Invited speakers

Plenary Sunday September 28 - 17.00-18.30

Frans B. M. de Waal, PhD
Living Links, Yerkes Regional Primate Research Center, and Psychology Department, Emory University, Atlanta, USA

Prosocial Primates: Empathy in Animals and Humans
The possibility that animals have empathy and sympathy has received little attention due to two factors. One is that evolutionary biology, until recently, preferred a "nature red in tooth and claw" view that had no place for kindness. The second has been an excessive fear of anthropomorphism and a taboo on the term "emotion" in relation to animals. Both of these influences take little account of actual animal behavior, which would lead one to agree with Darwin that "Many animals certainly sympathize with each other's distress or danger." Animal emotions are making a comeback, though, mostly under the influence of neuroscience. In my own work with monkeys, apes, and elephants, I have found many cases of one individual coming to another's aid in a fight, putting an arm around a previous victim of attack, or other emotional responses to the distress of others. In fact, the entire communication system of nonhuman primates is emotionally mediated. Here, I will review expressions of empathy in animals, which ranges from a core mechanism of emotional linkage arising from a direct mapping of another's behavioral state onto the subject's representations (known as emotional contagion) to higher levels in which there is an increasing distinction between self and other, including perceptive-taking. This increases the effectiveness of sympathetic support, care, and reassurance. I will also discuss the sense of fairness in animals, including the Ultimatum Game which we recently played with chimpanzees.

Plenary Monday September 29 - 8.30-9.45

Anne M. Stiggelbout, PhD
Leiden University Medical Centre, Leiden, The Netherlands.

Shared Decision Making: past, present, and future
Shared Decision Making seems to be the buzz word in health care in many countries around the world, not just in Western countries. In her presentation, prof. Stiggelbout will start with a short historical background to the emergence of the term Shared Decision Making (SDM). Already mentioned in the early 1980's, SDM received more attention in the late 1990's with the publications of Cathy Charles, but only recently really started booming. What might be explanations for this course of its popularity? And is it hope or hype? The answer to this question may depend on the reasons why SDM is advocated.
Next, she will discuss in more detail what it is and what it is not, and whether it seems to happen. The high prevalence of the term in the literature does not seem to reflect a large body of empirical research. Further, many empirical studies rely on perceptions of clinicians and patients of their engagement in a process of SDM, which does not necessarily imply true occurrence of SDM. If we wish to encourage clinicians and patients to engage in SDM, are there proven ways to do so, and what is the impact of these (or better even: what is the impact of SDM itself)? And should we limit our efforts to only certain types of decisions or contexts, or should it become a general mode of doctor-patient communication?
From this presentation it will become clear that there still are many questions to be answered, and that there may be an important role to play for the European Association for Communication in Healthcare, similar to what played by EACH in the broader field of doctor-patient communication, not only in terms of research but certainly also in terms of attitude change and training.
Learning Patient-Centred Communication: The Journey and the Territory
The student entering medical school is about to undergo a socialisation process that profoundly shapes their development as a professional. A central feature is the formal and informal curriculum on the doctor-patient relationship and patient-centred communication. In this lecture I will chart some of the features of the student journey which might impact on learning and practice. The undergraduate's role is largely that of a learner, rather than a provider of care, so much of the formal teaching on patient-centred communication is within simulated practice. Challenges for educational practitioners, include how to support authenticity in learners, respond to their agendas, link classroom to clinical practice and foster insight to enable flexibility of communication in different contexts. A number of educational theories can serve to inform curriculum design, notably Vygotsky's Zone of Proximal Development (1978). Application of this and other social learning theories, together with students' comments and narrative reflections will be presented. The question I will pose is, 'How can appreciation of the journey and the territory help educators to promote learners’ active engagement in developing their patient-centred communication?'

On Serious Gaming
Dr. Kato will present examples of how serious games and gamification can be used in healthcare with a focus on games that have been empirically validated in randomized trials. Based on her vast experience leading high performing teams making serious games and consulting with large organizations getting into the "game" of making serious games, she will provide helpful suggestions on how to make high quality educational and behavioral interventions using game design and video game technology. She will also share her thoughts on the importance of conducting research on interventions that use gaming approaches to improve motivation and impact behavioral outcomes.
Parallel sessions

Monday September 29

01.A Teaching communication skills 1 (Chair: M. Deveugele)
01.B Diversity 1 (Chair: G. Essers)
01.C Nursing 1 (Chair: L. Ellington)
01.D Communication technology 1 (Chair: K. Cameron)
01.E Shared decision making 1 (Chair: A. Pieterse)
01.F Non-verbal behaviour (Chair: L. Del Piccolo)
01.G Symposium
01.H Symposium
01.I Workshop
01.J Workshop
01.K Workshop
02.A Teaching communication skills 2 (Chair: S. Eidelman)
02.B Diversity 2 (Chair: E. Jacobs)
02.C Nursing 2 (Chair: H. Eide)
02.D Communication technology 2 (Chair: R. Hulsman)
02.E Shared decision making 2 (Chair: J. Henselmans)
02.F Preparatory tools for patients (Chair: J. van Weert)
02.G Symposium
02.H Symposium
02.I Workshop
02.J Workshop
02.K Workshop
03.A Teaching communication skills 3 (Chair: E. van Weel)
03.B Diversity 3 (Chair: J. Gerwing)
03.C Professional behaviour 1 (Chair: C. Zimmerman)
03.D Communication technology 3 (Chair: J. Jansen)
03.E Shared decision making 3 (Chair: I. Scholl)
03.F Sexual health and related topics (Chair: R. Street)
03.G Symposium
03.H Symposium
03.I Workshop
03.J Workshop
03.K Workshop
04.A Teaching communication skills 4 (Chair: C. Bachman)
04.B Diversity 4 (Chair: B. Schouren)
04.C Professional behaviour 2 (Chair: W. Veldhuijzen)
04.D Communication technology 4 (Chair: E. Kachur)
04.E Shared decision making 4 (Chair: D. Timmermans)
04.F Speed pitches 1 (Chair: P. Gulbrandsen)
04.G Symposium
04.H Symposium
04.I Workshop
04.J Workshop
04.K Workshop
05.A Teaching communication skills 5 (Chair: C. Rietmeijer)
05.B Diversity 5 (Chair: D. Roter)
05.C Interprofessional communication 1 (Chair: K. Douma)
05.D Pediatrics 1 (Chair: T. Vatne)
05.E Information provision 1 (Chair: E. Smets)
05.F Life style communication 1 (Chair: K. Gudzun)
05.G Symposium
05.H Symposium
05.I Workshop
05.J Workshop
05.K Workshop
06.A Cancer 1 (Chair: S. Saha)
06.B Diversity 6 (Chair: P. Schulz)
06.C Interprofessional communication 2 (Chair: L. Noble)
06.D Pediatrics 2 (Chair: H. Lie)
06.E Information provision 2 (Chair: D. Blanch Hartigan)
06.F Life style communication 2 (Chair: M.C. Beach)
06.G Symposium
06.H Symposium
06.I Workshop
06.J Workshop
06.K Workshop
07.A Cancer 2 (Chair: L. Siminoff)
07.B Diversity 7 (Chair: L. Meeuwsen)
07.C Interprofessional communication 3 (Chair: A. van Dooren)
07.D Pediatrics 3 (Chair: M. Grootenhuis)
07.E Information provision 3 (Chair: K. McCaffery)
07.F Life style communication 3 (Chair: K. Mazor)
07.G Symposium
07.H Symposium
07.I Workshop
07.J Workshop
07.K Workshop
08.A Community approaches (Chair: L. Siminoff)
08.B Diversity 8 (Chair: G. Makoul)
08.C Interprofessional communication 4 (Chair: J. Noordman)
08.D End of life (Chair: M. van Nuland)
08.E Information provision 4 (Chair: K. Kaphingst)
08.F Speed pitches 2 (Chair: H. de Haes)
08.G Symposium
08.H Workshop
08.I Workshop
08.J Workshop
08.K Workshop

Wednesday October 1

09.A Communication and mental health (Chair: A. Finset)
09.B Diversity 9 (Chair: K. Aelbrecht)
09.C Emotion and empathy 1 (Chair: J. Shaw)
09.D Miscellaneous 1 (Chair: G. Humphris)
09.E Adherence 1 (Chair: S. van Dulmen)
09.F Information gathering & disclosure (Chair: E. Smets)
09.G Symposium
10.A Patient safety (Chair: C. Shields)
10.B Care givers (Chair: L. Zandbelt)
10.C Emotion and empathy 2 (Chair: W. Langewitz)
10.D Miscellaneous 2 (Chair: W. Eich)
10.E Adherence 2 (Chair: A. Linn)
10.F Workshop
10.G Symposium

Poster sessions

Monday September 29 Poster session 1

P1.01 Basic and applied communication research
P1.02 Teaching clinical communication skills
P1.03 Shared decision making
P1.04 Information provision
P1.05 Emotion and empathy
P1.06 Communication in chronic conditions
P2.07 Intercultural communication

Tuesday September 30 Poster session 2

P2.08 Inter-professional communication
P2.09 Patient perspectives
P2.10 Patient participation and empowerment
P2.11 Ethical issues in communication
P2.12 Communication technology, e-learning
P2.13 Research methodology
Parallel sessions

01A.1 Training through simulation for an effective communication of sentinel events
Monday, 29 September 2014: 10:00 - 10:15; Room: Forum

Title: Training through simulation for an effective communication of sentinel events
Authors: Flore, E (Elisabetta); Cerri, A (Alessandro); Niccolai, F (Francesco); Bellandi, T (Tommaso)
Presenter: Bellandi, T (Tommaso)
Introduction:
Open communication of adverse events is recommended for ethical and practical reasons, but to date the evidence on the effective methods to train the front line and risk management staff is very limited. The aim is to increase the competencies for the effective management of the crises related to a sentinel event, through an active learning approach.

