Findings: are:
The rubric and the interactive rubric are mainly received as positive on instructiveness. The VR-environment gives useful feedback generated in three ways: (1) the conversation performed is displayed within the rubric (2) it shows constructive feedback on each sentence (3) it shows feedback in short labels related to the rubric.

Contribution to communication in health care: The tools improve bad news delivery in practice and stimulates using a patient-centered approach in physiotherapy, in which the message is adapted to the needs of the patient (Sparks et al., 2007; Hiller & Delany, 2018). This may lead to higher patient satisfaction, and has a positive effect on the way the patient may deal with the outcomes of the conversation.

IT.1.4 The feasibility and acceptability of a data science powered personal health library HealthPAL.

Presenter(s):
Reed Bratches, Dartmouth College, United States

Authors:
Paul Barr, Dartmouth College, United States  
Lisa Oh, Dartmouth College, United States  
Craig Ganoe, Dartmouth College, United States  
Susan Tarczewski, Dartmouth College, United States  
Elizabeth Carpenter-Song, Dartmouth College, United States  
A. James O'Malley, Dartmouth College, United States  
Wambui Onsando, Dartmouth College, United States  
Roger Arend, N/A (Patient Partner), United States  
Sheryl Piper, N/A (Patient Partner), United States  
Meredith Masel, University Texas Medical Branch, Galveston, United States  
Kerri Cavanaugh, Vanderbilt University Medical Center, United States  
Amar Das, Dartmouth College, United States  
Martha Bruce, Dartmouth College, United States
Background: Digital recordings of clinic visits offer an opportunity to promote patient and family engagement in care. Using advances in natural language processing (NLP), we have developed HealthPAL (Personal Audio Library). HealthPAL is open-access software that highlights key information (e.g., medications) from visit recordings, and links to trustworthy web-based resources. The objective of this trial is to demonstrate the successful use of HealthPAL at home by older adults.

Methods: We conducted a three-arm, parallel-group, patient-randomized, blocked, controlled, pilot trial at Dartmouth-Hitchcock. Patients were ≥65 years with two or more chronic diseases. Patients visiting primary care were randomized to 1) usual care, 2) simple recording or 3) HealthPAL. We assessed recruitment feasibility and retention. Assessments were completed at baseline and 2 weeks from enrollment. System usability, feasibility, acceptability, and appropriateness of the recording interventions were assessed using validated metrics. While not powered, we also explored potential impact on patient activation, satisfaction, adherence, QOL, interpersonal communication, electronic health literacy, and caregiver preparedness.

Results: We enrolled 4 of 4 clinicians approached, exceeded patient enrollment milestones (n=45 of 45 patients), and achieved high retention (91%) and high fidelity to our trial protocol. Patients were 78 years old (SD 5.9) and 65% female. Feasibility, acceptability, and appropriateness of intervention were a median of 4 out of 5, and system usability score was 70.6 for HealthPAL, indicating above-average usability. As expected, no significant difference in outcomes was found, however, there was a non-significant increase in electronic health literacy in the HealthPAL group from baseline (+3.2).

Implications: Visit recordings are a highly usable, feasible, and acceptable way of communicating visit information to older adults. The use of NLP to curate visit recordings is an innovative strategy to optimize visit communication and promote greater self-management. A powered trial is needed to determine the impact on patient outcomes.

Orals (online): O.O.6 Ehealth, Mhealth & healthcare professional mental health

O.O.6.1 Testing the Usability of the ADFICE_IT Patient Portal for improving Shared Decision Making

Presenter(s):
Kelly de Wildt, Amsterdam UMC, Netherlands
Annemiek Linn, University of Amsterdam, Netherlands

Authors:
Sara Groos, Amsterdam UMC, Netherlands
Bob van de Loo, Amsterdam UMC, Netherlands
Stephanie Medlock, Amsterdam UMC, Netherlands
Kimberley Ploegmakers, Amsterdam UMC, Netherlands
Julia van Weert, University of Amsterdam, Netherlands
Natasja van Schoor, Amsterdam UMC, Netherlands
Nathalie van der Velde, Amsterdam UMC, Netherlands

By preparing and empowering patients prior to a consultation, Patient Portals can be powerful tools to stimulate patient participation in Shared Decision Making (SDM) about falls prevention for older adults. However, previous research shows that in developing these portals patients’ needs are often overlooked, problematically leading to ineffective portals. We developed a Patient Portal as part of a multi-component intervention (including a physician component) that takes the end-users’ needs and preferences into account by incorporating User-Centered Design (UCD). The aim of this study is to test the usability of a patient portal that is developed according to the UCD principles.
Methods: The Patient Portal was tested through a concurrent think-aloud usability test, a think-aloud questionnaire (i.e., Website Satisfaction Scale) using a scale visually supported by smiley faces, and a semi-structured interview focused on Usability, Content, Navigation, and Comprehensibility (n=6 patients). The final dataset consisted of videotaped screen recordings including mouse movements and clicks, video recordings of the patients, and the interview audio recordings. The occurrence and severity of the usability problems were coded according to Nielsen’s severity rating (0-4).

Results:
In total, n=41 usability problems were identified. Most problems related to the Portal’s Usability and Navigation (e.g., the font size was considered to be too small, difficulty locating a navigation button in the menu bar). Problems regarding comprehensibility were also found (e.g., difficult words required an explanation or easier to understand alternative).

Discussion: Based on the results, the Patient Portal was improved into a ready-to-use portal. Only minor edits were made, possibly because end-users were involved in the development from the start. A Clinical Decision Support System for physicians was simultaneously developed as part of the ADFICE_IT intervention. Next, an RCT with process evaluation will be performed across eight Dutch clinics to study the effects of the intervention.

0.0.6.2 An Empowerment Toolbox for Older People with Atrial Fibrillation: Results: from the AFFIRMO project

Presenter(s):
Serena Barello, Università Cattolica del Sacro Cuore, Italy

Authors:
Guendalina Graffigna, Università Cattolica del Sacro Cuore, Italy
Gloria Anderson, University of Rome Tor Vergata, Italy
Caterina Bosio, Università Cattolica del Sacro Cuore, Italy
Maria De Vita, University of Padova, Italy
Dipak Kalra, University College London, United Kingdom
Deidre Lane, University of Liverpool, United Kingdom
Donato Leo, University of Liverpool, United Kingdom
Trudie C.A. Lobban, Arrhythmia Alliance, United Kingdom
Georg Ruppe, Austrian Interdisciplinary Platform on Ageing (ÖPIA), Austria
Caterina Trevisa, Università di Padova, Italy

Background: Patient empowerment has been outlined as a specific goal by the World Health Organization’s for Europe in Health 2020. In this scenario, Atrial Fibrillation (AF) is a long-term condition where patient empowerment is a fundamental component of successful care. Within this clinical context, the AFFIRMO project, an EU-funded project under the European Union’s Horizon 2020 research and innovation program, is focused on developing and testing the effectiveness of a patient empowerment approach with AF patients with multi-morbidity. Patients are supported by a dedicated ICT platform that empowers them by collecting and using health information. The platform monitors patients’ empowerment status to personalize the different empowerment tools provided by the project. This work describes the development of the empowerment toolbox for AFFIRMO project’s patients.

Methods: Cross-country research was conducted across Europe through the following steps: 1) systematic analysis of the literature to identify “gold-standards” to measure patient empowerment and to identify evidence-based tools for empowering AF patients; 2) empowerment toolbox to improve patients’ ability to seek and use health information, with tools customized according to patients’ levels of empowerment; and 3) validation interviews with clinicians and patients to optimize the empowerment toolbox.
Findings: The literature scan resulted in the identification of 25 validated scales. Only two patient empowerment measures (PHE-S® and PAM®) were identified as adequate tools with consistent psychometric properties. A library of 46 educational materials relevant to patients with AF aimed at increasing their level of empowerment were developed according to the clinical and empowerment profiles of 15 personas.

Discussion: The theory-driven toolbox of validated materials is a valuable instrument to orient healthcare professionals in the personalization of AF patient empowerment interventions. Next step is to implement and test the empowerment toolbox with real-world patients enrolled in the AFFIRMO randomised controlled trial via a bespoke electronic platform.

O.O.6.3 Understanding the determinants of adoption and intention to recommend physician rating websites

Presenter(s):
Bernhard Guetz, Alpen-Adria-Universität Klagenfurt & Carinthia University of Applied Sciences, Austria
Sonja Bidmon, Alpen-Adria-Universität Klagenfurt, Austria

Background: Physician Rating Websites (PRWs) have become more popular as health-specific digital communication medium in recent years (Bidmon et al., 2020). Although a certain usage trend can be seen in this context (e.g., Patel et al. 2018), adoption of PRW usage has been scarcely investigated so far. One factor that could have an impact in this regard are recommendations. In the realm of mobile payment, Oliveira and others (2016) have shown that the influencing factors of the extended unified theory of acceptance and use of technology (UTAUT2) are suitable, amongst others, to explain adoption and intention to recommend the technology. So far, however, the UTAUT2 has never been applied to the realm of PRWs. Thus, the present study develops an influencing chain of intention to adopt and intention to recommend PRWs, based on selected UTAUT2 factors.

Method: The authors investigate the influence of facilitating conditions (FACC), hedonic motivation (HEDM), HABIT and social influence (SOCIAL), partially mediated by performance expectancy (PE), on behavioural intention to use (BI) and further to recommend (REC) PRWs. We report on an empirical study with 518 respondents, aged 15 – 68 years, applying an online survey by usage of the crowdsourcing platform Clickworker.com in Austria.

Findings: The results derived from SEM emphasise the importance of HABIT, HEDM and SOCIAL on PE, a significant influence of HABIT, PE and EE on BI and further a significant path from BI to REC as well as a direct significant path from SOCIAL and HEDM on REC. The AMOS 26.0 model indicates a strong degree of local and global fit (CMIN/df=2.03, GFI=.932, AGFI=.911, CFI=.978, RMSEA=.045) and explains 58 % of the variance of BI and 51% of the variance of REC.

Discussion: The findings have implications for theory and practice of communication strategies to incentivize PRW usage in the future.

O.O.6.4 Communication on risk perception of over-the-counter drugs: A systematic review

Presenter(s):
Ana García-Arranz, Universidad Rey Juan Carlos, Spain

Authors:
Salvador Perelló-Oliver, Universidad Rey Juan Carlos, Spain
Background: Increasingly autonomous patients, the growing complexity of healthcare systems, and an overload of confusing information are only some of the factors at the root of a self-medicated society. In the last decade, sales of over-the-counter drugs have increased by 50.04% (Euromonitor International, 2021). More recently, COVID-19, with unprecedented information flows, has triggered their consumption in an act of self-preservation. This proposal aims to determine the role that scientific literature — focused on raising patient awareness and perception of the risks linked to the consumption of these products — gives to the media and advertising, and to the nature of the information provided.

Methods: The methodology has two parts: the first analyses all relevant research published between 2001 and 2021 and registered in reference databases (Web of Science, Communication and Mass Media Complete, PubMed and PsycINFO). The second develops a residual analysis based on the corresponding contingency table, after conducting relevant significance tests (χ²). The corpus is composed of 516 studies.

Findings: In the last decade, the interest of the scientific community in these products has increased in parallel to their consumption (67%). The main evidenced risks are side effects (89.1%), the potential generation of diseases (56.8%), misuse or abuse (53.9%), as well as possible interactions (49%) with other medication. Also 26.4% of the analysed corpus confirm the media’s influence in the consumption of these products, and 29.7% indicate the need for greater advertising restrictions. Moreover, 36.4% of the studies evidence the absence of relevant and/or verified information.

Discussion: Given the emphasis on selfcare and the empowerment of the public to manage their health with OTC drugs, the Findings: of our work underline the potentially harmful effects and inefficiency of health communication, and highlight the need to acknowledge the media’s and advertiser’s obvious responsibility in the promotion and visibility of these products.

O.O.6.5 On the bright side: Rewards and reframing in mental health discourses of end-of-life care workers

Presenter(s):
David Edmonds, The University of Hong Kong, Hong Kong

Authors:
Olga Zayts-Spence, The University of Hong Kong, Hong Kong

Background: Those working in end-of-life care (EOLC) face death and manage conflict between patients and relatives, and thus, suffer burnout and adverse mental health (Dijxhoorn et al., 2021; Slocum-Gori et al., 2013). Given these difficulties, our project investigates the meanings that EOLC workers give to their mental health.

Data and methods: Drawing on data from a project examining the mental wellbeing of EOLC workers in Hong Kong and the United Kingdom, we explore how they construct their mental wellbeing in relation to their work. Drawing on 20 interviews with healthcare professionals and using theme-oriented discourse analysis, we investigate the mental health discourses and narratives of EOLC workers.

Findings: Data analysis revealed that respondents indeed reflected on the challenges posed to their mental health by EOLC work. Nevertheless, we identified two focal themes in their mental health discourses reflecting positive mental wellbeing. First, interviewees reflected on the personal rewards of working in EOLC. Building close relationships with and supporting patients was framed as a “privilege” that motivated and “energized” EOLC workers. Second, interviewees “rejected the negative”—emphasizing the positive impact of working in EOLC on their mental health. They achieved this through the discursive strategy of reframing—recasting challenges to their mental health as ‘positives.’
Discussion: Our paper reconceptualizes mental health discourses in EOLC from a deficit focus to a consideration of how workers give positive meaning to their experiences and wellbeing. Finally, we reflect upon how these rewards and re-framings might form the basis for a strengths-based approach to mental health interventions for end-of-life care professionals.