Methods:
An advanced training course on patient safety for 27 senior healthcare professionals with basic competences of risk management. The training relied on the simulation in 3 small groups of realistic business cases. Participants were asked to manage a sentinel event in real time along the 2 days of the course, as if they were the patient safety team of a hospital. They had to analyze the timeline and contributory factors, handle meetings with colleagues, speak with the harmed patient’s family and lead a press conference with real journalists. At the end of these activities the actual Clinical Risk Manager who experienced the real event collaborated with the trainers to debrief the simulation.

Results:
Participants appreciated the interactive approach, more than 80% of answers were strongly positive about the teachings and 91% about the consistency with training goals. The real time simulation, with the time constraint, was perceived as challenging. The communication with the family as “the most important and favorable issue in patient safety”; on this specific matter participants also expressed interest in deepening their knowledge. Classroom climate was monitored as well: on a 5 point scale, motivation scored 5 for 100% of the participants, while involvement for 91.3% of them. The evaluation of one’s own teamwork capabilities scored 5 for 56.5% of participants and 4 for the rest of the class.

Discussion:
This experience shows that problem based learning through the use of simulations can be an effective method to provide the competences needed to manage a sentinel event. This is still a limited and preliminary example on the application of business case simulation to the management and communication of a sentinel event.

01A.2 Teaching Medical Students about Dealing with Violence and Aggression in Medicine: Facing their Fears.
Monday, 29 September 2014: 10:15 - 10:30; Room: Forum

Title: Teaching Medical Students about Dealing with Violence and Aggression in Medicine: Facing their Fears.
Authors: Joekes, K (Katherine); Turner, M A (Margot); Cooke, B (Blossom); McGauley, G (Gill)
Presenter: Joekes, K (Katherine)
Introduction:
Healthcare professionals need to respond to situations involving violence and aggressive behaviour. This includes violence towards patients (e.g. domestic abuse, sexual abuse of children and the consequence of Female Genital Mutilation) or towards health care professional (e.g. thousands of incidents of violence or aggression have been reported within the NHS). In the past, medical students voiced concerns about how to deal with such highly charged situations. A need was identified to develop teaching sessions which support students to develop communication skills and strategies to deal effectively and appropriately with situations involving violence or aggression, either aimed at themselves or patients.

Methods:
Two teaching sessions were developed through student feedback and consultation, and have been included in the curriculum for the past 4 years. Undergraduate medical students attend a 1.5-hour small group teaching session (‘Dealing with Anger, Hostility and Distress’) in their first clinical year, which focuses on advancing their communication skills and confidence in dealing with anger. The session involves role play with Simulated Patients. In the following academic year, a 2-hour small group sessions (‘Challenging Scenarios in Obstetrics and Gynaecology’) is offered. Students work on and debate three scenarios which address consultations that have been identified as being particularly challenging. Both sessions are evaluated using brief questionnaires which collect quantitative and qualitative data.

Results:
Quantitative data from the student evaluations for both sessions show that the majority of the students (> 90%) rated the teaching as (very) useful and they report significantly increased levels of confidence (p &lt; 0.05) and competence (p &lt; 0.01) in dealing with challenging situations. Content analysis of qualitative data identified some key practical strategies that the students had taken away, which were transferrable to different areas of medicine.

Discussion:
Students respond positively to the sessions and report an increase in confidence and competence. They reflect on issues many have never previously considered or encountered. It encourages students to integrate their learning on clinical communication with ethical and legal teaching. This teaching could be relevant to other health care professionals. Future curriculum development could embed these topics as part of the core curriculum.

01A.3 Difficult patient encounters: setting a limit while preserving a good relationship
Monday, 29 September 2014: 10:30 - 10:45; Room: Forum

Title: Difficult patient encounters: setting a limit while preserving a good relationship
Authors: Ehrlich, ND (Naomi); Keeke, JJS van de (José)
Presenter: Ehrlich, ND (Naomi)
Introduction:
Physicians regularly have to deal with difficult patient encounters, e.g. hostile, demanding, dissatisfied or controlling patients. This can be challenging and, in handling these situations effectively, a physician needs good communication skills. At VU University Medical Center, third year bachelor’s students attend seven training sessions on how to act in challenging situations. The focus lies on how to set a clear limit (e.g. intolerable behavior, saying “no” to demanding patients), while simultaneously investing in a good relationship (showing empathy, nonjudgmental listening, finding out underlying needs and expectations). Students are assessed in an OSCE. In the programme students • practise role plays to experiment with different skills; • explore their own emotional reaction; • are exposed to a broad palette of difficult situations. Professional actors play the patient role. The OSCE consists of a 10 minute interview with a ‘patient’ (actor), during which the student has to set limits and invest in the relationship.

Methods:
Are students able to set limits while investing in the relationship after seven training sessions? This question was operationalized in: 1. Do students pass the OSCE? 2. Do students consider themselves to be competent in handling difficult patient encounters? The OSCE results (n=983) and ratings of 2011-2013 students (n=730) were processed. Results:
Title: Discussing serious news: Teaching communication skills through role play with bereaved parents

Monday, 29 September 2014: 10:45 - 11:00; Room: Forum

Title: Discussing serious news: Teaching communication skills through role play with bereaved parents
Authors: Flint, HF (Hilary); Presenter: Flint, HF (Hilary)

Introduction: The ability to communicate serious news effectively is an essential skill for any physician and one that is often introduced early in medical training. Effective communication skills training will be examined and a novel approach will be described during this discussion.

Methods: The approach includes a workshop for first year pediatric residents that reviews effective communication of serious news (e.g. resuscitation status, relapse of a cancer during active chemotherapy) with patients and families. The workshop also guides the residents through role play simulation which allows them to actively deliver serious news. To add to the "realism" of the role play experience bereaved parents are included that have generously volunteered their time to assist in the education of our residents. In addition to participating in role play, the parents also provide the residents with their personal experience with loss as well as times when medical practitioners communicated serious news to them. Many parents discuss bad experiences with poor communication from a medical provider during their child’s illness and how this affected their lives. The resident participants complete a survey at the end of the workshop and the responses have been analyzed yielding quantitative and qualitative data.

Results: The quantitative results show statistically significant improvement in the confidence of the residents to discuss serious news with patients. The qualitative data points to an appreciation of the importance of effectively communicating serious news with patients and families as well as an improved educational experience due to the participation of the bereaved parents.

Discussion: This research has the potential to inform other medical educators of an effective way to teach residents how to deliver serious news to patients and families. This approach to teaching communication skills is cost effective as it relies on volunteer parents instead of paid trained actors. The stories told by the bereaved parents provide a memorable learning experience for pediatric residents that will guide their future practice.

Title: Effects of Minimal vs. Intensive Intervention to Enhance Motivational Interviewing in HIV Care
Authors: Beach, MC (Mary Catherine); Laws, MB (M. Barton); Rose, G (Gary); Roter, DL (Debra); Moore, RD (Richard); Wilson, IB (Ira)

Introduction: Behavior change counseling has become an essential component of primary care, but many clinicians lack the skills to counsel effectively. We conducted a randomized trial comparing the effect of two different levels of motivational interviewing (MI) training on clinician communication behaviors and patient experiences.

Methods: We enrolled 12 HIV clinicians (8 physicians, 3 nurse practitioners, and 1 physician assistant) at a single academic medical center. All clinicians attended a one-day MI workshop focusing on behavior change counseling skills. After the workshop, we randomized clinicians to receive (or not) 3 to 5 rounds of personalized one-on-one feedback from the MI trainer, using audio-recordings of the clinician’s own visits with patients as the basis for feedback. We compared outcome measures (patient experience with communication and audio recorded encounters coded with Roter Interaction Analysis System, RIAS) before and after the interventions and between the two intervention groups (workshop alone vs. workshop plus feedback). To assess whether one intervention was more effective than the other, we tested time-by-study arm interactions to determine whether one group improved more than the other. For all analyses, we used generalized estimating equations to account for clustering of patients within clinicians, with Gaussian or negative binomial distributions as appropriate.

Results: Patients of clinicians in both intervention groups rated their visits as more MI consistent (6.86 vs. 6.65, p<0.004), and audio recorded analysis revealed that visits were more patient-centered (11.34 vs. 9.96, p=0.003), with a more positive patient affect (22.36 vs. 20.84, p<0.001), after vs. before the intervention, without differences between intervention groups. Specific communication behaviors increased (empathic statements and asking patient permission) or decreased (disapproval) as hypothesized after vs. before the intervention, without differences by intervention group. Some clinician behaviors such as asking patient opinions and open-ended questions improved to a greater extent in the workshop plus feedback vs. the workshop only intervention arm.

Discussion: The workshop alone was as effective as the workshop plus feedback intervention in improving patient experiences and overall communication measures. Certain communication behaviors improved to a greater extent with the more intensive intervention, but these additional benefits may not warrant the extra financial and logistical resources required.

Title: The effect of Facebook social marketing campaigns on attitudinal norms towards women’s health in Pakistan

Monday, 29 September 2014: 10:00 - 10:15; Room: Forum: E102

Title: The effect of Facebook social marketing campaigns on attitudinal norms towards women’s health in Pakistan
Authors: Zain-ul-abdin, KZ (Khwaja); Vahe, MV (Marilis); Shahab, Palvasha

Introduction: Marketing and promotion of women’s health campaigns is a difficult and complicated exercise in religiously conservative nations like Pakistan. Efforts at marketing maternal health, sexual health and female health empowerment have met with relative resistance from the conservative elements in the Pakistani society. Social media sites like Facebook represent a possible alleviation of this problem for urban women, through direct, readily available and private access. It
remains to be seen however, if the the hyper-connectivity that social media accords, results in a change in injunctive norms towards women's health care or reinforces the status quo attitudinal norms.