O.0.6.6 (WIP) Exploration of burnout among primary care physicians in Cyprus; a multimethod study.

Presenter(s):
Martha Kehagias, University of Nicosia Medical School, Cyprus

Background: Much of the data available on physician burnout is from studies that done in the U.S. with research also done in 44 other countries, according to a systematic review of the literature. There are no studies about burnout among physicians in Cyprus. Based upon the identified gaps, we have set out the following research questions:
What is the prevalence of burnout and/or burnout symptoms among PCPs in Cyprus?
What are the perceived needs of physicians that could be addressed by an intervention to deal with the impact of burnout?

What would be the components of an intervention to deal with physician burnout in Cyprus?

Methods: The study uses a mixed methodology. The Maslach Burnout Toolkit for Medical Personnel is a quantitative measure of burnout and its factors. Focus groups will be conducted to gather qualitative variables assessing perceived needs of physicians. The Mann-Whitney U test or χ² test will be used for continuous variables and categorical variables, respectively. Risk factors will be assessed using first univariate and then multivariate binary logistic regression analysis. Cronbach’s alpha will be used to estimate internal consistency of the survey’s scale. Transcripts from the focus groups will be analyzed using thematic content analysis.

Findings: Ninety-two of the 267 responses necessary for statistical significance were gathered. Twenty-eight percent of doctors "feel burned out" from work a few times per year or less. Thirty-seven percent "feel burned out" once a week or more. Results: are consistent with a study from neighboring Turkey. Fifty-nine percent feel that the implementation of a universal healthcare system in 2017 has made their job harder.

Discussion: Overall response rate is only 92 from 872 invitations sent. However, 80% of respondents expressed interest in the focus groups, indicating an eagerness to discuss burnout in Cyprus and interventions to deal with it.

12:45 - 14:15

Orals: O.33 Authentic experiences in communication skills teaching and learning

O.33.2 Involvement of Patients with Mental Illness in Patients as Teachers program

Presenter(s):
Janne Christiansen, Copenhagen Academy of Medical Education and Simulation, The Capital Region of Denmark, Denmark

Authors:
Judit Vibe Madsen, Copenhagen Academy of Medical Education and Simulation, The Capital Region of Denmark, Denmark
Background: The concept “Patients as Teachers” was established in 2013 and provides students in healthcare with the opportunity to learn directly from patients with chronic somatic diseases. By sharing their stories and experiences, patients play an important role in preparing students to understand and handle their unique needs and challenges with respect. The program receives high ratings. On this basis, the concept has been extended to include people with mental illness.

Methods: The students are divided into small groups to ensure dialogue-based teaching. The patients share their experiences through narratives. To be a part of the program, the patients participate in a training program and must have at least 2 years of experience with mental illness. The main topics in the training for patients are how to convey their narratives and engage in dialogue.

Findings: During recruitment and training, it was obvious that the group of patients with mental illness differs from the original group of patients with somatic disease. Engaging in the development of the narratives, the patients with mental illness particularly emphasize the importance of understanding health and illness in their fullest contexts. They focus on everyday life and do not consider their disease to be chronic. Through narratives, the patients with mental illness raise awareness of how language can create stigma, and they contribute to fight mental-health taboos. We found that the patients narratives emphasize the compassionate side of healthcare.

Discussion & conclusion: The value of involving patients with mental illness in an active teaching role, where students can benefit from patients’ experience, is being recognized. Patients report benefits such as empowerment and describe their participation as a win-win situation. The interaction between patients and students and the various learning environments ensure that patients stay authentic.

O.33.3 Patients as teachers in undergraduate medical education

Presenter(s):
Judit Vibe Madsen, Copenhagen Academy for Medical Education og Simulation (CAMES), Denmark

Authors:
Janne Christiansen, Copenhagen Academy of Medical Education and Simulation (CAMES), Denmark

Background: ‘Patients as Teachers’ is an example of engaging patients with chronic illness in medical education. The aim of the concept ‘Patients as Teachers’ is to train patient-centered communication. In our program, patients with chronic illnesses such as heart disease, COPD, diabetes, and back problems are recruited and trained to teach health professionals students. The training of patients is tailored to the specific goals and objectives of each course. As part of this process, patients are also directly involved in the development of course content to ensure authenticity based on the patients’ individual experiences. Patient cases, feedback, and narratives serve as core components of our coursework.

Methods: 80 patients are participating in the concept. The recruitment and training of patients are ongoing. They differ with respect to gender, age, and educational background. To be a part of the program, they must have at least 2 years of experience as a patient. Patients are involved in communication training for medical students. Recorded consultations between a patient and a student take place. After each consultation, the patient provides feedback regarding the student’s performance. This method of learning allows the students to get firsthand knowledge from patients about the illness and their experiences with the focus mainly on communication and individual perspectives.

Findings: Patients with chronic illnesses have been teaching in our program since 2014. Each year, 4000 students participate in courses involving patients and relatives. The program receives extremely high
ratings from students. Learning from patients provides students to understand the diversity of patients and emphasizes the compassionate side of health care.

Discussion & conclusion: Patients describe their participation as a win-win situation. They share their stories with students, in turn, they are inspired by the students’ questions. The involvement of patients in education creates authenticity in the learning environment.

**O.33.4 Portraying people – how do we create innovative learning material in healthcare education**

*Presenter(s):*
Connie Timmermann, Klinisk Udvikling, Denmark

*Background:* Seeing and meeting the patients as a person is described as “whole-person care” and the new paradigm for the 21st Century. At the same time, this approach accommodates a healthcare system that supports person-centred communication. However, research shows that patients and relatives often experience being overlooked and treated in a depersonalizing way and that the healthcare professional’s barriers to meeting and seeing patients as whole persons may be associated with their own emotions and vulnerabilities. Accordingly, it becomes crucial to collaborate on and engage in how we challenge our ways of viewing patients and using our own emotions and vulnerabilities as an important part of our expertise and professionalism.

*Methods:* In the first phase of this research project, nine portraits of people who are also heart patients are created based on visits to their homes. The portraits are unfolding their everyday lives; what is experienced as meaningful and of value for them along with their hopes and dreams. The portraits are made using more creative ways such as photo collections, video material or drawings visualizing important aspects for the individual. Based on these portraits and the insights gained from the subsequent process of completion new innovative learning material is developed.

*Discussion:* We would like to discuss how new innovative communicative learning material can be developed and incorporated into existing curriculums to support and further develop healthcare professionals understanding of and knowledge on whole-person care and person-centred communication. Moreover, we hope to engage in discussions on what is needed to create learning material that can support healthcare professionals to embrace emotions and vulnerabilities that are at stake in their communicative encounters with patients.

Consequently, we hope that new insights emerge that goes beyond traditional understandings of communicative learning material.

**O.33.5 Medical students learn patient-centered communication from patients with chronic conditions**

*Presenter(s):*
Anne Marie Rieffestahl, University of Copenhagen & Copenhagen Academy for Medical Education and Simulation, Capital Region of Denmark, Denmark

*Authors:*
Torsten Risør, University of Copenhagen, Denmark
Hanne Mogensen, University of Copenhagen, Denmark
Susanne Reventlow, University of Copenhagen, Denmark
Anne Mette Mørcke, Aarhus University, Denmark

*Background:* Despite patient-centered communication has been recognized in medical education for decades, it has been reported that medical students detach from the patient during medical school and
that their empathy declines. In addition, poor communication with doctors has been shown as one of the most common problems in patient complaints, which indicate that patient-centered communication training needs to be developed further. Therefore, many educational initiatives engage patients’ experiences but there is no explicit understanding about how patients contribute to the process of educating medical students.

The context for this study is a learning situation in which medical students have communication training with patients with chronic conditions in a simulation lab. This provides opportunity to investigate what medical students learn from patients and how they learn it.

Methods: This qualitative study involves four focus groups with each 3–7 participants, 2 paired interviews and 8 individual semi-structured interviews (30–90 min) with 32 medical students, who had attended the communication course. The interviews were recorded, transcribed and thematic analysis was applied inductively and organized into four main themes.

Findings: Learning from patients provided medical students opportunities to 1) see the world through the patients’ eyes, 2) understand the diversity of patients’ needs, and 3) recognize the importance of matching patients’ and doctors’ perspectives. Consequently, 4) students expressed challenges in interacting with the patients when performing the role as ‘medical expert’. Difficulty empathizing became visible in the students’ interaction with patients.

Discussion: The patients’ authentic contributions provided the students with unique opportunities to engage with their own emotions and capacity for empathy. However, for students to benefit from this affective practical training, they need guidance to balance professional and personal aspects in encounters. Perhaps there is a need to introduce the ‘doctor as person’ in medical education.

O.33.6 (WIP) Telephone to Telehealth Pivot: pharmacy and medical students connect for shared decision-making

Presenter(s):
Christine Hall, Idaho State University, United States
Barb Mason, Idaho State University, United States

Authors:
Denise Kirby, Idaho State University alumnus, United States

Background: Telehealth care delivery’s estimated growth in 2020 reached 80%, reports predicting that 30% of all visits will be delivered virtually post-pandemic. The sudden need to adapt curriculum to prepare trainees for virtual clinical interactions necessitated a change in our past interprofessional activity connecting physician assistant and pharmacy students by phone to improve communication skills. We will now implement a telehealth simulation instead.

Objective: To describe the development, implementation and assessment of an interprofessional education telehealth simulation activity.

Methods: First-year physician assistant (PA) and pharmacy students completed pre-activity surveys assessing their prior experiences and attitudes regarding interprofessional education and collaboration. PA students evaluated an online patient case, arrived at a diagnosis of hyperlipidemia, developed a treatment plan and phoned in a prescription to the pharmacy student. Paired PA/pharmacy teammates ordered and received the prescriptions. Pharmacy students had access to additional information that might impact medical decision-making; students strategized safe alternatives together. After the past sessions, students
completed and submitted ICCAS post-activity surveys and faculty led timely debriefings. In our new model, these interactions will take place via Zoom as representative of Telehealth.

Findings: 326 students participated in this activity with two cohorts. Statistically significant improvements in overall median scores were identified in 18 of the 20 questions, suggesting improvement in students’ overall ability and comfort level with the interprofessional team model. We hypothesize that adapting the methodology to a telehealth simulation will produce similar results.

Discussion: This activity provides students of health care professions with a realistic impression of telehealth exchange between a prescriber and pharmacist. Students apply their professional acumen to co-manage a patient’s care. Once competencies and evaluation guidelines for incorporating telehealth modalities in the medical and pharmacy curriculum are developed, exercises like this will provide a telehealth framework that addresses knowledge, skills and abilities necessary for practice.

Orals: **O.34 Health Disparities and Health literacy**

**O.34.1 Primary care needs of Gender and Sexual Diversity patients: it’s (almost) all about communication!**

**Presenter(s):**
Melissa Dominicé Dao, Geneva University Hospitals, Switzerland

**Authors:**
Claire Ritz, Geneva University Hospitals, Switzerland
Sara Arsever, Geneva University Hospitals, Switzerland

**Background:** Gender and sexual diversity (GSD) individuals are at increased risk of negative health outcomes and suffer health inequities and discrimination. Many GSD individuals do not seek healthcare for fear of being discriminated against and do not disclose this part of their identity to their health care providers, leading to diagnostic or prescription errors. The objective of our study is to improve understanding of the primary health care needs of GSD individuals.

**Methods:** This qualitative study relied on semi-structured interviews with a purposive sample of GSD individuals recruited through community associations and medical offices in Geneva. Interviews were based on the critical incident technique. Thematic analysis of interview content involved all researchers. GSD community members informed the content of the interview guide, the recruitment process and the results validation.

**Findings:** Interviews took place with 19 GSD individuals, of whom 7 identified as cisgender, 8 as transgender, 5 as non-binary, 1 as intersex and 3 as in questioning (4 stated double identification). They self-categorized as being gay (4), lesbian (5), bisexual (1), pansexual (4), queer (2), queer bisexual (1), lesbian non binary (1) and in questioning (1). Their age ranged from 25 to 56 years (mean 36.31). The main primary care consultation challenges for GSD patients were: revelation of GSD status, feeling categorized, marginalized or discriminated against, and dealing with physician embarrassment or lack of competence regarding the GSD health issues. These challenges impacted negatively medical treatment and health prevention. To overcome these challenges they proposed measures to improve physicians’ knowledge, skills and attitudes regarding GSD patients, and structural measures for GSD-friendly medical offices.

**Discussion:** Exploring health experiences of GSD patients in primary care identified that the key issues impacting their health care are related to doctor-patient communication. They provide practical, individual and structural solutions for secure and inclusive health care.
O.34.2 Working collaboratively to design an instructional video for an at home blood sample collection kit

*Presenter(s):*
Lynsey Brown, University of St Andrews, United Kingdom

*Authors:*
Kenneth Boyd, University of St Andrews, United Kingdom
Devesh Dhasmana, University of St Andrews, United Kingdom
Frank Sullivan, University of St Andrews, United Kingdom
Mara van Beusekom, University of St Andrews, United Kingdom

*Background:*
In the future lung cancer screening could involve biomarker tools, including biomarker blood tests. The blood for these tests could be collected at home using an at home sample collection kit. Research has shown those at risk of developing lung cancer (aged 55+, high deprivation, ever-smokers) worry about using the kits and “getting it wrong”. An instructional video could alleviate this worry but to be effective this video must be relatable and acceptable.