Methods:
Urban Pakistani women between the ages of 18-35 are selected and assigned to two groups. The control group receives participants who have not been exposed to any women's health campaign on Facebook. Whereas the experiment group receives participants who have been exposed to a women's health campaign on Facebook within the last one year. Participants are administered surveys that test their attitudinal/injunctive norms on women's health topics and a social media monitoring service/trackr is used to weight results according to the popularity of women's topics in the region.

Results:
The pilot for the study found that injunctive norms on women's health topics in Pakistan are significantly affected by Facebook campaigns. However this effect is mitigated as time passes from incidence of impression i.e. when they were exposed to the social marketing effort on Facebook. The density of the network and the number of friends a person has was not a significant mediator, whereas network depth, i.e. exposure through original impression versus exposure through secondary and tertiary sharing, was a significant factor. The ongoing full study is expected to mimic the pilot results.

Discussion:
This study presents actionable learning for those looking to employ social marketing campaigns to tackle otherwise socially taboo health topics. In particular it provides a reference for such efforts to calibrate their expectation of effect and success, and create strategy to accelerate efforts aimed at manipulating factors that mediate the attitudinal norms; especially important in light of the resources, interest and effort being put into social marketing through social media.

01B.2 Doctors' communication style or race/gender concordance: what is more important to patients when disclosing depression?

Monday, 29 September 2014: 10:15 - 10:30; Room: E102

Title: Doctors' communication style or race/gender concordance: what is more important to patients when disclosing depression?

Authors:
Adams, A.E (Ann); Realpe, A (Alba); Vail, L (Laura); Buckingham, C.D (Christopher); Roter, D (Debra); Erby, L (Lori)

Presenter:
Adams, A.E (Ann)

Introduction:
There is strong evidence for the poorer quality mental health care and poorer care outcomes experienced by black compared with white patients in the UK. Explanations for such disparities increasingly recognise the importance of examining the impact of doctors' and patients' social characteristics on consultation dynamics, including communication processes. We know that race and gender concordance are important factors in facilitating patients' comfort and disclosure of depression, but so too is a doctor's communication style. This study aims to disentangle the independent effects of these variables on patients' comfort and ability to disclose depression, and to compare UK findings with those from a parallel US study.

Methods:
Our study is based on 320 analogue patients interacting with a doctor present on video, to simulate a primary care consultation focussing on a time in patients’ lives when they felt down or depressed for a significant time period. The study has a factorial experimental design, in which we have manipulated doctors' gender, race (African-Caribbean versus White British) and communication styles (high versus low patient-centred); and recruited a sample of patients stratified by gender, race (African-Caribbean versus White British) and a previous history of depression. Doctor-patient interactions were recorded, and afterwards patients completed a questionnaire in which they rated the doctors’ communication style, their overall comfort and willingness to disclose depression to them and their receptivity to the doctor’s offered care.

Results:
As in the parallel US study, the key finding has been the importance of doctors’ communication style in terms of analogue patient ratings. The high patient-centered doctors were more favorably rated than low-patient centered doctors across all study arms, and this proved to be a stronger predictor of positive patient ratings about comfort and willingness to disclose depression and receptivity to care, than race or gender concordance.

Discussion:
Doctors’ communication style has hitherto been little explored in relation to helping overcome racial disparities in health care, but our findings from both the UK and US attest to its importance. This is good news, because by teaching doctors to be better communicators, a means of reducing disparities is within our control.

01B.3 Focus group on doctor-patient communication in standardized gynecological consultations. A gender analysis using mixed methods.

Monday, 29 September 2014: 10:30 - 10:45; Room: E102

Title: Focus group on doctor-patient communication in standardized gynecological consultations. A gender analysis using mixed methods.

Authors:
Mazzi, Maria Angela; Rimondini, Michela; Deveugele, Myriam; Deledda, Giuseppe; Zimmermann, Christa; Bensing, Jozien

Presenter:
Mazzi, Maria Angela

Introduction:
Gender plays a modest but consistent role in doctor-patient communication. Empirical studies explored gender role performance, role expectations, preferences, experiences of patients and doctors, deepening in particular the effects of gender concordance within medical encounters. The present study asked lay people to express their opinion on the quality of communication observed in standardized videotaped medical encounters about gynecological problems. The aim is to assess whether communication of male versus female doctors is valued differently by men versus women.

Methods:
The data come from an observational European multi-centre study (GULiVer): 259 participants (123 men and 126 women) were recruited in 35 gender and country specific focus groups. A set of four different OSCE videos of simulated medical consultations was used as a prompt for discussion. The mixed method design was used to gather quantitative and qualitative data: the doctors’ proficiency in communicating was assessed by individual participant ratings (10 point likert scale) and during focus group discussions. The comments (linked both to participant and to video) were coded using an inductive content analysis to translate the qualitative information into categorical variables (on topic and positive/negative evaluation). A set of multilevel model was applied to individual and group assessments to evidence eventually gender differences due to concordance/discordance dyads.

Results:
The gender similarities in quality assessments, topics discussed and positive versus negative evaluations were much larger than the differences. The mean rating of women was 6.8 and 6.6 for male and female doctors, respectively; that of men 6.9 and 6.7. During the group discussions, the only significant difference was that female doctors were more criticized than males when they were overtly neutral or impersonal, in particular by female participants. The females participants talked more in positive terms about doctors who were inviting and acted straight to the point or businesslike.

Discussion:
Gender-related issues in doctor-patient communication strike lay people attention but don’t seem to be correlated to their global evaluation of doctor performance. The doctor’s patient-centred behaviours, conveying empathy, support, understanding and pleasantness are highly appreciated, and appear to transcend patient and doctor gender differences and even the bias of prior role expectations.
01B.4 Primary Care Physician Communication Differences Based on Standardized Patient Gender and Race
Monday, 29 September 2014: 10:45 - 11:00; Room: E102

Title: Primary Care Physician Communication Differences Based on Standardized Patient Gender and Race

Authors: Siminoff, LA (Lauria); Rogers, HL (Heather); Dumenci, L (Levent); Harris-Haywood, S (Sonja)

Introduction: The primary objective was to use unannounced standardized patient (USP) methodology within a new visit to a primary care physician (PCP) to understand communication differences based on patient gender and race.

Methods: Caucasian and African American (AA) USPs of both genders were trained to present to PCPs as new patients with symptoms of colorectal cancer. Each PCP participant saw two USPs of differing genders and races. The PCPs were blinded to the diagnosis and agreed to have the encounter surreptitiously audiotaped. The visit medical record was obtained and the consultation was coded by trained observers for content and affect using the Siminoff Communication Content and Affect Program (SCCAP).

Results:
Individual Analysis of Variance (ANOVAs) of affect and speech variables indicated that PCPs affect was rated as more depressed when communicating with AA USPs (p<0.05) and more interested in gaining the cooperation of Caucasian USPs (p<0.01). PCPs made more attempts to persuade female USPs (p<0.01) and were more likely to refer to AA USPs by their last names, while Caucasian females were more likely to be addressed by their first names (p<0.01). PCPs used faster rates of speech. Caucasian female USPs compared to AA USPs of both genders (p<0.05) and used more fillers with AA female USPs (p<0.01). PCPs engaged in more cut-off and stop interruptions with Caucasian USPs (p<0.01).
ANOVA of content variables indicated that PCPs spent more time during the visit discussing health behaviors with AA USPs and discussing diagnosis with Caucasian USPs (p<0.05). More time on financial topics occurred with male USPs (p<0.05). PCPs who saw Caucasian male USPs spent less time during the visit talking about medical history compared to other USPs and less time discussing psychological information compared to Caucasian female USPs (p<0.05). Regarding communication types, PCPs used more legitimizing/acknowledging with Caucasian USPs (p<0.01), more ambiguous communication with female USPs (p<0.01), and more threats with male USPs (p<0.05).

Discussion: This study demonstrated that gender and race of patients is associated with affective and substantive communication practices of physicians.

01C.1 Preoperative anxiety in ambulatory surgery: the role of professional care
Monday, 29 September 2014: 10:00 - 10:15; Room: E103

Title: Preoperative anxiety in ambulatory surgery: the role of professional care

Authors: Pereira, L (Lígia); Carvalho, I (Irene); Figueiredo-Braga, M (Margarida)

Introduction: Preoperative anxiety is associated with a slower, more complicated and more painful postoperative recovery. Provision of information and patient education by nurses can reduce preoperative anxiety and promote a faster recovery, with fewer medical and psychological post-surgical complications. Tailored information delivered timely and an empathic attitude have shown to be effective in reducing post-surgical complications. The aim of this study is to evaluate the effectiveness of an educational program offered by nurses in reducing patients’ preoperative anxiety. The impact of the program on surgical outcomes (surgical wound healing, wound response to treatment, pain and analgesic consumption) is currently under examination.

Methods: A sample of 100 consecutive adult patients undergoing general surgery was enrolled in the study and randomly assigned to the intervention (IG) and control (CG) groups. The intervention (15-minute individual interviews conducted by a trained nurse) followed a patient-centered approach. Personalized information was provided in addition to standardized information, and patients’ emotions were addressed. The CG received standardized information (hospitalization norms and surgical procedures) in the same period of time. Anxiety was assessed using the State Trait Anxiety Inventory (STAI) and the Trait Anxiety Inventory (STAIs) before (T0) and after the intervention (T1). Follow-up assessments will be performed 24 hours after surgery (T2) and one month later (T3). Surgical wound healing will also be evaluated using the Pressure Ulcer Scale for Healing (PUSH), and clinical data related to surgery, anesthesia, wound treatment, pain and analgesics will be
obtained. The statistical analysis of data was undertaken using SPSS v.20.0; t-Test was used for the significance of the difference between means.

Results:
At T0, STAY scores were similar in both groups (mean=36.8; SD=10.8). After the intervention, a statistically significant lower level of anxiety was detected in the IG (mean=34.9; SD=8.7) compared to the CG (mean=36.8; SD=9.6; p &lt;0.05).

Discussion:
Reduction of anxiety levels can be obtained after the application of a brief educative approach performed by nurses. Similar findings had been observed for inpatient contexts. This study extends this effect to ambulatory surgery. We expect to confirm a faster wound healing after the intervention, confirmed by the PUSH score, indicating an effective recovery.

01C.2 Responding Empathically to Patients: Development of a Communication Skills Training Module for Nurses

Authors:
Peherson, C (Cassandra); Banerjee, S (Smita); Shen, M (Megan); Manna, R (Ruth); Coyle, N (Nessa); Krueger, C (Carol); Penn, S (Stacey); Maloney McConnel, E (Eriin); Bylund, C (Carma)

Title: Responding Empathically to Patients: Development of a Communication Skills Training Module for Nurses

Methods:
The development of this module was based on a review of current literature and was adapted from a module previously developed for physician-patient CST. The training consisted of a 30 minute didactic teaching; exemplary videos demonstrating key strategies, skills, and process tasks; and 90 minute role-play sessions. Two-hundred and thirty-eight nurses from Memorial Sloan Kettering Cancer Center participated in the training module over a two-year period between 2012 and 2013. Following the module, nurses completed a survey about their confidence in and intent to utilize the skills taught in the module.

Results:
Based on retrospective pre-post measures, participants reported a significant increase in their confidence to respond empathically to patients, t(235)=16.46, p&lt;.001, between pre-training (M=3.58) and post-training (M=4.25). Between 97-98% of participants reported their satisfaction with and intent to utilize the skills taught in the module by either agreeing or strongly agreeing with 5 out of 6 different statements included in the evaluation measure.

Discussion:
A CST module, which is both effective and useful, was developed to train nurses on how to recognize and respond empathically to patients. Training health care professionals to respond more empathically to patients may have a positive impact on the nurse-patient relationship.

01C.3 The effectiveness of the Healthy Skin Clinic, a tailored nurse-led counselling in hand eczema

Authors:
Mollerup, AM (Annette); Veien, NK (Niels Kren); Johansen, JD (Jeanne Duus)

Title: The effectiveness of the Healthy Skin Clinic, a tailored nurse-led counselling in hand eczema

Methods:
Patients (n=306) referred to treatment at two settings were randomised and allocated either to the programme comprising a face-to-face nurse consultation, supplemented by a new website with a patient dialogue forum and a self-monitoring log, as an adjunct to usual care or to receive usual care. Primary outcome was the clinical disease severity assessed by the Hand Eczema Severity Index (HECSI) at follow-up. Secondary outcomes were dermatology related quality of life, self-reported medication adherence, and skin protective behaviour at follow-up.

Results:
The intervention group improved more that the usual care group (ΔHECSI -16.0 and ΔHECSI -9.0; p=0.08). This was especially true of patients who were not treated intensively (ΔHECSI -9.0 versus ΔHECSI -3.0; p=0.037). The effect was, however, very dependent on the baseline disease severity. In the intervention group, fewer patients reported excessive handwashing privately (OR 0.19; 95%CI 0.01) and more patients used emollients daily (odds ratio 2.15; p=0.022) at follow-up compared to the usual care group. No differences in quality of life or self-reported medication adherence were found between the two groups.

Discussion:
We could not demonstrate a substantial effect of our intervention as the clinical severity was not improved in the entire cohort. The use of intensified treatment regimens possibly diluted the effect of counselling. However beneficial behavioural changes at a follow-up were seen only in the intervention group. We recommend a tailored nurse counselling of skin protection and skin care focusing on the individual’s everyday life exposures and resources as an essential part of hand eczema treatment.

01C.4 Consequences of task delegation for the process of care: female patients seem to benefit more

Authors:
Noordman, J (Janneke); Dulmen, S van (Sandra)

Title: Consequences of task delegation for the process of care: female patients seem to benefit more

Methods:
The shift of tasks from primary care physicians towards practice nurses, and the continuing feminization in medical care, may have consequences for the provision of healthcare and communication. As few men enter the nursing profession, patients mainly encounter female practice nurses. Previous research among primary care physicians found differences in physicians’ application of communication skills during consultations with male versus female patients. To what extent these gender differences also exist in practice nurse-patient encounters is, as yet, unknown. The aim of the present study is to examine potential differences in female practice nurses’ application of communication skills, practice guidelines and motivational interviewing skills during consultations with female and male patients.
Twenty practice nurses, from eight practices, and their (chronically ill) patients were included and agreed to have consecutive, everyday consultations videotaped in 2010-2011. Around ten consultations per nurse were recorded on video. The videotaped consultations were rated using two validated protocols: the MAAS-global (to assess generic communication skills and the application of practice guidelines) and the Behaviour Change Counselling Index (to assess motivational interviewing skills). Multilevel linear and logistic regression analyses were performed.

Results:
181 consultations between 19 female practice nurses and 181 patients were coded and analyzed. Female practice nurses provided significantly more comprehensive information (e.g. concrete explanations, understandable language) during consultations with female patients (P=0.03) and talked more about management (e.g. discussing alternatives, risks and benefits, feasibility and adherence) with male patients (P=0.04). Furthermore, the practice nurses applied motivational interviewing skills more clearly during consultations with female patients (P&l.t;0.00). No significant gender differences were found in discussing lifestyle behavior, the consultation duration or nurses’ application of practice guidelines.

Discussion:
The shift in tasks from primary care physicians towards practice nurses may have implications for clinical and patient outcomes as patients will no longer be counseled in a ‘male way’ (i.e. by male professionals). Conceivably, female patients are motivated more by nurses to change their behavior, while male patients receive more concrete management information or advice. Future studies should investigate whether or not these gender differences have consequences for patient (health) outcomes.

01D.1 The easy-to-read perspective on text simplification of radiology reports for the layman
Monday, 29 September 2014: 10:00 - 10:15; Room: E104

Title: The easy-to-read perspective on text simplification of radiology reports for the layman
Authors: Kvist, M (Maria); O’Donnell, M (Maria); Duneld, M (Martin); Velupillai, S (Sumithra)
Presenter: Kvist, M (Maria)

Introduction: Understanding the text in your own patient record is important when taking part in health-care process decisions. Patient records cannot always be written in a simple way, precise expressions of professional language are needed for internal communication. Providing a simplified text in parallel to the original text could satisfy both the professional and the patient. Our project examines the potentials for automated text simplification of clinical Swedish into laymen Swedish, for parallel presentation. The present study investigates preferred levels of simplification by laymen as well as the information loss of this process as deemed by professionals.

Methods:
The 100 most frequent words, expressions and sentences from radiology reports (0.43 mill) from Karolinska University Hospital were extracted. These were studied from an easy-to-read perspective and a manual method for simplification was established, including lexical and syntactic simplification approaches. Seven sentences and seven expressions were manually simplified in 4-5 different difficulty levels and presented in a mixed order to 150 randomly selected laymen in a survey. Respondents were asked to choose their preferred expression. The mixed order obscured the original radiologic text from the simplified. The laymen’s preferences were compared to age, gender, education, and readability skills. Three radiologists were interviewed to specify the loss of information and precision in the simplified alternatives.

Results:
Often, but not always, laymen selected the most simple syntactic and lexical alternative of a medical description. Results demonstrated that they preferred less detail in favor of a comprehensible layman language even though as a group, the responders had good readability skills. Individuals choosing original text had high education. There were no gender differences. Interviews with radiologists showed that information loss is sometimes inevitable but that many times it is possible to write simple with the same precision.

Discussion:
Most people prefer a readable and comprehensive radiology report over a detailed (original) one. However, the information loss during text simplification is not acceptable for professionals, as the radiology report is foremost a message between physicians, demanding a more precise report for patient safety. This has implications for the approach of text simplification.

01D.2 Can we improve residents’ patient centeredness while using electronic health records (EHR) during medical encounters?
Monday, 29 September 2014: 10:15 - 10:30; Room: E104

Title: Can we improve residents’ patient centeredness while using electronic health records (EHR) during medical encounters?
 Authors: Lanier, CL (Cédric); Dominicé Dao, MDD (Melissa); Hudelson, PH (Patricia); Perone, NP (Nicolas); Junod Perron, NJP (Noëlle)
Presenter: Lanier, CL (Cédric)

Introduction: An electronic health record (EHR) was recently introduced in our primary care setting. A phone survey conducted among 20 patients indicated that use of a EHR during the consultation was well accepted. However, a group discussion conducted with residents revealed that they were uncomfortable using it and felt it altered the doctor-patient relationship. The aim of the study was to assess the impact of training on how to use computers/EHRs during clinical encounters on residents’ communication skills and patient centeredness.

Methods: A pre-post intervention study was conducted at the Division of Primary Care, University Hospitals of Geneva. 24 residents were invited to take part in a 3-month training program on how to use computers/EHRs during clinical encounters. The training included two large group sessions and 2-4 individual supervisions based on residents’ own videotaped encounters. Outcomes were measured using a self-administered questionnaire and objective analysis of residents’ communication skills through observation of 3-4 videotaped encounters per resident. The Roter interaction analysis system was used to analyze videos.

Results:
17 residents took part to the study (61% female). Post-training, they were more comfortable using computers during the medical consultation (means 3.00 SD 1.2 vs 3.76 SD 1.2, p=0.04) and less likely to think of the computer as a barrier to physician-patient communication (mean 3.53 SD 1.0 vs 3.00 SD 1.0, p=0.03). Objective analysis of residents’ communication skills during videotaped encounters is still ongoing and results will be presented at the conference.