*Methods:*
A three phased detailed design process working with those most likely to be at risk from lung cancer, to ensure the video worked for them. Phase 1: Development, two consecutive surveys, exploring views on using the kits and existing instructional videos (n=37). Phase 2: Production, two online focus groups, exploring the style, content, and narrative of the video (n=13). Phase 3: Evaluation, a face-face focus group evaluating the acceptability of the video, selecting a relatable voiceover and identifying any necessary edits before dissemination (n=6).

*Findings:*
Phase 1 found issues getting enough blood and getting the blood in the tube, as well as a preference for sound in instruction videos and real people demonstrating the task. Phase 2 identified a need for reassurance and motivation, as well as a relatable actor and setting. It had to be “someone like me” demonstrating the process. Analysis of Phase 2 built a detailed storyboard and narrative, through an iterative process, informing video production. Phase 3 found the video was not only acceptable, relatable, and reassuring but for many would be vital to ensure effective use of the kit.

*Discussion:*
Working in a collaborative manner with future users of the kits was key to this process and has led to the development of an acceptable and relatable instructional video, that should increase successful use of the kits through effective communication.

O.34.3 Evaluating the Feasibility and Effects of PARTNER-MH on Minority Patients’ Communication

*Presenter(s):*
Johanne Eliacin, Roudebush VA Medical Center, United States

*Authors:*
Diana Burgess, Minneapolis VA Medical Center, United States
Angela Rollins, Richard L. Roudebush VA, United States
Scott Patterson, Richard L. Roudebush VA Medical Center, United States
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Caitlin O’Connor, Richard L. Roudebush VA Medical Center, United States
Matthew Bair, Richard L. Roudebush VA Medical Center, United States
Kenzie Cameron, Northwestern University, United States
Marianne Matthias, Richard L. Roudebush VA Medical Center, United States
Background: Unproductive patient-provider communication, marked by low patient communication self-efficacy and lack of participation in treatment decision-making, is a key driver of healthcare disparities for racial and ethnic minority groups. PARTNER-MH, a 6-month peer support and patient navigation intervention, was designed to improve minority patients’ communication self-efficacy.

Methods: We examined feasibility, acceptability, and preliminary effects of PARTNER-MH with minority patients in a pilot randomized controlled trial, at a large Veterans Affairs Medical Center outpatient mental health clinic. Feasibility was assessed by evaluating recruitment, retention, acceptability, and adherence to study protocol. Communication self-efficacy was assessed at baseline, 3 months, and 6 months using the PEPPi-5. Additional questions evaluated participants’ involvement in shared decision-making (SDM), visit goals accomplished, feeling heard by provider, and perceived barriers to SDM. We also conducted qualitative interviews with participants from the intervention arm.

Findings: Participants (N=50) were mostly male (62%), non-Hispanic Black (70%) veterans, with a median age that falls in the 45-54 range. We recruited 45% of the target sample and enrolled 68% of eligible participants. Retention was 72% and peers’ fidelity to the study protocol consistently improved. 89% of participants reported satisfaction with PARTNER-MH. We saw a positive trend in PEPPi-5 scores with the intervention group having larger increases than the control group at 3-months (3.61 vs. 1.22) and 6-months (6.53 vs. 1.88). Intervention participants reported increased participation in SDM and fewer barriers to SDM than did control participants. Scores for the item, “thinking about your goal for the visit, how much do you feel you accomplished,” improved the most. Qualitative data corroborate these findings. Participants consistently reported that PARTNER-MH improved their communication self-efficacy and relationships with their mental health providers.

Discussion: PARTNER-MH is a feasible and acceptable mental healthcare disparity intervention that shows promise in improving patient-provider communication for minority veterans.

O.34.4 Multiple automated health literacy assessments: Development of the Health Literacy Editor

Presenter(s):
Julie Ayre, The University of Sydney, Australia

Authors:
Danielle Muscat, The University of Sydney, Australia
Carissa Bonner, The University of Sydney, Australia
Adam Dunn, The University of Sydney, Australia
Eliza Harrison, The University of Sydney, Australia
Jason Dalmazzo, The University of Sydney, Australia
Dana Mouwad, Western Sydney Local Health District, Australia
Parisa Aslani, The University of Sydney, Australia
Heather Shepherd, The University of Sydney, Australia
Olivia Mac, The University of Sydney, Australia
Kirsten McCaffery, The University of Sydney, Australia

Background: Producing health information that people can easily understand is challenging and time-consuming. Existing guidance is often subjective and lacks specificity. This study outlines the development and user-testing of the Health Literacy Editor. This new automated tool helps users write health information that is easy to understand and that adheres to health literacy guidelines.

Methods: Existing health literacy and plain language guidelines were collated. Items amenable to programmable automated assessment were incorporated into the Editor. The prototype was iteratively refined across four rounds of user-testing with health services staff (N=20). After each round, Yardley’s
(2021) optimisation criteria were applied to collate user feedback. These criteria guided which changes would be implemented.

Results: The Editor comprises six assessments: readability, complex language, passive voice, text structure, lexical density/diversity, and person-centred language. These are presented as global scores, with additional, more specific feedback flagged in the text itself. Feedback is provided in real-time such that users can iteratively revise and improve the text. Key changes from user-testing included: making the interface more intuitive, reducing the amount of information presented to first-time users, and creating varying ‘levels’ of support (e.g. 1-2 sentences, in-depth videos). Evaluations using the System Usability Scale and Technology Acceptance Model, showed high usability (Mean=84.25/100; SD=13.9) and perceived usefulness by health staff (M=8.62/10; SD=1.35).

Conclusions: The Health Literacy Editor is an innovative new tool to improve the quality and safety of written health information. It provides objective, immediate feedback on a range of factors, complementing readability with other, less widely used but important objective assessments such as complex and person-centred language. User-testing with health services staff has made the Editor more intuitive and engaging. This is a scalable intervention to support the uptake of health literacy guidelines by health services and providers of health information.

Orals: O.35 Shared decision making (SDM) in cancer care

O.35.1 Influencing factors on routine implementation of shared decision-making in cancer care

Presenter(s):
Anja Lindig, University Medical Center Hamburg-Eppendorf, Germany

Authors:
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Wiebke Frerichs, University Medical Center Hamburg-Eppendorf, Germany
Jördis Zill, University Medical Center Hamburg-Eppendorf, Germany
Isabelle Scholl, University Medical Center Hamburg-Eppendorf, Germany

Background: Shared decision-making (SDM) is highly relevant in oncology but rarely implemented in routine care. Several factors have shown to influence implementation success. The aim of this study was to investigate influencing factors on SDM implementation in the context of a theoretically and empirically based multi-component SDM implementation program through pre-planned process evaluation.

Methods: We conducted qualitative process evaluation of a stepped-wedge SDM implementation trial. Qualitative data included process interviews with healthcare professionals (HCPs), field notes by the study team, and meeting minutes. Data were analyzed via deductive and inductive qualitative content analysis on basis of the Consolidated Framework for Implementation Research (CFIR).

Findings: Transcripts of 107 process interviews with 126 participants, 296 pages of field note documentation, and minutes of 39 meetings were included in the analysis. Major influencing factors on SDM implementation included perceived personal relevance of SDM for own clinical practice, individual motivation to change, leadership engagement, interdisciplinary cooperation, available resources, compatibility with clinical routines, reliability and predictability, integration of SDM into existing structures, applicability of SDM in certain situations and with certain patients, and organizational priorities.

Discussion: This comprehensive process evaluation provides approaches for the interpretation of the outcome evaluation of the SDM implementation study. The identified influencing factors can be used for planning, conducting and evaluating future SDM implementation studies. Future studies should investigate which of the influencing factors are predictors for implementation success.
O.35.3 Development of a questionnaire to measure patient readiness for shared decision making in oncology

Presenter(s):
Sascha Keij, Leiden University Medical Center, Netherlands

Authors:
Anne Stiggelbout, Leiden University Medical Center, Netherlands
Arwen Pieterse, Leiden University Medical Center, Netherlands

Background: Shared decision making (SDM) about treatment can be difficult for patients with cancer. We have previously identified what elements might lead patients to be ready (i.e., well-equipped and enabled) to participate in SDM. We are now developing a patient self-report questionnaire to measure cancer patient readiness for SDM in research.

Methods:
Step 1: Item development. We determined the elements and sub-elements of readiness based on previous studies, longitudinal interviews with cancer patients (n=7), and the results of an ongoing review of qualitative studies. The selection of (sub-)elements was discussed within the research team, and we consulted clinicians (n=3), researchers (n=2), and patients (n=2). We developed multiple items for each sub-element, and consulted experts on health literacy and SDM (n=2) for feedback.

Step 2: Item reduction and content validity testing. Given the formative nature of our construct, we will conduct an online field-study among cancer patients to select the items.

Step 3: Comprehensibility testing. We will cognitively test the resulting items in low health literate individuals and make necessary changes.

Findings:
Step 1: We identified seven elements of readiness (understanding of and attitude towards SDM, information skills, self-awareness, emotions, skills in communicating and claiming space, consideration skills, self-efficacy), divided over 30 subdomains. We developed approximately 160 items and received feedback on them.

Step 2 and 3 will have been completed at the time of the conference.

Discussion: The questionnaire will enable to get a better insight in what cancer patients need to be ready to participate in SDM. To finalize the questionnaire, next steps will be to conduct feasibility testing and test the validity of the final questionnaire.

O.35.4 The role of time in patient participation in cancer treatment decision making: A qualitative study

Presenter(s):
Thomas Wieringa, Leiden University Medical Center, Netherlands

Authors:
Anne Stiggelbout, Leiden University Medical Center, Netherlands
Arwen Pieterse, Leiden University Medical Center, Netherlands
Background: Patients and clinicians often mention time as a barrier for patient participation in decision making. Yet, little is known about how patients, decision partners, and clinicians perceive the role of time in promoting effective patient participation in cancer treatment decision making, or which strategies can be applied to overcome time-related barriers to patient participation in decision making. Our aims are to 1) understand how time (how much and when) may promote and/or hinder patient participation in making decisions about their cancer treatment, and 2) identify strategies to overcome time-related barriers.

Methods: We are in the process of conducting individual interviews with individuals diagnosed with cancer, decision partners, and physicians. To be eligible, patients and decision partners should have faced one of the following decisions at most six months before: whether or not to undergo intensive treatment in patients with acute myeloid leukemia (aged ≥60 years), or adjuvant chemotherapy in patients with stage II/III colon cancer (aged ≥18 years). Physicians are eligible if they carry medical responsibility over one of the two decisions.

We ask participants about their experiences with and opinions about (the time for) the decision making process, and ways to improve (the time use in) this process. We will continue conducting interviews until we reach data saturation. We expect to include 10-12 patients, 4-6 decision partners, and 12-15 physicians. We will record and transcribe the interviews, and apply open, axial, and selective coding on the transcripts.

Findings: At this point, we have conducted four physician interviews. We expect to complete data collection and analysis by May 2022.

Discussion: Based on the results, we aim to develop: 1) a conceptual model of the role of time in effective patient participation in cancer treatment decision making, and 2) a list of strategies to overcome time-related barriers to patient participation.

O.35.5 Decision making about esophageal cancer treatment: variation in clinicians’ communication behavior

Presenter(s):
Lois van de Water, Amsterdam UMC, Netherlands

Authors:
Gillian Scholten, Amsterdam UMC, Netherlands
Inge Henselmans, Amsterdam UMC, Netherlands
Hanneke van Laarhoven, Amsterdam UMC, Netherlands
Ellen Smets, Amsterdam UMC, Netherlands

Background: Due to the availability of more than one curative treatment option for esophageal cancer and lack of consensus among clinicians on whether and how to present these treatment options, decision making in this setting can be complex. Moreover, as treatment options often involve multiple treatment modalities, i.e., different combinations of radiation, chemotherapy and/or surgery, treatment decision making also involves multiple clinicians (e.g., radiation oncologists, medical oncologists, surgeons and physician assistants). The aim of this study was to describe how clinicians communicate about treatment decisions with patients with localized esophageal cancer. More specifically, we investigate the variation in whether and how clinicians present a choice, how they communicate pros and cons, if and how they communicate recommendations and how they involve patients in decision making.

Methods: For the current analysis, we used audio-recordings of 20 scripted simulated patient assessments from the SOURCE trial [NCT04232735]. Using two highly similar cases, acted by a simulated patient, eliminated variation at patient level. This enabled us to focus on the variation in decision making behavior
between clinicians. Audio-recordings were content-coded using open coding, and rated on the degree of shared decision making using the OPTION-12.

Findings: Preliminary Findings: show some clinicians leaving the patient no room for choice, some only suggesting the choice not to commit to the advice, and others presenting the patient with a full choice between options. We distinguished 5 different treatment options, ranging from 1 up to 4 options discussed per consultation. Clinicians’ expressions regarding choice, patients’ role in decision making or an advice were generally implicit. Findings: show OPTION-scores to range from 18.2 to 54.5 (scale 0-100).

Discussion: We cautiously conclude that the presented treatment options and the patients’ role in the decision making depend on the clinician involved. Final results will be presented in September 2022.

O.35.6 (WIP) Towards culturally sensitive shared decision-making in oncology: A study protocol

Presenter(s): Roukayya Oueslati, Leiden University Medical Center; The Hague University of Applied Sciences, The Hague, Netherlands

Authors: Ria Reis, Leiden University Medical Center; University of Amsterdam, Netherlands
Martine de Vries, Leiden University Medical Center, Netherlands
Meralda Slager, The Hague University of Applied Sciences, Netherlands
Joost van der Sijp, The Hague University of Applied Sciences, Netherlands
Anne Stiggelbout, Leiden University Medical Center, Netherlands
Dorothea Touwen, Leiden University Medical Center, Netherlands

Background: Shared decision-making (SDM) is often considered the ideal for decision-making in oncology. Views of specific groups such as ethnic minorities have seldom been considered in its development. In this study we seek to assess in oncology if there is a need for adaptation of the current SDM model to ethnic minorities and to formulate possible adjustments.

Method: This study is embedded in empirical bioethics (EB), an interdisciplinary approach integrating empirical data with ethical reasoning to formulate normative conclusions regarding a practice. For the empirical social scientific part, a cross-sectional qualitative study will be conducted; for the ethical reflection the Reflective Equilibrium (RE) will be used to develop a coherent view on the application of SDM among ethnic minorities in oncology.

Method: Semi-structured interviews combined with visual methods: (timelines and relational maps) will be held with healthcare professionals (HCPs), ethnic minority patients, and their relatives to identify values steering the behavior of these actors in SDM. In addition, focus groups (FG) will be held with HCPs and ethnic minority community members to identify value structures at the group level. Respondents will be recruited through organizations with access to ethnic minorities and collaborating hospitals. Data will be analyzed using a reflexive thematic analysis through the lens of Schwartz’s value theory. The results of the empirical phase will be included in the RE to formulate possible adjustments of the SDM model, if needed.

Discussion: The integration of empirical data with ethical reflection is an innovative method in shared decision-making. This method enables a systematic and profound assessment of the need for adaptation of SDM and the formulation of theoretically and empirically based suggestions for adaptations of the model. Findings: of this study may enrich the SDM model by the inclusion of the perspectives of ethnic minorities.
Orals: O.36 Interprofessional communication

O.36.1 Effect of Bedside vs. Outside the Room Patient Case Presentation during Ward Rounds

Presenter(s):
Christoph Becker, University Hospital Basel, Switzerland

Background: Bedside case presentation may facilitate patient-centered care during ward rounds through participation of patients in medical discussions. Yet, the magnitude of medical information and the use of terminology may cause confusion and impair patient relevant outcomes.

Methods: We randomly assigned patients at three Swiss teaching hospitals to case presentations at the bedside or outside the room. The primary endpoint was patients’ average knowledge of three dimensions of their medical care, including understanding their disease, the therapeutic approach being used, and further plans for care (each rated on a visual analogue scale from 0 to 100). Secondary endpoints included patients’ objective knowledge, patients’ confusion and concerns as well as duration of ward rounds.

Findings: Patients in the outside group (n=443) and bedside group (n=476) had a similar (mean, ±SD) knowledge regarding their medical care (79.5±21.6 vs. 79.4±19.8, adjusted difference 0.09 (95%CI -2.58 to 2.76), p=0.95). Also, the objective patient knowledge was similar in the two groups.

However, patients randomized to bedside presentation indicated higher confusion due to medical jargon and reported higher levels of concerns caused by team discussions.

Regarding timeliness, ward rounds with bedside presentation were more efficient (mean, ±SD,11.9±4.9 vs. 14.1±5.7 minutes, adjusted difference -2.3 minutes (95%CI -3.0 to -1.6), p<0.001). Still, patients in the bedside group estimated that their physicians spend more time with their care per day (78.4[SD± 88.6] vs. 64.1 [SD± 73.0] minutes, adjusted difference, 14.6 min (95%CI 2.6 to 26.6), p=0.02).

Discussion: In this large randomized trial, outside or bedside case presentation led to similar patient knowledge. Although, bedside ward rounds were more time efficient, patients estimated that physicians spend more time with their care.

However, bedside ward rounds caused more confusion and sensitive topics were less often addressed. Better patient-centered communication during bedside case presentation and thus teaching of these skills is warranted.

O.36.3 Improving Veterinary Team Handovers using video reflexive techniques

Presenter(s):
Elly Russell, University Of Lincoln/ Veterinary Defence Society, United Kingdom

Authors:
Liz Mossop, University of Lincoln, United Kingdom
Catherine Oxtoby, Veterinary Defence Society, United Kingdom
Ellie Forbes, University of Lincoln, United Kingdom

Background: Interprofessional communication failures are identified as a contributory factor in adverse events in healthcare (1). Handover practices are an important focus for improvement activities aimed at mitigating this risk (2). Video reflexive ethnography (VRE) has been used to improve handovers in ICU (3) and maternity teams (4). Poor interprofessional communication within veterinary teams can contribute to mistakes, including patient harm, in veterinary practice (5,6). This research explores how VRE can be applied to improving veterinary team handovers.
Methods: Video reflexive ethnography is a novel participatory action research approach. It involves capturing video footage of normal everyday work ‘in situ’. Short clips of that footage are shown to teams in reflexive sessions that explore work practices, identifying opportunities for improvement (7). In this study, footage of ICU morning handover in a small animal referral hospital was used in 6 reflexive sessions through which plans for a restructured handover process were developed.

Findings: 21 participants took part in 6 reflexive sessions and 3 follow up interviews were conducted. Thematic analysis of audio transcripts of reflexive sessions and interviews was used to explore the acceptability and feasibility of using VRE in a veterinary setting. This analysis identified 3 organisational level moderators (resources, leadership, and practice ‘fit’) and 3 individual level moderators (self-efficacy, orientation to quality improvement and psychological safety) of VRE acceptability and utility in this practice setting.

Discussion: Interventions to assist clinical handovers often focus on standardisation of information transfer, however organisational, cultural and environmental factors also impact handover success (8). Improvement Methods: that embrace the complexity of handover activity, rather than focus solely on standardisation are needed (9). VRE is a useful methodology for generating context-sensitive improvement interventions (10). This study identifies important considerations for applying VRE effectively in veterinary settings.

Ethical Approval -University of Lincoln Human Ethics Committee: 3807.

O.36.4 “Can I get your input with this patient?” Theories for teaching how to seek help from other doctors

Presenter(s):
Ching-wa Chung, University of Aberdeen, United Kingdom

Background: Seeking advice from, or referrals to, other doctors is a frequent part of most doctor’s duties. Yet many junior doctors feel inadequately prepared for this. Current research focuses on postgraduate, not undergraduate medical education. This research addresses this gap with the question What are the emergent theories for the practice of and undergraduate education in Clinical Intraprofessional Communication (CIC)?

Methods: Using constructivist grounded theory methodology, nine GPs and eight hospital doctors were interviewed in ten individual interviews and two focus groups. Interviews were transcribed, coded and analysed iteratively. Further theoretical sampling was undertaken to achieve data saturation. Theories were subsequently generated.

Findings: 761 initial codes were distilled into 64 focus codes. Two theories emerged. The TRU Perception theory states that the practice of CIC is a product of participants’ mutual perception of each other. That is, how participants perceive each other influences the process and outcome of the CIC interaction. Mutual perception is influenced by professional trust, rapport between participants and understanding of each other’s clinical role and context.

The TuFF Experience theory conveys that the education of CIC should be both experiential and realistic. Learning occurs best by experience. Furthermore, the experiences and skills learnt need to reflect the, sometimes harsh, reality of clinical practice. Factors that affect learning are timing and fidelity of the learning experience as well as feedback to students.

Discussion: The TRU Perception theory may help provide a framework to analyse CIC, allowing structured feedback to learners. It can also help inform development of related educational materials.
The TuFF Experience theory and model can be used to develop quality learning experiences and even curricular on CIC.

Both theories support development of effective undergraduate education in CIC, so that medical students are prepared in this aspect of communication from their first days as junior doctors.

**O.36.5 The value of sharing between Institutions: The UKCCC’s response to COVID**

*Presenter(s):*
Janet Lefroy, Keele University, United Kingdom

*Background:* The UK Council for Clinical Communication is a forum for all UK medical schools, meets twice yearly and has a tradition of sharing teaching ideas, evaluations and materials. At the start of the COVID pandemic we all faced the sudden imperative to change to remote or socially distanced learning Methods: while still teaching medical students to consult safely and effectively with their patients. This shared challenge required strategy, innovation and evidence to persuade our Universities to adopt the ideas we proposed.

*Methods:* In 8 approximately monthly online drop-in meetings open to all UKCCC members between May 2020 and June 2021, teaching and learning of clinical & communication skills with social distancing was discussed.

19 of the 44 UK medical schools were represented.

*Findings:* The initial meetings helped members to clarify the Medical Schools Council principles for medical student learning activities at the start of the COVID pandemic and how these would apply to clinical communication classes and placements.

Innovations were discussed in their planning stages for advice and modification.

Evaluations of what had been tried were shared so that other schools could benefit.

Concerns were shared for peer support and generated actions and further innovations.

Finally, as Universities emerged from lockdowns and most of their restrictions, discussions focused on what we will continue going forward out of all the changes and innovations.

*Discussion:* The value of this forum to those who participated was getting ideas and support. The value to participating medical schools and their students was immense – curricula were converted to effective online delivery with flipped classroom approaches and minimised-risk in person classes. We concluded that sharing innovations between institutions enriches us all and makes better doctors for our future healthcare systems.

**O.36.6 (WIP) Exploring interdisciplinary miscommunication on personalised medicine and patient-orchestrated care**

*Presenter(s):*
Tanja de Rijke, Amsterdam UMC, Netherlands

*Authors:*
Ellen Smets, Amsterdam UMC, Netherlands
Leonie Visser, Amsterdam UMC & Karolinska Institutet, Netherlands
Background: Personalized medicine (PM) and patient-orchestrated care (POC) are frequently used terms in healthcare communication, policy, and research. Clarity of these constructs is important, as ambiguity in interpretation may lead to miscommunication and false assumptions both within and across disciplines. We aimed to explore the understanding of PM and POC among interdisciplinary professionals in the field of Alzheimer’s disease (AD).

Methods: We conducted semi-structured interviews with 26 senior-level professionals from healthcare, society, industry and academia. Audio-recordings were transcribed and coded inductively and deductively by two researchers independently, using the ‘framework approach’.

Preliminary results: Some professionals understood PM from a (bio-)medical perspective (e.g., medication, precision medicine), whereas others additionally employed a social perspective (e.g., personal needs, patient-centeredness). Most professionals distinguished PM from POC, and they mainly understood POC from a social perspective, entailing either full control for the person affected or shared responsibility and decision-making. Professionals agreed that care partners should also be involved in PM and POC.

Preliminary discussion: Professionals appear to understand the construct of PM differently, which could lead to miscommunication. In line with their historically different backgrounds and values, the concepts of PM and POC are perceived distinctively. We plead for a more uniform understanding of PM, which may reduce miscommunication and false assumptions among interdisciplinary professionals, and therewith improve the validity of healthcare policy and research. These results are a first step towards discussions among interdisciplinary professionals in the AD field, allowing for reflection on current standards of good practice and optimization of communication. Moreover, the exact associations and interrelations between the terms PM, POC, person-centeredness, and personalization are currently unclear and this study may pave the way for a preliminary figure.

Questions
- How do PM, POC, person-centeredness and personalization interrelate?
- How to improve communication among interdisciplinary professionals and translate

Findings: into practice?

Orals: O.37 Person-centred communication and care

O.37.1 Health professional observations of the Joint Decision-Making Process for Prenatal Screening

Presenter(s):
Ciska Hoving, Maastricht University, Netherlands

Authors:
Esther Schutgens-Kok, Maastricht University, Netherlands
Jesse Jansen, Maastricht University, Netherlands
Marianne Nieuwenhuijze, Research Centre of Midwifery Science Maastricht, Netherlands
Liesbeth van Osch, Maastricht University, Netherlands

Background: Prenatal screening decision-making is ideally a joint process between all relevant decisional partners (commonly both prospective parents) and based on informed choice principles (identified by us as Joint Informed Decision-Making; J-IDM). As prenatal screening is commonly an unfamiliar decisional topic for most decisional partners, prenatal health care professionals might be helpful in supporting the J-IDM process. It is, however, currently unclear to what extent professionals observe this decision-making process developing over time and which role they take and want.
Methods: Semi-structured individual qualitative interviews with 19 prenatal health care professionals (e.g., midwives, physicians) were conducted in 2021. Interviews explored observed joint decisional processes between decisional partners, the role of the health professional in this process and barriers to J-IDM. Data was analysed using Framework methodology.

Findings: Most interviewed health professionals felt that prenatal screening decisions appeared to be joint by the prospective parents, but they did not regularly confirm whether the decision was informed (especially concerning the 20-week medical ultrasound). Some health professionals reported taking on an intentionally limited role, focused on knowledge transfer, as they felt an active role in the decision was inappropriate. Others extended their role to stimulating J-IDM, although involvement in the actual deliberation process was limited. Cultural, relational, and practical barriers were identified that might interfere with the joint decision-making process and subsequent decisions.

Discussion: Our Findings: show that prenatal health care professionals perceived prenatal screening decisions as predominantly made jointly by decisional partners, but largely taking place outside the professional’s consultation room. Health professionals are in a good position to support the J-IDM process, but currently take on a role that is mostly restricted to offering information. We recommend exploring possibilities to expand their role to further facilitate J-IDM within their range of abilities and preferences.

O.37.2 Autonomy supportive decision-making in prenatal consultations: An interaction analysis.