Discussion: The increasing use of computers and EHRs during the medical consultation has potential to influence patient-provider communication. Specific training may help physicians to successfully integrate their use into the medical consultation.

01D.3 Impact of patient-accessible Electronic Medical Records in rheumatology: use, satisfaction and effects on empowerment
Monday, 29 September 2014: 10:30 - 10:45; Room: E104

Title: Impact of patient-accessible Electronic Medical Records in rheumatology: use, satisfaction and effects on empowerment
Authors: Van der Vaart, R (Rosalie); Drossaert, C.H.C. (Constance); Taal, E.; Laar, M.A.F.J.; van de (Mart)
EACH International Conference on Communication in Healthcare Amsterdam September 28 to October 1, 2014

Presenter:
Drossaert, C.H.C. (Constance)

Introduction:
The aim of this study was to measure the use, satisfaction and impact on empowerment of a web portal which provides patients with rheumatoid arthritis home access to their electronic medical records (EMR).

Methods:
A pretest-posttest study was conducted among 360 patients. Questionnaires assessed patients’ socio-demographics, health literacy, Internet use, disease characteristics, and empowerment before and after launching a hospital-based patient web portal. To measure empowerment, patients’ satisfaction with care, trust in their rheumatologist, self-efficacy in patient-provider communication, illness perceptions, and medication adherence were assessed. The post-test included questions on portal use, satisfaction, and self-perceived impact due to portal use.

Results:
54% of respondents with Internet access had viewed their EMR. Respondents were positive about the ease of use and usefulness of the portal and reported very few problems. Age (P=.03), amount of Internet use (P=.01) and self-perceived Internet skills (P=.03) significantly predicted portal use. Of the respondents who had logged in, 44% reported feeling more involved in their treatment and 37% felt they had more knowledge about their treatment. Significant differences over time were not found on the empowerment-related instruments.

Discussion:
The current portal succeeded in offering patients access to their EMR in a usable and understandable way. While its true impact is difficult to grasp, a relevant portion of the patients felt more empowered due to the web portal. Offering patients home EMR access appears to be a valuable addition to the care process, with the potential of involving patients more in their own treatment.

01D.4 Patient attitudes to a personal controlled health record – associations with health literacy? - Results from a survey among chronically ill patients

Monday, 29 September 2014: 10:45 - 11:00; Room: E104

Title:
Patient attitudes to a personal controlled health record – associations with health literacy? - Results from a survey among chronically ill patients

Authors:
Bitzer, E. M. (Eva Maria); Bittlingmayer, U.H. (Uwe H.)

Presenter:
Bitzer, E. M. (Eva Maria)

Introduction:
With a Personally Controlled Health Record (PCHR) the patient controls what health information goes into it, and who is allowed to access it. A PCHR might be a powerful tool to enhance patient autonomy. A sensible use of a PCHR requires patients to be health literate. In a pilot study we explored associations between the general attitude towards a PCHR, the willingness to provide access to health information, and a variety of background variables.

Methods:
In April 2012 we undertook a written survey among 750 patients with known chronic diseases (asthma bronchiale, diabetes mellitus, coronary artery disease). The questionnaire comprised items on (1) attitudes towards a PCHR, (2) selected health literacy domains (i.e.health information seeking behavior, preferences for shared decision making), (3) technology commitment, (4) experiences with health care, and (5) socio-demographic variables. We used items and scales validated in German population based surveys and performed descriptive and multivariate analyses.

Results:
184 patients returned a valid questionnaire (response rate: 24.5%), 45.8% are female (average age 54.8 years). There is a positive attitude towards a PCHR: 47.5% would definitely like to have a PHCR, 36.7% would consider having a PCHR, only 9.2% would not take a PCHR. From the perspective of the respondents better informed health care providers are the main benefit of a PCHR (74.3% agreement), being better informed as patient is perceived least important (46.2% agreement). Respondents would provide permanent PCHR-access to their general practitioners (GP) in 87.2%, to specialists and hospitals (67.4% rs. 68.8%), whereas to pharmacists and other health care providers only in 10%. Tested multivariate a negative attitude towards a PCHR is most strongly associated with the unwillingness to provide access to health professionals other than GPs, specialists or hospitals. None of the background variables shows consistent associations with the willingness to provide access to a PCHR or the general attitude towards the PCHR.

Discussion:
Participants are positive towards a PCHR, less convinced of a beneficial and sceptical to provide access to a wider range of health professionals. The role of health literacy related variables remains unclear.

01E.1 The psychometric properties of Option Sitem, an observer measure of shared decision making process: interim-analysis

Monday, 29 September 2014: 10:00 - 10:15; Room: E105/6

Title:
The psychometric properties of Option Sitem, an observer measure of shared decision making process: interim-analysis

Authors:
Barr, PI (Paul); Sivly, AL (Angela); Tsulukidze, MM (Maka); Pencille, LE (Laurie); Branda, ME (Meggan); LeBlanc, A (Annie); Gionfriddo, MR (Michael); Elwyn, G (Glyn)

Presenter:
Barr, PI (Paul)

Introduction:
Observer measures of shared decision making (SDM) can provide highly detailed feedback of clinical performance, with no burden on the patient. However, existing measures have many items, placing a significant burden on the users. In this study we aimed to assess the psychometric properties of the brief Option Sitem, a newly designed measure adapted from the validated Option 12item.

Methods:
We planned to assess recorded clinical encounters (n=201) from the completed Chest Pain Choice Trial, a trial that examined how clinical practices incorporated patient decision support tools into their clinical routines. Patients with chest pain presenting to the emergency department were randomly allocated to receive a decision aid to discuss short-term risk of acute coronary syndrome or usual care. Recordings have been previously rated using Option 12item. We trained two raters in the use of Option Sitem (scoring 0 – 20, rescaled to 0 – 100) and they rated the recordings using the new measure. We assessed the internal consistency, discriminative validity, concurrent validity of Option Sitem and inter-rater reliability.

Results:
To date we have paired ratings of 149 recordings, with 73 from the intervention arm and 76 from the usual care arm. Our interim analysis indicates high internal consistency (Cronbach’s alpha 0.96). A significant increase in the level of SDM recorded in the intervention arm, 45.2 [SD 1.3] vs. usual care, 9.01 [SD 1.4], p<0.001 was observed, supporting discriminative validity. Option Sitem was highly correlated with Option 12item (r = 0.89; p<0.001). Inter-rater reliability provided a high degree of consistency around the mean value; ICC (2,2) 0.90 (95% confidence interval 0.69 – 0.95). However there was a significant rater effect (p<0.001).

Discussion:
While further testing is underway, interim analysis indicates promising psychometric properties for Option Sitem in this sample. This new measure will reduce user burden, while maintaining an accurate measurement of SDM performance during the clinical encounter.

01E.2 Validating SDM-MASS as a compound measure for shared decision-making integrating patient’s, physician’s and observer’s view

Monday, 29 September 2014: 10:15 - 10:30; Room: E105/6
Title: Validating SDM-MASS as a compound measure for shared decision-making integrating patient’s, physician’s and observer’s view

Authors:
Geiger, F (Friedemann); Liethmann, K (Katrin); Kasper, J (Jürgen)

Presenter:
Geiger, F (Friedemann)

Introduction:
Shared decision making (SDM) between patient and physician is an interpersonal process. Most SDM measures use the view of one party (patient, physician or observer) as a proxy to capture the SDM process although these views typically diverge. This study validates the recently introduced compound measure SDM-MASS which integrates all three perspectives in one single index.

Methods:
In a first step, SDM-MASS was derived theoretically and compared empirically to unilateral measures by application to a data set of 10 physicians (40 consultations) receiving an SDM training to yield first proxies of its validity and reliability (Cronbach’s alpha, interrater reliability). In a second step, SDM-MASS was validated within the IT’S SDM 2011 multicenter RCT (40 physicians, N=160 consultations) by comparing its constituting parts to established unilateral measures (congruence with OPTION, SDM-Q and Dyadic DCS) to further determine its validity. Additionally, reliability was assessed (Cronbach’s alpha, interrater reliability).

Results:
In the first study (step 1), the components of SDM-MASS were highly reliable (Cronbach’s alpha 0.94); interrater reliability: 0.74–0.87. SDM-MASS delivered plausible results with regard to the three single perspectives. Data survey of the RCT is finished and consultation records are currently analyzed in a group of four trained raters. All results will be shown.

Discussion:
SDM-MASS combines noteworthy information about SDM processes from different viewpoints and thereby seems to deliver plausible assessments. To our knowledge, it is the first published and validated compound measure. It could overcome immanent shortcomings of unilateral approaches.

01E.4 The underlying causal structure explaining patients’ satisfaction for shared decision-making in chemotherapy

Monday, 29 September 2014: 10:45 - 11:00; Room: E105/6

Title: The underlying causal structure explaining patients’ satisfaction for shared decision-making in chemotherapy

Authors:
Ishizaki, M (asato); Noro, I (kuko); Kobayashi, R (ei)

Presenter:
Ishizaki, M (asato)

Introduction:
This study examines the causal structure of patients’ satisfaction in chemotherapy and seeks to determine the factors that boost their satisfaction by comparing decision-making with matching and non-matching between preference and perceived. Shared decision-making (SDM) is reported to be a theoretical ideal in medical communication. However, not SDM per se, but rather matching patients’ preferences to perceived decision-making has been discussed as contributing to patients’ satisfaction. Yet, to the best of our knowledge, only a few studies on the causal structure have attempted to explain why this is so.

Methods:
This study applied the Structural Equation Model (SEM) techniques to internet survey data of 427 patients who actually received chemotherapy. The survey questions included items, including patients’ satisfaction, understanding, how and what physicians communicate to patients and effects of chemotherapy. Items on how physicians communicate were prepared based on OPTION (Elwyn et al., 2005). After confirming that a match between patients’ preference and perceived DM makes a difference in patients’ satisfaction (t=-2.8395, df=235.333, p-value=0.004914), (1) multiple structural equation models were built, and a model with more appropriate goodness of fit indices was selected (Chi-square=91.777 [df=67], AIC=9197.490, CFI=0.991, RMSEA=0.029). (2) Using this model, multi-group analysis was conducted between matching and non-matching DM patients.

Results:
The selected model of measurement equations (a)(b) and structural equations (c)(d)(e). (Factor loadings of (a) and (b) are omitted for space limitation. [Coefficient of matching DM / non-matching DM])

(a) How-to-communicate is constructed based on items from OPTION.
(b) What-to-communicate is constructed based on items for communication contents, such as necessity, side effects of chemotherapy.
(c) Satisfaction &lt; [0.473/0.413] * Understanding + [0.253/0.318] * how-to-communicate + [0.312/0.311] * Effects what-to-communicate
(d) Understanding &lt; [0.899/0.831] * what-to-communicate
(e) Effects &lt; [0.979/0.451] * what-to-communicate

01E.3 Investigating a Training Supporting Shared Decision-Making (IT’S SDM): Multiperspective results from a multicenter RCT

Monday, 29 September 2014: 10:30 - 10:45; Room: E105/6

Title: Investigating a Training Supporting Shared Decision-Making (IT’S SDM): Multiperspective results from a multicenter RCT

Authors:
Liethmann, K (Katrin); Kasper, J (Jürgen); Geiger, F (Friedemann)

Presenter:
Liethmann, K (Katrin)

Introduction:
A compact training for doctors to involve patients into the process of medical decision-making has been developed with particular regard to feasibility to the doctors’ clinical reality. The study aims at demonstrating effects on doctors’ communication competence and on shared decision-making (SDM) in the doctor-patient-dyad.

Methods:
The training includes a video tutorial, a corresponding manual, and two face to face feedback sessions referring to consultation records by each participating doctor. Training is provided at doctors’ clinical workplace as two highly condensed units not exceeding 15 minutes. The training was piloted in conference workshops. Next, 10 doctors (N=40 consultations) were trained in a cohort study. Communication performance of doctors, patients and doctor-patient-dyads was assessed by trained observers and by the parties themselves using the MAPPIN’SDM approach. Training effects were determined using pre-post Wilcoxon tests. In a questionnaire, doctors judged the program’s feasibility. A slightly revised training with intensified feedback was tested in a multicenter RCT with a waiting control group (40 doctors, 160 consultations). Involvement was measured using the MAPPIN’SDM based compound measure SDM-MASS including objective involvement (observer), involvement as perceived by the patient, and concordance of doctor and patient regarding their communication. Training effects are analyzed using t-tests.

Results:
Participants considered the training feasible, motivating and supportive to acquire SDM skills. They especially valued the face to face feedback. Communication improved in the cohort study according to observers’ ratings of doctors and of the doctor-patient-dyads (p=0.05, .07) and according to doctor questionnaires (p=.02). No improvement was observed on and from patients’ side (p=.11, p=.87). Using the optimized training in the RCT, improvement of the communication in both groups was even higher according to observers’ MAPPIN’SDM ratings of doctor, patient and dyad (p&lt;0.01). Analysis of the primary endpoint (SDM-MASS) for the RCT is in progress.

Discussion:
The training is designed appropriately to clinicians’ needs. Improvement of risk communication after such a short training is encouraging, even more as also patients’ activity increased through a doctor-focused training. To our knowledge, this is the first RCT being analyzed with a compound measure like SDM-MASS integrating doctor, patient and observer ratings of SDM.
Discussion:
Using SEM techniques, this study demonstrated that what-to-communicate (the amount of information that patients can obtain) plays a significant role in patients' satisfaction, understanding, and especially evaluation of the treatment effects for matching SDM in chemotherapy. How-to-communicate based on OPTION is another factor contributing to patients' satisfaction, but it does not affect the factors of understanding or what-to-communicate.

01E.5 Patient-reported measurement of shared decision making: The development, validation, and pilot implementation of CollaboRATE
Monday, 29 September 2014: 11:00 - 11:15; Room: E105/6

Title:
Patient-reported measurement of shared decision making: The development, validation, and pilot implementation of CollaboRATE

Authors:
Thompson, Rachel; Elwyn, Glyn

Discussion:
The lack of a generic, valid, scalable, patient-reported measure of shared decision making has been a persistent barrier to monitoring and increasing shared decision making in routine health care. We set out to develop, validate, and pilot test CollaboRATE, a brief, patient-reported measure of shared decision making.

Methods:
First, we co-developed CollaboRATE via cognitive interviews with 27 adults in a rural hospital setting in the United States. Second, we assessed the psychometric properties of CollaboRATE in an online study of a representative sample of 1,341 adults in the United States. Participants were randomly allocated to view one of several animated doctor-patient encounters featuring different levels of shared decision making. Participants were instructed to imagine themselves as the patient and complete CollaboRATE and two other measures of shared decision making. A subsample was re-surveyed one to two weeks later, where they again viewed an animated encounter and completed CollaboRATE. We assessed the discriminative validity, concurrent and divergent validity, sensitivity to change, and intra-rater reliability of the measure. Third, we partnered with a diverse network of clinical teams in the United Kingdom for a pilot implementation of CollaboRATE in real world clinical settings.

Results:
We developed a three-item measure of shared decision making that could be understood by patients and completed in less than one minute. The measure demonstrated discriminative validity, concurrent validity, sensitivity to change, and test-retest reliability under controlled conditions, but did not demonstrate divergent validity. In pilot implementation, we have administered the measure to more than 4,000 patients via a paper survey completed upon exit from the clinical encounter. Only minimal missing data (1.5%) has been observed, suggesting the acceptability of the items to patients. The measure has also demonstrated considerable variability in the level of shared decision making across different clinical teams, suggesting the absence of ceiling effects in measurement.

Discussion:
We have been able to develop a brief, patient-reported measure of shared decision making that can be understood by patients, has demonstrated validity and reliability under controlled conditions, and can be implemented in the clinic. Further psychometric assessment of CollaboRATE in real world settings is now required.

01F.2 Verbal and Nonverbal Communication of Concerns in Older Adult and Physician Clinical Encounters
Monday, 29 September 2014: 10:15 - 10:30; Room: E107

Title:
Verbal and Nonverbal Communication of Concerns in Older Adult and Physician Clinical Encounters

Authors:
Gorawara-Bhat, RGB (Rita); Hafskaio, LH (Linda); Dethmers, DLD (David); Gulbrandsen, PG (Pål); Sundling, VS (Vibeke); Eide, HE (Hilde)

Discussion:
The verbal dimension of clinical communication encapsulates informational components while nonverbal dimensions embody socio-emotional facets. Thus, nonverbal elements are critical for empathic care. Most studies have examined verbal and nonverbal aspects of communication independently of each other. The present research examines the joint unfolding of verbal and nonverbal aspects to better understand their role in the ways older-patients’ communicate cues/ concerns. Nonverbal dimensions coded include eye contact (EC), touch, smile, lean-forward and interpersonal
distance, angle of interaction, height difference and barriers between physician and patient. Verbal dimensions coded are patient cues/concerns and provider responses.

Methods:

- The study sample is extracted from the AHUS dataset. Of 89 available older-patient (≥65 years) physician videotapes, 26 were deemed suitable for detailed analysis because of limited observable EC of physicians and patients in other tapes. These were categorized into three age groups: Group 1: (65-74 years), N=10; Group 2: (75-84 years), N=13; and, Group 3: (85+ years), N=3. A small sample (N=9), comprising 3 tapes from each of the three groups, is used for this pilot study.

- Nonverbal dimensions are coded using the Nonverbal Dimensions in Doctor-Olderly Patient Transactions (NDEPT) tool. Verbal dimensions are coded using Verona Coding Definitions of Emotional Sequences (VR-CoDES). Verbal and nonverbal analyses are overlaid to explore any conjoint emergence of recurring patterns for patients’, physicians’, and patient-physician communication.

Results:

- EC emerged as a salient nonverbal dimension with physicians and patients making direct EC during almost the entire duration of the encounter – 82% and 90% across the three age groups. Physicians made more EC with patients ≥75 years (Groups 2 and 3) compared to younger patients (Group 1) – 80% versus 58%; patients EC averaged 90% in both groups. Early results of overlaying verbal and nonverbal dimensions show that when physicians invoke nonverbal dimensions (EC, touch, smile, and removing physical barriers between physician and patient) in encounters, the symbolic stance acts to provide an “empathic space” and leads patients to express their socio-emotional concerns either verbally and/or nonverbally.

Discussion:

- Physicians’ invoking of nonverbal dimensions in communication can help patients express their deepest emotions and make encounters more patient-centered.

01F 3 The communicative power of touch in the patient-physiotherapist Interaction

Monday, 29 September 2014: 10:30 - 10:45; Room: E107

Title: The communicative power of touch in the patient-physiotherapist interaction

Authors: Hiller, A (Amy); Delany, C (Clare); Guillemin, M (Marilys)

Presenter: Hiller, A (Amy)

Introduction:

Touch is an integral part of physiotherapy practice. There has, however, been minimal inquiry into the communicative role of touch in the patient-physiotherapist interaction, especially in the private practice setting. This exploratory research aimed to answer the question ‘how do physiotherapists and their patients interact in private practice?’ The use of touch emerged as a prominent theme.