Presenter(s):
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Rashmi Kusurkar, Amsterdam UMC, Faculty of Medicine, Vrije Universiteit Amsterdam, Research in Education, Netherlands

Background: Autonomy supportive consultation (ASC) is a complex intervention, of which the outcome depends on interaction between patient and professional. ASC is based on Self-determination theory and theoretically well-described. Patients’ self-regulated behavior can be fostered by fulfillment of three basic psychological needs - autonomy, competence and relatedness. It is unknown to what extent professionals use mechanisms of ASC in prenatal decision-making. A detailed description of obstetric professionals’ interactions in practice could help to see what is needed to integrate ASC models and practice.

Method: To answer our research question ‘To what extent do obstetric professionals use mechanisms of ASC during prenatal decision-making?’ we conducted an interactional analysis of 20 audiotaped and transcribed prenatal consultations of 20 professionals. Analysis was based on concepts of Conversation Analysis (CA), using the five-step analytic tool of Pomerantz and Fehr. To ensure the reliability of results, we organized three data sessions, a standard practice for CA.

Findings: We found three overarching themes: ‘Lightheartedness’ comprising the interactional mechanisms ‘minimizing language’ and ‘humor’. Interactions were quick and easy laced with humor and words like ‘little’ and ‘just’. The theme ‘Orientation to agreement’ describes how both professionals and patients
seem to be oriented towards demonstrating agreement and mutual understanding, e.g. by frequently saying ‘Yes’. The resulting conversations show quick turn-taking, quick changes of the conversational content and no in-depth conversation. The last theme ‘Offering information and options’ describes the professional formally giving factual information almost completely without verbal interaction.

Discussion: The results of this study can firstly be used to refine the models of autonomy supportive consultation through adding minimizing language and humor to the mechanisms that can be used to fulfil the psychological need ‘relatedness’. Secondly, our results show that professionals use only few mechanisms described in literature to meet patients' psychological needs for ‘competence’ and ‘autonomy’.

O.37.3 Consultations about pain rehabilitation: Orientations to the institutional need for consensus

Presenter(s):
Baukje Stinesen, HU University of Applied Sciences Utrecht, Netherlands

Authors:
Petra Sneijder, HU University of Applied Sciences Utrecht, Netherlands
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Background: Before patients with chronic pain enter pain rehabilitation treatment, they are examined by an interdisciplinary team (i.e. a rehabilitation physician, physiotherapist and psychologist). To start treatment aimed at improving functioning, the patient and his practitioners need to have a shared understanding of the psychosocial factors contributing to the patient’s disabilities. Since patients with chronic pain are often dismissive of the role of psychosocial factors, the Findings: of the team’s examination are thoroughly discussed with the patient to reach consensus. This study explores how patients with chronic pain and their practitioners talk through the team’s hypotheses regarding the psychosocial factors involved in the patient’s pain problem.

Methods: Nine consultations were recorded at various Dutch rehabilitation units, resulting in approximately 4.5 hours of audio material. All nine patients participating had chronic primary musculoskeletal pain. Seven practitioners participated. The recordings were transcribed and analysed on a micro-level combining an applied conversation analytic research approach with discursive psychology.

Results: When talking through the rehabilitation team’s hypotheses regarding the psychosocial factors involved in the patient’s health situation, both patients and practitioners orient to the institutional goal of reaching consensus. Patients display an orientation to agreement as the relevant response to practitioners’ deliveries of the team’s findings. And, when it remains unclear whether the patient is in agreement, practitioners tend to pursue an unequivocal response. They design their turns in ways that pre-empt resistance and encourage patients to confirm the team’s findings, rather than to voice their own concerns and perspectives.

Discussion: Patients and practitioners’ orientations to the institutional need for consensus, may hinder an open dialogue about patients’ potentially different perspectives. Findings: can be used by practitioners to reflect on how they can develop communication practices that are more likely to bring patients’ potential concerns regarding the rehabilitation team’s Findings: out into the open.

O.37.4 Communication skill training for care partners who accompany cancer patients to their medical visits

Presenter(s):
Debra Roter, Johns Hopkins Bloomberg School of Public Health, United States
Authors:
Chenery Lowe, Johns Hopkins Bloomberg School of Public Health, United States
Marielle Bugayong, Johns Hopkins Bloomberg School of Public Health, United States
Adrian Dobs, Johns Hopkins School of Medicine, United States

Background: Some 40% of older patients are routinely accompanied to their medical visits by care partners. When actively engaged in visit communication, or their engagement is heightened by pre-visit prompts, patients benefit by more patient-centered visits and higher visit satisfaction. Over 60% of patients with cancer are routinely accompanied to their medical visits by a care partner but relatively little is known about their visit communication, receptivity to skill training or if training might lead to greater active engagement in visit communication. The study objective is to explore these questions by having cancer care partners (CCPs) evaluate a brief CCP-focused intervention and explore their future intention to use skills.

Methods: CCPs are defined here as unpaid adults who routinely accompany patients with breast, colon, prostate or lung cancer to their medical visits. We recruited CCPs through CloudResearch Prime Panels and enrolled 91 criteria-qualified participants. The CCPs were asked to evaluate four 2-minute cancer-specific narratives presented by a simulated video care-partner (SVCP) on four measures of authenticity and to rate a set of 13 SVCP demonstrated skills on clarity and their intention to use skills.

Findings: CPs averaged 43 years old, were 64% female and mostly family members (88%). The majority of CCPs (68%) rated the narratives as completely authentic and skill clarity highly (4.2 on a 5-pt scale). They also expressed a strong intention to use 6.2 skills and a moderate intention to use 3.8 skills at an upcoming visit.

Discussion: CCPs positively evaluated the skills intervention and expressed strong to moderate intention to use demonstrated skills. This level of intention is associated with small to medium behavior change suggesting that a brief skills-focused training may heighten CCPs active engagement in visit communication and benefit patient outcomes in ways suggested by studies of older primary care patients.

O.37.5 When it's time to say goodbye: veterinarian-client communication during pet euthanasia

Presenter(s):
Annelies Decloedt, Ghent University, Belgium

Authors:
Lotte Beirens-van Kuijk, Ghent University, Belgium
Madeleine Van Leeuwen, Ghent University, Belgium
Pia Keller, Ghent University, Belgium

Background: Pet euthanasia is frequently encountered in veterinary practice. As pets are increasingly considered to be family members, communication skills are essential to deal with grieving owners. The aim was to evaluate veterinarians’ perceptions on communication during pet euthanasia in Flanders (Belgium).

Methods: An online survey was distributed to veterinarians through social media and veterinary websites. The survey consisted of multiple choice, Likert scale and open questions about the euthanasia procedure and veterinarian-client communication. Data analysis was performed using SPSS 27.0.

Results: The survey was completed by 512 veterinarians, 87.9% female and 12.1% male, with median experience in practice 7 years (range 0-53 years). Participants indicated that they always or almost always explain the procedure to the owner (99.3%) and discuss potential side effects of the medication (80.1%). 53.2% of participants (almost) always asks whether the owner has seen a euthanasia before, and 76.9%
asks owners whether they want to be present or not during the procedure. The majority of veterinarians (98.1%) communicate confirmation of the animal’s death to the client.

About half of the participants (almost) always raises the option of euthanasia themselves (51.5%), with 27.0% of veterinarians indicating that it sometimes can be difficult to motivate reluctant owners to choose euthanasia when the pet’s quality of life is low. Overall, 93.5% indicated that communication with the owner throughout the euthanasia procedure is (almost) always easy, and 76.4% indicated that they (almost) always can deal easily with owner’s emotions. These numbers were lower among recently graduated veterinarians. Remarkably, the euthanasia procedure was mainly learned from other veterinarians after graduation (76.3%) instead of during graduate training.

Discussion: This study demonstrates that Flemish veterinarians generally feel comfortable when dealing with euthanasia. However, education about euthanasia could be improved as most participants indicated that they had learned this in practice after graduation.

O.37.6 Experiences with information provision and preferences for decision making of patients with stroke

Presenter(s):
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P.J. van der Wees, Radboud university medical center, Netherlands
R.M. van den Berg-Vos, OLVG and Amsterdam UMC, Netherlands

Introduction: The aim of this study was to gain insight into experiences of patients with acute stroke regarding information provision and their preferred involvement in decision-making processes during the initial period of hospitalisation.

Methods: A sequential explanatory design was used in two independent cohorts of patients with stroke, starting with a survey after discharge from hospital (cohort 1) followed by observations and structured interviews during hospitalisation (cohort 2). Quantitative data were analysed descriptively.

Results: In total, 72 patients participated in this study (52 in cohort 1 and 20 in cohort 2). During hospitalisation, the majority of the patients were educated about acute stroke and their treatment. Approximately half of the patients preferred to have an active role in the decision-making process, whereas only 21% reported to be actively involved. In cohort 2, 60% of the patients considered themselves capable to carefully consider treatment options.

Discussion and conclusion: Active involvement in the acute decision-making process is preferred by approximately half of the patients with acute stroke and most of them consider themselves capable of doing so. However, they experience a limited degree of actual involvement. Physicians can facilitate patient
engagement by explicitly emphasising when a decision has to be made in which the patient’s opinion is important.

**Orals: O.38 Triadic communication**

**O.38.1 Communication participation in primary care visits: the physician, patient, caregiver triad**

*Presenter(s):*
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*Authors:*
Lisa Diamond, Memorial Sloan Kettering Cancer Center, United States
Jennifer Livaudais-Toman, University of California San Francisco, United States
Debra Roter, Johns Hopkins University Bloomberg School of Public Health, United States

*Background:* Family caregivers often accompany older patients to medical visits. To optimize care, it is important to understand communication during these triadic visits. In this study we examine the presence of a caregiver on the amount of biomedical and psychosocial-emotional talk during primary care visits.

*Methods:* We leveraged a dataset of audiotaped primary care visits with 189 older ethnically Chinese and Latinx patients. We classified each visit according to a family caregiver’s presence (‘accompanied’) or absence (‘unaccompanied’). We used the Roter Interaction Analysis System to analyze the audiotapes, identifying and comparing frequency of biomedical and psychosocial-emotional communication elements between accompanied and unaccompanied visits. For accompanied visits, we first excluded and then included caregiver talk.

*Results:* Of the 189 visits, 60 (32%) were accompanied. Patients who were accompanied were on average older (77.5 vs. 67.2; p<.001), and more often had limited English proficiency (87% vs 62%; p<.001). Half (n=96) of all visits were fully, and 15 partially, language concordant in Chinese, English or Spanish; 66 visits had a professional interpreter present. For 11 (18%) accompanied visits, caregivers acted as interpreters. Doctors did not vary the frequency of biomedical or psychosocial-emotional talk between accompanied and unaccompanied visits. Patients in accompanied visits had less of every talk element compared with patients in unaccompanied visits, including medical information, medical questions, psychosocial and lifestyle information, psychosocial questions, and emotional talk (all p <.02). When adding caregiver talk, there was no longer a difference between accompanied and unaccompanied visits for any element except medical questions which was higher for accompanied visits (p=.02).

*Discussion:* Having a caregiver present did not change physician communication behavior. Caregivers were active participants for both biomedical and psychosocial-emotional communication. It remains unclear the best ways to elicit patients’ communication preferences and to balance communication with patients and their caregivers during visits.

**O.38.2 Barriers and best practices in disclosing a dementia diagnosis: A clinician interview study**

*Presenter(s):*
Carma Bylund, University of Florida, United States

*Authors:*
Easton Wollney, University of Florida, United States
Noheli Bedenfield, University of Florida, United States
Melissa Armstrong, University of Florida, United States
Background: As several issues exist regarding disclosing a dementia diagnosis, we aimed to identify clinician-reported barriers to effective dementia disclosure and recommendations for best practices.

Methods: We conducted semi-structured interviews with a diverse group of 15 Florida-based clinicians who disclose dementia diagnoses to patients. Frequency of diagnosing dementia differed, as well as clinician specialties/sub-specialties (i.e., geriatricians, psychiatrists, neurologists), years in practice, and demographics like race/ethnicity and age. Interviews were audio-recorded and professionally transcribed. We conducted a qualitative thematic analysis using the constant comparative method to analyze data.

Findings: Types of clinician-reported barriers fell into three categories: patient and caregiver barriers, clinician barriers, and triadic interaction barriers. Patient- and caregiver-related barriers included lack of social support, misunderstanding the diagnosis, and denial. Clinician barriers included difficulty giving bad news, difficulty communicating uncertainty, and lack of time. Triadic interaction barriers were described as challenges meeting multiple goals or needs and requests for non-disclosure.

Clinician recommendations for effectively disclosing a diagnosis included establishing relationships, educating patients and family, and taking a family-centered approach. Each of these themes included several properties describing aspects of themes. For example, establishing relationships included building rapport, using empathic communication, and sustaining relationships.

Discussion: Overall, clinicians described a greater number of barriers than recommendations, although this does not necessarily mean barriers cannot be adequately addressed. At times, nuances existed among different clinicians’ recommendations, such as whether to tell the diagnosis to the caregiver first or tell the patient and caregiver the diagnosis simultaneously. Furthermore, clinician recommendations conflicted with previously recommended guidelines for communicating dementia diagnoses. Findings: may influence clinical practices, such as interventions, communication trainings and quality improvement studies, as well as systemic issues like clinical and health policies. Future studies may particularly focus on overcoming triadic challenges, which have generally received less attention.

O.38.3 Managing lifeworld issues during multilingual patient companion mediated emergency consultations

Presenter(s):
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Yvan Leanza, Université Laval, Canada

Authors:
Marianne Couillard Larocque, Université Laval, Canada
Philippe Humblé, Vrije Universiteit Brussel, Belgium
Ellen Rosenberg, Université McGill, Canada

Background: Patient Companions (PCs) can have both a positive and a negative impact on communication, but studies on multilingual consultations in the unpredictable and stressful context of the Emergency Department (ED) have mainly focused on PCs as interpreters, with less regard to the other roles they may take up. This paper investigates how the patient’s Lifeworld, which is a crucial element for proper history taking and a doctor-patient relationship, is managed in multilingual PC mediated consultations.