Methods:

- This qualitative research utilised predominantly ethnographic methodology. Eight physiotherapists and their patients from two physiotherapy private practices in Melbourne Australia were the research participants. Data collected consisted of participant observation and concurrent audio-recording of fifty physiotherapy treatment encounters. Subsequently, eighteen individual in-depth interviews with both physiotherapist and patient participants were undertaken. Field notes and transcribed audio-recordings were collated and data was analysed using thematic analysis.

Results:

- The use of touch was an important and powerful feature of these interactions. Unsurprisingly, touch has a central role in achieving technical aspects of physiotherapy treatment such as specifying the location of symptoms, guiding and feeling movement and performing manual treatment techniques. Additionally, however, this research highlighted that physiotherapists working in private practice use touch to enhance other communicative aspects of the treatment encounter. Touch was used to demonstrate care, empathy and to provide a sense of supportive connection and reassurance.

01F.4 Behavioral Manifestations of Race-based Attitudes in Oncology Clinic Visits: A Pilot Test of a Nonverbal Communication Coding System

Monday, 29 September 2014: 10:45 - 11:00; Room: E107

Title: Behavioral Manifestations of Race-based Attitudes in Oncology Clinic Visits: A Pilot Test of a Nonverbal Communication Coding System

Authors: Hamel, Lauren M.; Eggly, Susan; Tkatch, Rifky; Hudson, Janelia; Penner, Louis A.; Chapman, Robert; Albrecht, Terrance L.

Presenter: Hamel, Lauren M.

Introduction:

Patient and physician race-based attitudes (e.g. physician bias; patient distrust) affect perceptions of communication in racially discordant clinical interactions. Race-based attitudes are likely expressed and reinforced through nonverbal/paraverbal behaviors, and the Communication Accommodation Theory suggests that individuals’ nonverbal/paraverbal behaviors reflect relational convergence/divergence over time in interpersonal interactions. However, prior research has not related nonverbal behaviors and health outcomes, in part because most coding systems neglect nonverbal behaviors. We pilot-tested a coding system designed to determine the frequency, duration, changes across time (i.e. throughout the visit), and relationships among patient and physician nonverbal behaviors in racially discordant clinical interactions.

Methods:

Data were 10 video-recorded clinic visits randomly selected from a larger study of communication and Black-White cancer treatment disparities. Five one-minute slices from each visit were extracted, randomized, then coded by two trained coders (N=50 slices). Behaviors were selected based on the research literature and community members’ input. The coding system assessed frequency/duration of gaze, body lean, body orientation to the other, body openness, talk; and frequency of smiles, laughter, and continuers. Repeated measures ANOVAs analyzed change in behaviors across the visit; Pearson correlations analyzed relationships among behaviors.

Results:

Regarding change in behaviors across time, we found physicians oriented less frequently (p<.04) and increased their duration of leaning in (p=.04) and talking (p=.01); patients and physicians talked less frequently (p=.001; p=.005); and patients increased in duration of body orientation (p=.05). Regarding relationships among behaviors, we found positive relationships between frequency of physician gaze and patient orientation (p=.003), frequency of physician and patient orientation (p<.001), frequency of physician and patient openness (p<.001), and duration of physician talk and patient gaze (p=.003). We found negative relationships between duration of patient and physician orientation (p=.04) and duration of physician gaze and frequency of patient talk (p=.03).

Discussion:

The coding system can determine the frequency, duration, change in behavior and relationships among patient and physician nonverbal
behaviors in racially discordant clinical interactions. Next we will apply this system to a larger data set, assess relationships between race-based attitudes and nonverbal behaviors, determine to what extent behaviors converge/diverge throughout the visits, and link nonverbal behaviors to health outcomes.

01F.5 Seeing speakers’ gestures can help people to understand their pain

Monday, 29 September 2014: 11:00 - 11:15; Room: E107

Title: Seeing speakers’ gestures can help people to understand their pain
Authors: Rowbotham, S; Holler, J; Wearden, A; Lloyd, DM
Presenter: Rowbotham, S

Introduction: Pain is a frequent feature of medical consultations, and needs to be communicated effectively if appropriate treatment and support are to be provided. However, patients struggle to verbalise their pain, and pain descriptions are subject to misinterpretation. Recent research has revealed that co-speech hand gestures often contain information about pain that is not contained in the accompanying speech (e.g. location, sensation, and cause). The present study explores whether recipients are able to use this gestural information to enhance their understanding of the sufferer’s pain experience.

Methods: Participants (n = 30 per condition) viewed 20 short video clips (mean length = 7.5 seconds) of pain descriptions under one of three presentation conditions: 1) Speech Only, 2) Speech and Gesture, or 3) Speech and Gesture plus Instruction (a short presentation, prior to the video clips, explaining the types of pain information co-speech gestures can depict). Following each clip, participants provided a free-text description of the pain that had been described. The primary analysis assessed whether participants’ descriptions contained any information that had been uniquely represented in gestures in the original clips.

Results: Participants who had received instruction in co-speech gestures (Speech and Gesture plus Instruction condition) obtained the most information from gestures, while those who did not have access to gestures (Speech Only condition) obtained the least. There were no differences in the amount of information obtained from speech across the conditions, suggesting that having access to gestures does not have any detrimental effect on the amount of information picked up from speech.

Discussion: These results suggest that attending to the speaker’s gestures during pain communication can increase the amount of information that recipients are able to obtain about this subjective experience. These findings have important implications for communication in medical settings, suggesting that health care professionals may benefit from training in co-speech gestures in order to enhance their understanding of patients’ pain experiences.

01G: Re-conceptualizing language differences: Methodological and pedagogical opportunities from analysis of clinical dialogues

Monday, 29 September 2014: 10:00 - 11:30; Room: E108

Chair: Jennifer Gerwing, Akershus University Hospital, Health Services Research Centre, Lørenskog (Norway)
Discussant: Arnstein Finset, Dept. of Behavioural Sciences, Institute of Basic Medical Sciences, University of Oslo (Norway)
Symposium overview
Health care practitioners and patients with different linguistic and professional backgrounds may articulate and understand symptoms, instructions, and treatment plans differently. Difficulties securing mutual understanding may risk patient health outcomes. Using rigorous, process-oriented research methods, this symposium poses challenges and solutions through analysis of video- or audio-recorded clinical dialogues.

Presentation 1
Differentiating patient understanding for newly prescribed medications in primary care
Christopher J. Koenig, University of California, San Francisco
4150 Clement Street, 116F, San Francisco, CA 94121 USA; Christopher.Koenig@ucsf.edu

Main research question:
How can primary care physicians gauge patients’ understanding for instructions of a newly recommended medication?

Methods:
Conversation analysis is used to analyze 100 video-recorded visits between physicians and patients for verbal and embodied aspects of instruction giving and reception.

Results:
Findings show a basic difference between claims and displays of patient understanding. Whereas claims are merely verbal receipts, displays can employ both verbal and embodied responses to demonstrate understanding.

Conclusion:
Displays can help physicians effectively monitor patient understanding.

Presentation 2
Repetitions of clinical decisions in hospital encounters with non-native speaking patients
Eirik Hugaas Ofstad, Institute of Clinical Medicine, Akershus University Hospital, Mail drawer 95, Akershus University Hospital, 1478 Lørenskog, Norway; eirikofstad@gmail.com
Anne Marie Landmark Dalby, HFKH, Research Centre, Akershus University Hospital, Lørenskog, Norway;
Pål Gulbrandsen, Institute of Clinical Medicine, University of Oslo/Akershus University Hospital, Oslo/Lørenskog, Norway

Main research question:
How does clinical decision making differ in encounters with non-native-speaking patients?

Method:
We combined the Decision Identification and Classification Typology for Use in Medicine (DICTUM) with conversation analysis to analyze 380 videotaped hospital encounters (29% non-native-speakers).

Results:
Across cases, physicians repeated decisions on average 5 times but increased to 10X with non-native-speaking patients. Patient uncertainty and resistance elicited physician repetitions.

Conclusion:
Physicians may reformulate decisions to assist with patient understanding and address resistance towards proposed treatments or procedures.

Presentation 3
Language mismatches in emergency calls
Claire Penn, Jennifer Watermeyer, Kevin Whitehead, Rhona Williams; University of the Witwatersrand; P Bag 3, WITS, 2050, South Africa; Claire.penn@wits.ac.za

Main research question:
Most clinical interactions in South Africa take place across linguistic boundaries. How are language mismatches managed in a corpus of emergency services calls?

Methods:
Conversation analysis of opening turns in over 100 calls revealed that callers sometimes indicate a preference for a language other than English

Results:
Several call taker response types were observed, with different implications for call progression and efficiency.

Conclusion:
We will discuss the implications of these findings for training call takers in multilingual contexts.

Presentation 4
Letting the caller break the silence: Effect on instructions in simulated calls with non-native speakers
Jennifer Gerwing, Oslo University Hospital, Norwegian Centre for Minority Health Research (NAKMI), Oslo universitetssykehus HF, Ullevål, Bygg 37 A, 0407 Oslo, Norway; jennifer.gerwing@nakmi.no; Meredith Allison, Elon University (North Carolina, USA)

Wassame Ali, NAKMI (Oslo, Norway)
Main research question:
In emergency calls, language barriers risk patient safety. After operator instructions, caller silence signals trouble understanding. Who takes the next turn, and to what effect?
Method:
Using 17 videotaped unscripted, simulated instruction dialogues involving language barriers, we analysed turn uptake after caller silence.
Results:
When operators allowed callers to break the silence, callers were enabled to signal trouble sources precisely; operators repaired instructions to fix the trouble.
Conclusion:
Health care professionals might increase patient understanding by tolerating silence

01H: Soliciting Patient's Goals
Monday, 29 September 2014: 10:00 - 11:30; Room: Elicium D403

Presentation 1
The Value of Soliciting Patient's Goals
Alice Beckman, Albert Einstein School of Medicine; Bronx, NY. aleicbman@gmail.com
Ms. Beckman will present a brief narrative demonstrating the value of soliciting patient’s goals in establishing a therapeutic plan with patients. Ms. Beckman, a second year medical student in New York City will solicit goal related experiences from symposium participants to anchor the symposium in a grounded approach.