Method: Nine recordings (+ ethnographic notes and clinician interviews) of multilingual PC mediated consultations from an ED in Brussels were subjected to a linguistic-ethnographic analysis, and to a codification of communication patterns and PC roles. The PCs’ roles were grouped into four stances (linguistic agent, Lifeworld agent, system agent, and "answers for the patient"). The communication
patterns were grouped into three categories (strictly medical, Lifeworld included, and Lifeworld interrupted). The linguistic-ethnographic analysis investigated how situational factors such as (non)verbal linguistic repertoires, contents of the communication, meta communication and other contextual factors shaped the participation framework and corresponding Lifeworld management.

Findings: Irrespective of the role adopted by the PC, the Lifeworld is primarily interrupted, unless it is directly solicited by the clinician. When the PC does adopt the Lifeworld agent stance, it tends to be interrupted. The linguistic-ethnographic analysis revealed how these role changes and correlating Lifeworld management are the result of a nexus of factors such as the complexity of the topic, the available repertoire, the level of meta communication, explicit role negotiation and timing. Many aspects of the communication take place implicitly.

Discussion: Since poor Lifeworld management negatively impacts care, clinicians should be trained to detect and manage the above-mentioned factors at play. Future research should also investigate how patients and PCs themselves experience and perceive these kinds of consultations.

0.38.5 Acceptability of e-training to support dentists to discuss tooth-kind behaviours with parents

Presenter(s):
Sarah Peters, University of Manchester, United Kingdom

Authors:
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Lauren Kilbee, University of Manchester, United Kingdom
Sarah Cotterill, University of Manchester, United Kingdom
Joanne Hart, University of Manchester, United Kingdom
Iain Pretty, University of Manchester, United Kingdom

Background: Tooth decay is preventable, through health behaviours (e.g. tooth brushing and limiting sugar consumption). However, in the UK, the most common reason for hospital admission in young children is to have decayed teeth removed under general anaesthetic. Dentists report finding behaviour change conversations challenging, and often use approaches known to be ineffective in changing behaviours (e.g. information giving, fear tactics). The study aim was to investigate the acceptability of a health psychology-informed behaviour change communication toolkit.

Method: A brief, interactive online training course was developed and made available to a sample of 117 dentists, trainees and allied practitioners. At baseline and post-training, participants completed questionnaires of knowledge, motivation, and confidence in holding behaviour change conversations. In-depth interviews were conducted with a purposive sample of 16 practitioners to investigate how the intervention could be developed in the context of COVID-19, which has severely disrupted routine dental services.

Findings: Participants valued the training, which they described as novel and provided them with new strategies to enhance behaviour change conversations. Post-training questionnaires indicated participants felt more confident after training, with increased knowledge around planning and initiating behaviour change conversations with families. Early years practitioners working in a variety of non-dental settings (e.g. nurseries and children’s centres) reported opportunities to have behaviour change conversations with parents, and welcomed further tailoring of the online training to help them capitalise on these interactions within these settings.

Discussion: Dental and non-dental practitioners are similarly motivated to have conversations with parents about improving their oral health. Brief online training can improve their capability to initiate these
conversations in ways that do not damage the therapeutic relationship. To recover oral health services beyond COVID-19, there is potential for professionals working with parents in non-dental settings to develop skills in oral health promotion.

**Orals: O.40 Teaching medical students and professionals**

**O.40.1 Train the trainer-certificate-programme for teachers of medical-therapeutic health professionals**

*Presenter(s):*
Marlene Sator, Austrian Public Health Institute, Austria

*Authors:*
Franziska Höhne, University of Applied Sciences Vienna (FH Campus Wien), Austria
Geurt Essers, retired, Netherlands

*Background:* At the University of Applied Sciences Vienna a train the trainer certificate programme (TTT) for 15 teachers of medical-therapeutic health professionals (physiotherapy, speech therapy, dietology, occupational therapy) was developed, implemented and evaluated. The programme was based on a TTT for postgraduate communication skills teaching previously developed in close cooperation with tEACH (the teaching committee of EACH). The aim of the TTT was to qualify participants for developing and implementing communication skills teaching courses (CST) for their students according to evidence-based standards.

*Methods:* Based on a needs assessment among the teachers, broad curricular goals, specific measurable objectives and educational strategies were defined. The programme included four in-class courses, a practical facilitators’ manual, participants’ practice projects, peer feedback and mentoring. The programme was delivered by teaching trainers supervised by tEACH. Using retrospective pre-post self-assessment of teaching and communication skills and satisfaction with training, the programme was evaluated among TTT-participants as well as their learners in the courses delivered as practice projects. The usefulness of the different programme elements was evaluated in a questionnaire survey and a group discussion with TTT-participants.

*Findings:* 15 participants graduated from the TTT. Participants’ satisfaction was mostly rated as very high both for TTT and CST. Post-training, participants’ self-efficacy ratings for specific teaching skills (TTT) and student learners’ self-efficacy ratings for specific communication skills (CST) have improved. Participants all implemented the CST into their own teaching programmes. Some suggestions for improving the TTT were identified.

*Discussion:* This programme is an important step to sustainably improving CST for medical-therapeutic health professionals in Austria. To guarantee high quality and consistency, TTT-graduates have become members of a national trainer network, which offers continuous learning opportunities as well as teaching materials. Lessons learned can contribute to others interested in implementing TTT-programmes for healthcare faculty.

**O.40.2 Quick and Easy? Training non-clinical staff in SDM to support systemic change**

*Presenter(s):*
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*Authors:*
Tove Skjelbakken, University Hospital of North Norway, Norway
Background: Shared decision making (SDM) is a fundamental right for all patients in Norway, as well as a requirement for hospitals to ensure. In Norway, patients meet different kinds of health care personnel, mostly all of them dressed in the same white uniform. A patient seeking medical information might not know the specific role or level of expertise of the hospital employee who is present. Therefore, everyone person employed by the hospital should understand SDM and how to guide the patient to appropriate resources. Employees not involved in clinical treatment should be able to guide patients back to their therapist, thus strengthening the patient's ability to participate in SDM. Our hospital wanted an efficient way of reaching out to all employees and commissioned an e-learning course.

Methods: A draft 9-minute e-learning course was developed. The beta version was evaluated by 3 SDM experts, with feedback used to improve the draft. The pilot version was user-tested within two different non-clinical departments, following a protocol and approved by the Data Protection Officer.

Findings: All respondents in the user test (n=35) reported that they had not received prior training in SDM. Participants agreed or partly agreed that the training increased knowledge of SDM (89%), increased safety in guiding patients regarding SDM questions (84%), and was useful for employees with non-clinical patient contact (68%).

Discussion: We aimed to give all hospital employees access to resource-efficient, high-quality and easy access training on SDM. The course is now shared with all hospitals in Norway, available for all employees on local educational platforms. In addition, open access is free for all.

O.40.3 Teaching student nurses interprofessional communication using role-play: An exploratory study

Presenter(s):
Carmel Quigley, Ulster University, United Kingdom

Authors:
Anne Moorhead, Ulster University, United Kingdom

Background: Communication is at the heart of good nursing care (Nursing and Midwifery Council, 2018), yet it is at the forefront of many complaints to the National Health Service (Tingle 2018). Effective communication skills are essential in nursing practice to improve person-centred outcomes (McCance & McCormack 2018). Within a newly developed communication module on a BSc (Hons) Nursing programme, creative arts informed stimulation within the development of role plays. However, the impact of these role plays is not known within nursing training.

Aim: The aim of the study was to ascertain the impact of role-plays (both remotely and in-person) of problem-based scenarios during the COVID-19 pandemic on first year BSc student nurses' learning communication skills for person-centred care.

Methodology: This was a descriptive exploratory study conducted within a communication module for undergraduate year 1 student nurses. As part of this module, problem-based scenarios on real life events were developed adopting ideas from the creative arts through role play to enhance communication for person centred nursing.
Students worked in teams to perform a phased simulation. Data were collected using a questionnaire at the beginning and end of the module, from all students who met the inclusion criteria (N=331), with a pre response rate of (n=286) and post (n=208). Data were analysed using SPSS version 27.

Findings: The study found that 98% of undergraduate Nursing students developed confidence in interprofessional communication through roleplays. It was found that there was 44% increase in student nurses developing awareness of the importance of listening and 99% learned how to communicate with family. The vast majority (99%) of the student nurses reported that role plays have prepared them for clinical practice.

Recommendations: Recommendations include incorporating problem-based learning into future communication modules using role play to prepare student nurses for the realities of practice.

O.40.4 Triangle of compassion in health care communication – from theory to evolving practice

Presenter(s):
Steffen Eychmueller, University of Bern, Switzerland

Authors:
Sibylle Felber, University of Bern, Switzerland

Patients and relatives often claim a lack of compassion in physicians’ attitude and behaviour alongside with the predominance of biotechnical reasoning and medical terminology in patient-physician communication. This is especially true in conversations in far advanced disease. We aimed to develop and pilot-test a theoretical model for compassionate communication initially for end-of-life communication but with the potential to be used in a far broader context.

Methods: A literature review searched for educational models and concepts for end-of-life communication. In a second step, its results were matched with the needs of patients and family carers explored as part of an European project (iliveproject.eu). The resulting model ‘triangle of compassion in health care communication’ was then exposed to the feedback of 6th year medical students within a pilot training on compassion. Written qualitative feedback on the theoretical model and training in general of all students was obtained after the training.

Findings: Engaging in compassionate conversation means to develop competencies in three domains that are interconnected:

- to reflect on own emotions before or while entering a conversation with patients ‘compassion with me’,
- to show sensitivity to explore and understand another person’s suffering (‘compassion with you’),
- and finally to develop a way how to reduce distress and promote wellbeing through a participatory approach while developing a pragmatic, stepwise care plan (‘compassion and do’).

All participants of the pilot training (n=8) indicated the compassion triangle being useful as a theoretical framework and helpful regarding clinical practice. They highlighted, however, further training will be needed to implement the triangle in practice.

Discussion: The structure seems to reflect the literature, patient’s needs and the needs of medical students in terms of an empathic, patient-centred communication and may provide show great potential to serve as a fruitful basis for further development and trainings.
O.40.5 Assessing Medical Student English Language Proficiency in Clinical Handover at Semmelweis University

Presenter(s):
Magdolna Horváthné Pálinkás, Semmelweis University, Hungary

Authors:
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Judit Császár, Semmelweis University, Hungary
Katalin Fogarasi, Semmelweis University, Hungary
Attila Gátos, Pécs University Clinical Center, Hungary

Background: In 2019, a compulsory English language exam was introduced at Semmelweis University, Budapest for medical students, who are also offered optional preparatory courses. The exam material is based on CLIL and it assesses language skills needed for doctors (history taking, instructions on examinations, clinical handover, documentation). The guidelines of CEFR have been adapted to support medical students in becoming independent users of English in clinical practice. Mediation is an important skill so after consulting clinicians, we identified clinical handover as oral and written mediation, the latter also serving as a basis for case report papers. In this case study, we analysed students’ language proficiency regarding written handover in one exam period.

Methods:Lexicogrammatical units were identified in authentic Anglo-Saxon clinical teaching material to prepare students for handover scenarios developed in cooperation with a clinician, using the SBAR system. Solutions of the written mediation tasks by 54 examinees (14 attended course) from the winter semester of the 2021/22 academic year were digitalised and analysed using the Sketch Engine software. We investigated the most frequently used language patterns and their percentage applied correctly in the instructed group.

Findings: A significant difference was found between the two groups in the number and correctness of patterns used. 82.5% of the patterns included in the course material were used correctly by the instructed students. A higher ratio of non-instructed students used no or incorrect patterns.

Discussion: Semmelweis University is a research and elite university so all students should have the skills essential for medical communication concerning handover and the ability of publishing case reports. We concluded that self-study material should be made available for students who are unable to attend the courses.

1 Content and Language Integrated Learning
2 Common European Framework of Reference for Languages
3 Situation, Background, Assessment, Recommendation

O.40.6 Creating a suite of decision aids for the NHS: What did we learn?

Presenter(s):
Aarushi Shah, University of Cambridge, Winton Centre for Risk and Evidence Communication, United Kingdom

Authors:
Alexandra Freeman, University of Cambridge, Winton Centre for Risk and Evidence Communication, United Kingdom
Samuel Finnikin, Personalised Care Group, NHS England & improvement, United Kingdom
Leila Finikarides, University of Cambridge, Witon Centre for Risk and Evidence Communication, United Kingdom

Background: There is a clear mandate in NHS England to make shared decision making ‘business as usual’ and a programme was established in 2021 to develop decision aids in key clinical areas. This presentation will outline the production process that the team commissioned to produce the aids developed, and the key lessons learnt.

Methods: We took the format of the decision aids to represent ‘the perfect consultation’. Creating decision aids for widespread practical use requires multiple skills across the team and the juggling and synthesis of inputs from many different sources. Ours were co-produced by specialists in risk communication, involving clinicians, patients and patient-centered groups, with professional design services. We will describe the process in detail so that delegates can learn from the experience gained over the course of this project. An example decision aid will be shared to allow delegates to discuss and critique the product.

Discussion: We took a pragmatic approach that combined academic rigor with artistic creativity and experience of health communication. The key points that will be discussed are: the importance of clearly defining and communicating the decision being supported by each aid; identifying the right partners for the development process and ensuring that they are clear in their role; synthesizing data and inputs from multiple stakeholders to ensure that an appropriate amount of information is conveyed and that it involves the key aspects patients might use to inform a decision; and ensuring eventual implementation of the aids will be supported by clinicians. Learning will be illustrated by examples. We hope that discussion about and learning from our project will stimulate discussion of ‘the perfect consultation’ and help others wanting to produce similar aids.

Workshops

W.22 Thriving in the Eye of the Storm: Using Improvisation to Build Resiliency Skills

Presenter(s):
Ankit Mehta, HealthPartners, United States
Mary Fredrickson, HealthPartners, United States
Brett HendelPaterson, HealthPartners, United States

Rationale: Clinician well-being and resilience is crucial not only for their health and happiness but also for their professional effectiveness. Clinician burnout is a significant issue, and is projected to worsen with COVID-19 pandemic. This ongoing crisis is a sobering reminder of the need to proactively incorporate wellness and resiliency skills training for clinicians. “Flexible adaptability” is a core tenet of resilience and is composed of dynamic traits which can be learned and taught. The essential skills of resilience are: tolerance to uncertainty, engaging in divergent thinking/optimism, collaboration/team work, mindfulness and self-awareness.

Improvisation requires spontaneous adaptation in constantly evolving situations. Improvisation, while spontaneous by definition, is also a learnable skill. Evidence suggests that resilience can be cultivated through improv training. In this workshop we will experientially learn essential skills that foster resilience using improvisation techniques. Improvisation uses powerful tools, including attentive listening, observation, emotional presence, empathy, and collaboration. Medical improv does not train participants to be actors, but to effectively react to evolving situations in clinical contexts.

By participating in this workshop, participants will learn skills in a unique, interactive and experiential way using improv skills to foster a resilient mindset.

Learning objectives:
Define core resiliency skills
- Experience improv exercises used to learn resiliency skills
- Incorporate improv exercises for clinicians in resiliency skills training

Teaching methods: We will begin with a brief (10 min) didactic defining improv, resiliency and the core skills involved in the maintenance and building for resiliency in healthcare. The bulk of our time will be spent engaging the group in improv activities. Each improv exercise is focused on a different core resiliency skill. Please see the Teaching Methods: and Timeline section for more details.

Evaluation of outcomes: Resiliency scale

W.23 Effective clinician-patient communication saves time: strategies for communication skills teaching

Presenter(s):
Kelly Skelly, The University of Iowa, United States
Wendy Shen, University of Iowa Carver College of Medicine, United States
Brigit Ray, University of Iowa Carver College of Medicine, United States
Anthony Brenneman, University of Iowa Carver College of Medicine, United States
Theresa Brennan, University of Iowa Carver College of Medicine, United States
Muneera Kapadia, University of North Carolina College of Medicine, United States

Rationale: Healthcare organizations are increasingly developing programs aimed at enhancing healthcare providers’ communication skills. However, clinician participants in these programs often express resistance to learning new skills perceived as adding to their already time pressured interactions with patients. Because clinical efficiency is important to health care providers, one way to increase learner engagement in communication skills teaching is to emphasize how effective communication can save time in clinician-patient encounters. Communication skills empirically demonstrated to save time include use of open-ended questions, upfront agenda setting, picking up and responding to emotional cues, and effective use of the electronic medical records. The purpose of this interactive workshop is to explore evidence-based research about time-efficient communication skills and to provide communication skill teachers with a variety of educational activities for teaching these skills. This workshop will be of interest to communication skills educators, healthcare providers and policy makers.

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

- Describe at least 2 communication skills that increase clinical efficiency and the research that supports use of these skills.
- Apply communication skills to a clinical scenario that could improve efficiency.
- Demonstrate at least one activity for teaching a communication skill associated with increased clinical efficiency.

Following audience reflection, the workshop will share brief evidence of how each specific skill increases clinical efficiency followed by interactive exercises like pair-share and roleplay to apply these skills in brief clinical scenarios. Workshop facilitators include healthcare providers who routinely engage in provider communication education and a policy leader who has implemented hospital-wide communication training. Participants will be encouraged to reflect upon how to implement these activities in communication skills training at their own institutions. Participants will commit to one new workplace activity which they will be reminded by email 6 weeks post-workshop.

W.24 Facilitating stakeholder co-creation in the development of educational activities
Presenter(s):
Stense Vestergaard, Steno Diabetes Center Copenhagen, Denmark

Authors:
Emilie Kjaerulff, Steno Diabetes Center Copenhagen, Denmark
Mette Nexoe, Steno Diabetes Center Copenhagen, Denmark

Rationale: Co-creation of educational activities with healthcare professionals and stakeholders can help ensure that learning methods and objectives are tailored to the specific needs and settings of the learners. Although there is currently no consensus on which approaches and under which conditions co-creation is most effective, it is widely agreed that co-creation can potentially enhance the learning process and the practical applicability of educational activities. Design-based research offers a methodological framework to help involve different stakeholders in the co-creational process. However, to succeed with integrating different stakeholder perspectives in the educational activity, educators and researchers need the appropriate communicative skills to ensure a collaborative process. This workshop will introduce participants to co-creative activities that can be used to facilitate communication between healthcare professionals and people with diabetes.

The Learning objectives of this workshop are:

- Provide knowledge of co-creation approaches to developing educational activities with different stakeholders
- Increase awareness of the potential and pitfalls of using co-creation in development of educational activities for health professionals
- Convey and transmit embodied knowledge concerning ways to facilitate collaborative processes that balance power dynamics

Teaching methods: Participants will be introduced to exercises that demonstrate how processes of co-creation with different stakeholders can be facilitated. We use cases from design-based research to illustrate how different stakeholder perspectives can be legitimized and integrated in the development of educational activities. Drawing on principles from embodied learning, participants will be given exercises used to co-create educational activities with healthcare professionals from general practice. The activities will allow participants to experience ways of employing embodied learning to facilitate co-creational processes with healthcare professionals and reflect on how they can be applied to their own professional field.

Evaluation: A final exercise will encourage dialogue and reflections among the participants on how co-creation can be employed within their own professional fields.

Symposium
S.10 Setting the agenda for health communication research: topics and methodology

Presenter(s):
Arnstein Finset, University of Oslo, Norway
Alexia Papageorgiou, University of Nicosia Medical School, Cyprus
Liesbeth van Vliet, Dutch Cancer Society, Netherlands

The research field of health communication has grown significantly in the last decades. This has navigated and shaped changes in how clinicians and patients interact with each other to accomplish better health outcomes. Yet, given the complexity of clinician-patient communication, it is essential to have an overview of the research landscape of healthcare communication to navigate where we are and where we go in
terms of research topics and methods. The research committee of EACH aims to identify and promote sound and meaningful pathways for the study of health communication.

Through this symposium, we aim to stimulate thinking and encourage dialogue on the current status of our research field and future directions to prioritize, so to set an agenda for health communication research in terms of research topics and methods.

Three researchers at their different career stages have been invited to present their view in terms of: 1. The current landscape and challenges of health communication (what we know so far); 2. Future directions in regard of potentially relevant topics and Methods: to prioritize (what we still need to know). In doing so, specific methodologies ranging from quantitative (e.g. systematic observation), qualitative (e.g. conversation analysis, discourse analysis) to mixed-Methods: (quantitative observation Methods: combined with conversation analysis) and topic-related (e.g. the effect of communication behavior on health outcome; neurobiological responses to communication) lines of action will be presented and discussed.

Speaker 1 has more than 30 years of research experience on health communication and has substantially influenced the field over the years, becoming a key point of reference and expertise for the community worldwide. He has also developed and taught curriculum on clinical communication skills for over 20 years, and his work has been an important lever for a major national reform that made making communication skills training mandatory.

Speaker 2 has about 20 years of research experience in the field. Her research interests are broad and cover clinical communication, medical education and health psychology. She has also designed and implemented new clinical communication curricula for undergraduate and graduate medical degrees in different Countries.

Speaker 3 has about 10 years of research experience on health communication. She received several research awards and is a leader of several research projects, with a main focus on how communication can heal and harm when patients are confronted with a serious, life-threatening illness.

Each speaker will have 15 minutes of presentation, with the goal of raising initial ideas about future focus and methods. rEACH representatives will then moderate 35 minutes of interactive discussion with the public.

At the end of the symposium, we expect to arrive at the identification of relevant new lines of action for rEACH and, in general, our research field.

15:15 - 16:45
Orals (online): O.O.7 Health literacy and communication and decision tools

O.O.7.2 Health literacy in Switzerland: a representative study

Presenter(s):
Rebecca Jaks, Careum Center for Health Literacy, Switzerland

Authors:
Saskia De Gani, Careum Center for Health Literacy, Switzerland

Background: Health literacy (HL) is the ability to access, understand, appraise, and apply health information and an important asset for people to take decision for their own and others’ health. The current pandemic as well as developments as the digitalization bring further challenges to deal with health information and navigate the highly complex health system. To investigate the difficulties Swiss people are faced with when
dealing with health information, possible causes and consequences of HL and which population groups are particularly affected, the Swiss Federal Office of Public Health launched a representative population study (HLS19-21-CH).

Methods: In 2020, a representative sample of 2,502 adults living in Switzerland was surveyed. The survey included the short version of the «Health Literacy Survey European Questionnaire» (HLS-EU-Q12) as well as questions on determinants and consequences of HL. Specific questions to assess digital and navigation HL were asked.

Findings: Half of the Swiss population (49 %) reported difficulties in dealing with health information. Greatest difficulties were found in appraising information and disease prevention. Specifically, the assessment of the trustworthiness of media information was one of the main problems. Difficulties were linked to financial deprivation, low social status, and lack of social support. Moreover, low HL showed negative consequences on health behaviour, health status, and the use of the health system. Even greater difficulties were reported in dealing with digital information and services (72 %) and information that serves for the navigation of the health system (74 %).

Discussion: The results show that measures and interventions are required at the structural and organizational level to enable people to (1) appropriately deal with digital health information, (2) to navigate the health system, and (3) and to take responsibility for their health. It is also relevant to focus on socially and health disadvantaged population groups to increase equity.

O.0.7.3 Spoken Plain Language Strategies in Patient-Physician Discussions of Cancer Clinical Trials

Presenter(s):
Luke Thominet, Florida International University, United States

Authors:
Lauren Hamel, Wayne State University/Karmanos Cancer Institute, United States
Ellen Barton, Wayne State University, United States
Susan Eggly, Wayne State University/Karmanos Cancer Institute, United States

Background: Plain language, either written or spoken, is associated with higher-quality communication in healthcare settings, but little research has focused on plain language and clinical trial discussions. The objective of this study was to describe physicians’ use of plain language during interactions in which patients were invited to participate in cancer clinical trials.

Methods: Video-recorded clinical interactions, accompanying transcripts, and self-reported demographic data were taken from a larger study of communication and clinical trials (PACCT). Interactions (n=25) were selected if they included an explicit or pending invitation to participate in a clinical trial. We conducted a qualitative discourse analysis of transcripts. We excerpted all mentions of clinical trials and then inductively coded the excerpts to identify physicians’ plain language strategies.

Findings: The analysis revealed five plain language strategies used by physicians. First, physicians used lexical simplification to replace medical terminology with simpler alternatives, such as replacing “combination study” with “add a second pill.” Second, they used patient-centered definitions to differentiate medical terminology from similar concepts, such as clarifying the differences between remissions and cures. Third, they used metaphors to connect medical terminology with familiar concepts, such as “testosterone is the baseball and the receptor is the glove.” Fourth, they used second-person narration to describe patients’ potential experiences, such as “your brain’s okay but your body doesn’t want to get off the couch.” Finally, they used constructed dialogues, in which they spoke from patients’ perspectives, to illustrate potential experiences or choices during a trial. For example, voluntary
participation was explained through a hypothetical scenario where the patient might say, “This doesn’t make sense. I’m not ready.”

Discussion: This study identified plain language strategies that may help patients understand information about cancer clinical trials. These strategies hold promise as part of a shared decision-making process in the context of cancer clinical trials.

**O.O.7.4 Physician and patient perspectives on the treatment decision process of unruptured brain aneurysms**

*Presenter(s):*
Joanna Schaafsma, University Health Network, Canada

*Authors:*
Arwen Pieterse, Leiden University Medical Center, Netherlands
Xiao Yu Eileen Liu, University Health Network, Canada
Gabriel Rinkel, University Medical Center Utrecht, Netherlands
Sapna Rawal, University of Montreal, Canada
Ronit Agid, University Health Network, Canada
Patrick Nicholson, University Health Network, Canada
Ivan Radovanovic, University Health Network, Canada

*Introduction:* Decision making on treatment of unruptured brain aneurysms is challenging because the dramatic consequences of potential rupture over time have to be balanced against the immediate treatment risk and patient preferences need to be weighed in. We aimed to explore if there is a need for decision support.

*Methods:* For this prospective descriptive study, we asked patients with unruptured brain aneurysms and physicians involved in aneurysm care to complete a needs-assessment questionnaire that was developed based on the Ottawa Decision Support Framework. Participants were asked to rate the importance of several factors that are considered during the decision-making process.

*Results:* 54 patients and 33 physicians participated. For physicians, the rupture risk was of highest importance for decision making (p<0.05), followed by technical feasibility, patient preferences, comorbidity, and age. Most physicians (73%) report that they discuss all management options with their patients; however, most patients (82%) reported that only one management option was discussed in clinic. Furthermore, most physicians expect that patients experience negative emotions and difficulty throughout the decision-making process, which is the opposite from what patients reported (p<0.0001). However, similar proportions of physicians and patients believed it would be beneficial for patients to receive general information (42%) on brain aneurysms, and decision support (42%) on the management of brain aneurysms.

*Discussion:* Patients indicated that one treatment option was discussed masking an existing decision conflict, which may explain the overall low rate of negative emotions and decision difficulty. Recall bias could play a role. Interestingly, both patients and physicians see value in additional patient information and decision support.

*Conclusions:* These results seem to sufficiently underline the need for education and decision support for patients with unruptured brain aneurysms. A decision aid may facilitate shared decision-making for this patient population.
"Something for us." Co-developing a COVID-19 vaccine social media site for long-term care workers

Presenter(s):
Ailyn Sierpe, Dartmouth, United States
Catherine Saunders, Dartmouth, United States

Authors:
Gabrielle Stevens, Dartmouth, United States
Matthew Cantrell, National Association of Healthcare Assistants, United States
Glyn Elwyn, Dartmouth, United States
Jaclyn Engel, Dartmouth, United States
Melissa Gonzalez, Dartmouth, United States
Martha Hayward, Dartmouth, United States
Jose Luis Salinas Vargas, Dartmouth, United States
Manu Onteeru, Dartmouth, United States
Marie-Anne Durand, Dartmouth, France

Background: Confidence in and uptake of COVID-19 vaccines remains low among long-term care workers (LTCWs) despite U.S. mandates. Largely from underserved groups, LTCWs often feel overlooked in the healthcare system. While difficult to reach with workplace communication interventions, many LTCWs actively use social media. Various social media interventions have improved attitudes and uptake for other vaccines. We aimed to develop a curated social site to increase COVID-19 vaccine confidence (three-arm randomized trial underway).

Methods: Following user-centric design and participatory approaches, we undertook three steps: content identification (1), platform development (2) and community building (3). A LTCW and stakeholder advisory group provided iterative input.

For content identification (1), we identified topics of concern about COVID-19 vaccines via desktop research (published literature, public opinion polls and social media), refined via interviews (n=9) and a poll (n=13) with LTCWs. We also conducted a survey with those demographically representative of LTCWs (n=592). We curated and fact checked posts from popular social media platforms addressing the concerns. During platform development (2), we solicited preferences for site design and functionality via LTCW interviews and UX interviews (n=3). We also identified best practices for online community building (3), like comment moderation.

Results: Content identification (1) resulted in 400+ posts addressing four categories: COVID-19 in general, and vaccine benefits, risks, and development. The platform we developed (2) is a stylized Wordpress social media site. Users can sort posts by topic or subtopic, as well as react to or comment on posts. To build community (3), we recruited three LTCW ‘community ambassadors’ and instructed them to encourage discussion, acknowledge concerns and offer factual information on COVID-19 vaccines. We also set ‘community standards’ for the site.

Implications of research for communication in healthcare: If the site increases vaccine confidence, similar curated social media innovations could be modeled in other populations.

Orals (online): O.O.14 Various topics in healthcare communication 3

O.O.14.1 The work of shared decision making: A systematic review

Presenter(s):
Derek Gravholt, Mayo Clinic, United States
Background: For SDM to be a truly patient-centered technique to make care fit rather than just another 'box to check', we need to shed light on the work, workload and burden that SDM imposes in daily practice. The aim of this review is to investigate whether studies that assess SDM also address or mention the work or burden that may be involved in SDM.

Methods: We performed a citation search of all SDM measures described in Gärtner et al’s systematic review (2018), between 2012 and 2019. All papers were screened for eligibility in duplicate. We included all studies of SDM with real-life patients and clinicians, evaluating and reporting whether or how SDM happened in actual decisions about health or care. We extracted all mentions of SDM work or burden, to any party, in any section of the papers and categorized these mentions into domains of potential burden described by Tran et al (2015). We excluded mentions of burden merely related to SDM study participation.

Findings: We included 241 of 4095 papers. 95/241 (39%) papers had at least one mention of work/burden of SDM (Md=1, range 0-6). These covered ‘Time’ (N=60, 63%), ‘Expectations (of involvement) (not being met)’ (N=44, 46%), ‘Paperwork’ (N=42, 44%), ‘Uncertainty/conflict’ (N=32, 33%), ‘Cognitive work’ (N=28, 29%), ‘Emotional impact’ (N=26, 27%), ‘Engaging others’ (N=9, 9%), ‘Finances’ and ‘Access to resources’ (both N=8, 8%), ‘Relationship with others’ (N=4, 4%), or ‘Other’ (N=3, 3%).

Discussion: Over one-third of included SDM papers included at least one mention of the work or burden of SDM. However, most of these mentions were fleeting, such as a simple report of the time it took to complete a decision support tool. To truly understand SDM’s potential contribution to patient-centered care, we need to shed more light on the possible work and burden of SDM.

O.O.14.2Explicit resistance within unsolicited conversations about weight in primary care

Presenter(s):
Madeleine Tremblett, University of Oxford, United Kingdom

Authors:
Helena Webb, University of Nottingham, United Kingdom
Sue Ziebland, University of Oxford, United Kingdom
Elizabeth Stokoe, Loughborough University, United Kingdom
Paul Aveyard, University of Oxford, United Kingdom
Charlotte Albury, University of Oxford, United Kingdom

Background: Conversations about weight are difficult for patients living with obesity (PLwO) and their clinicians. This is often attributed to stigma, and the topic is also anticipated, or experienced, as upsetting. Nonetheless, guidelines encourage clinicians to give PLwO brief weight loss advice as it has shown to be effective. Retrospective accounts suggest there is a strong potential that patients could respond with overt resistance. Yet, there are few examples of what this resistant looks like in consultations. We wanted to
understand both how patients overtly resist to unsolicited weight loss advice, and how clinicians can manage this resistance.

Methods: We had access to 45 examples of PLwO displaying overt resistance when general practitioners (GPs) gave unsolicited 'advice' on their weight. Using conversation analysis, we focused on what happened prior to overt resistance displays, the format of the displays, and the ways in which the GPs managed the resistance.

Findings: Resistance often followed: (a) GPs framing their talk as a question, or (b) GPs giving some direction on how to lose weight through changes to diet or physical activity. Patients displayed resistance through asserting epistemic and deontic claims to knowledge that the GP 'could not' or 'did not' know. GPs rarely worked to overcome the resistance. Instead, progressivity was maintained when the patient’s perspective was acknowledged, and future support was offered.

Discussion: Our Findings: show two key implications for clinicians when talking to PLwO about weight. First, we demonstrate phrases to avoid. Second, we show what clinicians can do to manage resistance when it does occur. Providing unsolicited advice is particularly difficult as the issue is not on the patient’s agenda, and the entitlement of the doctor to give this type of advice may be low. However, we show what can be done in rare instances when it is overtly resisted.

O.O.14.3 What impact does multimedia information have on trial recruitment in children and young people?

Presenter(s):
Peter Knapp, University of York, United Kingdom

Patient information is crucial to trial participation decisions, usually in print form (PIS), which is often long, unappealing and hard to navigate. An alternative is multimedia information but there is limited evidence on its effects on recruitment, particularly in children and young people (CYP).

Objectives were to develop and evaluate multimedia information resources (MMIs), to test the effects on recruitment, retention, and participant decision-making.

Methods: Following development through co-design, the MMIs were evaluated in 6 SWATs. Participants were randomised to receive different information formats. The primary outcome was trial recruitment in MMI-only versus PIS-only. Secondary outcomes were: trial retention; participant decision-making; and recruitment, retention and participant decision-making in combined MMI&PIS versus PIS-only. SWAT data were pooled.

Results: Co-design produced two template MMIs (one for CYP aged 6-11; one for CYP aged 12-18 and parents) including all written text of the PIS, ‘talking-head’ videos, and five short video animations. Evaluation comprised six SWATs within host trials. Unfortunately three SWATs were too small to analyse. Three SWATs generated logistic regression models, and data were pooled (n=1,750).

Providing MMI-only rather than PIS-only increased recruitment (OR=1.54; 95%CI 1.05, 2.28; p=.03; I²=0%), but not retention (OR=1.29; 95%CI 0.36, 4.65; p=0.70; I²=0%). Decision-Making Questionnaire (DMQ) scores were the same in MMI-only and PIS-only arms: Adjusted Mean Difference -0.79 (95%CI -2.80, 1.22; p=0.44; I²=53.6%).

Providing combined MMI&PIS rather than PIS-only did not increase recruitment (OR=0.89; 95%CI 0.53, 1.50; I²=0%) or retention (OR=2.18; 95%CI 0.48, 10.00; p=0.31; I²=0%), and produced lower DMQ scores (OR=-2.07; 95%CI -4.13, -0.01; p=0.05; I²=0%).
Implications: MMIs were acceptable to Research Ethics Committees. Providing MMIs rather than PIS increased trial recruitment.

Multimedia information shows potential to increase trial recruitment in children and young people. Research should evaluate which multimedia elements inform participation decisions, and evaluate any impact on communication between patients and recruiters.

**O.O.14.4 Assessing medical communication skills in a digital OSCE - benefits and challenges**

*Presenter(s):*
Cadja Bachmann, Medical Faculty, University of Rostock, Germany

*Authors:*
Steffen Emmert, Medical Faculty, University of Rostock, Germany
Anne Port, Medical Faculty, University of Rostock, Germany
Susanne Fröhlich, Medical Faculty, University of Rostock, Germany
Anke Busse, Medical Faculty, University of Rostock, Germany
Bernd Romeike, Medical Faculty, University of Rostock, Germany
Jan-Hendrik Lenz, Medical Faculty, University of Rostock, Germany

Background: In 2021, due to the pandemic, a digital OSCE-format (objective structured clinical examination) was developed for 250 pre-final year medical students at Rostock University.

Methods: The d-OSCE covered analyzing a doctor-patient consultation, conducting a videotaped 7-min ‘peer-patient’ physical examination (PE) including giving explanation to the ‘patient’, documentation of PE findings, written description of X-rays, and death certificates. In preparation, the students received information material (e.g. web-links, PE videos, written material). Students submitted their documents on secure platforms. 3 physicians and 9 well-trained peer-students rated the assessments alongside expert-validated checklists (1.0=very good; 5.0=failed) or pass/fail. All students received individual, written feedback on their competencies and could attend a virtual expert meeting to clarify open questions. Students evaluated the d-OSCE.

Findings: 247 students participated (61.4% females). On average, students analyzed the consultation very appropriately (44.4%)/quite appropriately (51.9%); PE including patient explanation was good (mean 1.86), PE documentation very good (mean 1.44). Individual competencies ranged (1.0-4.0). All students passed death certificates, eight repeated X-ray assessments.

As always, only 19.3% evaluated the OSCE. Students appreciated the format (79.1%) and the practical relevance (83.3%). They benefited from preparation material (77.8%), individual feedback (70.8%), consultation analysis (68.8%), and expert meeting (100%). Students had trained their skills several times (89.6%) before videotaping, they feel confident in applying and communicating PE (85.1%) and expect long-lasting learning effects (78.6%). Most feel better prepared for clinical practice (78.8%) and documentation/written communication (89.2%).

Discussion: During the pandemic and shortcoming of bedside teaching, our d-OSCE-format was highly beneficial regarding learning outcomes and infection prevention. The format may serve as a blueprint. A d-OSCE that integrates videotaped peer-PE needs high data security. Administrative effort (e.g. matching student documents to assessors, individual learner-centered feedback) was high. In the future, enhanced IT support, more examiners, new OSCE-tasks, and higher evaluation rates are targeted.

**O.O.14.5 (WIP) Helping children cope with a parent’s cancer diagnosis: ‘the telling box’ – a pilot study**
Presenter(s):
Joyce de Vos-Houben, Maastricht UMC+ Comprehensive Cancer Center, Netherlands

Authors:
Femke Bruls, Maastricht UMC+ Comprehensive Cancer Center, Netherlands
Christel Heiyerjans, Open University, Heerlen, Netherlands
Rianne Roijen, Open University, Heerlen, Netherlands
Trijntje Völlink, Open University, Heerlen, Netherlands
Esther Bakker, Open University, Heerlen, Netherlands

Background: Communication is one of the key factors in helping children adapt to a parent’s cancer diagnosis. Talking to children about cancer can be a very difficult thing, but there is strong evidence that open and honest communication is the best course of action in terms of helping children cope with a parent’s cancer diagnosis (Meriggi et al., 2017). To help parents talking to their children about their cancer, the Maastricht UMC+ Comprehensive Cancer Center (MCCC) developed ‘the telling box’, in co-creation with parents and professionals. The aim of ‘the telling box’ is to support parents in the communication with their children about their disease.

Methods: This qualitative pilot study will be conducted by means of interviews among 30 Dutch speaking patients with a diagnosis of breastcancer or gynaecological cancer and having children in the age range of 4-18 years. During the interview, we will collect data on experiences, needs and attitudes towards the use of ‘the telling box’. General information about the study subjects will also be collected. The interviews will be recorded, transcribed and analyzed. Ethical approval has been obtained from the local ethics committee of the Maastricht UMC+.

Findings: and discussion: This study will provide essential knowledge about experiences, needs and attitudes towards the use of ‘the telling box’ in parents with a cancer diagnosis. The ultimate goal of this study is to structurally improve support for these families and to further optimize and unroll ‘the telling box’ in the MCCC.