Presentation 2
Goals of Upstate NY Patients Discharged from Hospital for Chronic Medical Conditions
Howard Beckman, MD, University of Rochester School of Medicine and Dentistry, Rochester, NY. hbeckman@rochester.rr.com
Dr. Beckman will present the 1300 patient goals from his group's work with recently discharged patients. He will discuss the importance of training in goals solicitation and the effect of not standardizing solicitations. That leads to the observation that some "goals" are actually objectives. The implication is that solicited objectives unconnected to actual goals is common and contributes to the observed lack of patient motivation to improve medically oriented "shared" decisions.

Presentation 3
The Evolution of the Two-Step Method to Solicit Patient Goals
Marjolein van de Pol, MD, PhD-student, Radboud University Medical Center, Nijmegen, the Netherlands.
Dr. van de Pol will discuss methods to solicit goals and her group's research experience that led to the creation of their two step method that involves an open ended question followed by questions using a bubble diagram. The first experiences with the two step method and its consequences for goal domains and goal specificity will be presented.

Presentation 4
Goals Generated in a Geriatric Setting Using the Easycare Methodology
Marijke Perry, MD, PhD, Post-Doctoral Scholar, Radboud University Medical Center, Nijmegen, the Netherlands.
Dr. Perry will present her group's data on the goals generated from their research on the Easycare instrument, a geriatric assessment used in primary care. This questionnaire contains one goal setting item in the form of an open-ended question. 162 goals were classified according to the taxonomy of Borgardus (domain, specificity, time frame and level of challenge). These data will be supplemented with up to 2000 goals collected in two recent studies. She will close the session by leading a discussion about how participants will use this information in teaching, researching or practice.

01J: The introduction of the computer into the consultation: implications for medical education
Monday, 29 September 2014: 10:00 - 11:30; Room: Elicium D404

S Quilligan, D. Swinglehurst
University of Cambridge, UK & Barts and the London School of Medicine and Dentistry, UK

Rationale
Clinical communication teachers need to understand and quickly respond to the implications for undergraduate and postgraduate medical education of the widespread use of electronic patient records (EPRs) in the clinical consultation. This workshop will discuss what is known about how the EPR shapes consulting practices drawing upon research and personal experiences and consider how we can address the use of the computer within the consultation in our teaching.

Objectives
After participating in this session participants will be able to: 1) describe ways in which the EPR shapes consulting practices; 2) discuss the communication opportunities, challenges and constraints afforded by the use of EPRs in the consultation; 3) design a teaching session having considered both what and how we should be teaching about the EPR in the consultation.

Session format/activities
1. In groups of 5 write on flip chart the key challenges to using and, teaching about using, the computer in the consultation. Share flip charts.
2. Brief review of how the EPR shapes consulting practices drawing on a range of research.
3. Watch video recordings of simulated clinical consultations recreated from ethnographic data.
4. Small groups to identify some of the communication challenges and opportunities presented by the EPR in the videos and ways in which this might be addressed in teaching.
5. Each group to give a summary presentation to the large group
6. Evaluation used to identify learning from workshop that participants plan to incorporate into their teaching and what will be needed to make this happen.
01K: Peer-Led Discussion Modules: Introducing Concepts of Empathy in Inter-professional Communication in Healthcare

Monday, 29 September 2014: 10:00 - 11:30; Room: Elicium D408

Claire Sauvé; Vancouver Community College, Centre for Continuing Studies

Rationale
Evidence shows that inter-professional shared learning models and small-group learning are more effective than didactic teaching for development of communication skills. Furthermore, empathic and mindful communication practices have been shown to prevent and cure burnout amongst healthcare workers, while team check-ins can have positive impacts on workplace morale and patient safety.

In 2011, the author co-developed five Peer-Led Discussion Modules (titled Peer-Led Group Interactions) with the Physician Health Program of BC. These educational tools have been popular with medical trainees and practising physicians around the province since then. In 2013, at the Centre for Continuing Studies of Vancouver Community College, they were adapted to reach an inter-professional healthcare audience.

Objectives
By the end of the session, participants will:
- Discuss literature evidence that supports inter-professional shared learning models and small-group learning as best practices for communication skills,
- Recognize Peer-Led Discussion Modules as a viable model for introducing concepts of empathic communication in an inter-professional healthcare setting,
- Participate in a Module on Empathic Reflection, an important aspect of self-care and care for others,
- Understand curriculum design and delivery aspects of the Module, and
- Give examples of further possible topics for the Modules.

Session format/activities:
In this workshop we will explore a model of introducing concepts of empathy, compassion and mindfulness practice in brief, simple-to-plan and deliver modules: Peer-Led Discussion Modules. These modules are released under a Creative Commons License; they are free to use and adapt by any parties interested in teaching communication skills to healthcare workers.

The group will first participate in the Peer-Led Discussion Module on Empathic Reflection, experiencing the module first-hand. Next, we will examine the curriculum design and delivery framework of the module, breaking it into adaptable building blocks. Finally, we will discuss the other topics that have been developed (Advocacy, Boundaries, Team Check-Ins, and Feedback), and collectively explore possible topics for future modules.

02A.1 Toward an Integrated Approach to Exploring the Private Written Reflections of Family Medicine Residents’ Writing

Monday, 29 September 2014: 12:00 - 12:15; Room: Forum

Title: Toward an Integrated Approach to Exploring the Private Written Reflections of Family Medicine Residents’ Writing
Authors: Duggan, A.P. (Ashley); Vicini, S.J., A. (Andrea); Shaughnessy, A.F. (Allen)
Presenter: Duggan, A.P. (Ashley)

Introduction: A growing body of research identifies reflection as an important part of medical education. Reflective practice during residency can promote self-directed learning, increase awareness of communication processes that can promote (or inhibit) relationship-centered care, and acknowledge experiences of growth, development, and flourishing as explicit goals that strengthen the development of biomedical competence. By evaluating experiences, new knowledge is integrated into existing knowledge structure through improved self-awareness. Reflective practice can allow for assimilating past events into a comprehensive understanding of what it means to provide care, to build relationships, to encourage patient partnership, and to react to the breadth of the human experience with patients. However, its complexity makes it difficult to capture the breadth of reflection using a single explanatory framework. This project proposes an integration of three different thematic explanations for reflective practice in physicians’ development.

Methods: We examine 756 open-ended reflective exercises completed by 24 family medicine residents over the course of one year. Analysis included a grounded theory approach to identify overarching themes such that explanations for human behaviour are grounded in the data. Thematic explanations were identified via iterative individual examination of the entire dataset and then through group consensus.

Results: Results provide evidence for three thematic explanations and elucidate the need to consider the explanations as complementary, interconnected processes. Thematic explanations include 1) metacognition and narrative as processes of moving from dependent to self-directed learning, 2) recognition of communication as the primary manifestation of partnership-building, relational processes, and shared decision-making, and 3) a presupposition that underlying the formation of the physician is an inner growth and integration of human flourishing as manifested in longings, desires, struggles, doubts, joys, and gratitude.

Discussion: We suggest that an integration of the three thematic explanations allows for comprehensive understanding of reflection as a cornerstone in the broader formation of the physician. Examples illustrate the three thematic explanations in isolation, and provide evidence for an integrated understanding of a fuller human experience by considering the three thematic explanations as co-occurring, reciprocal processes.

02A.2 “I am satisfied with...” – How do student derive a self-judgment about history-taking performance?

Monday, 29 September 2014: 12:30 - 12:45; Room: Forum

Title: “I am satisfied with...” – How do student derive a self-judgment about history-taking performance?
Authors: Wagner-Menghin, M (Michaela); Merrienboer, J van (Jeroen); De Bruin, A (Anique)
Presenter: Wagner-Menghin, M (Michaela)

Introduction: Students’ ability to accurately self-judge their performance is limited which impairs learning. Unfortunately, medical students often practice history-taking skills without external feedback so that they need to self-judge accurately to benefit from practice. Luckily improving self-judgment accuracy is possible, as has been shown in other domains like text comprehension. This research’s primary
objective is to translate and adapt a model for self-judgment of text comprehension to the field of history taking in order to develop ideas helping medical students to self-judge more accurately. The first research question we aim to answer is: How do students derive a self-judgment about their history-taking performance?

Methods:
This study’s descriptive design utilizes written reflections on video-recorded history-taking practice sessions with simulated patients (SPs). Material of 20 participants (2nd year medical students) was included following a stratified purposeful sampling plan (maximal variation in practical skills performance, displayed case, training group, SPs). Data were collected in a naturalistic setting as part of this cohort’s routine training in history taking (680 students/527 consent for study). The material was analyzed using directed content analysis, a qualitative technique classifying text into categories representing similar meaning, allowing the usage of existing theory to define initial coding categories (deductive category application). Results:

Students at this stage of training focus on three topics when self-judging their history-taking performance. Mostly they are concerned with quality of the communication process, next with quality and quantity of content covered, least with the interplay between process and content. As predicted by models of text comprehension, students use several cues they observe and experience in the situation to derive their self-judgments. Students reflecting on the interplay between process/skills and content obtained from the SP generally use a variety of observable verbal and nonverbal cues originating from themselves and from the patient, but also utilize their personal experiential cues (e.g. feelings) and actively relate to their knowledge about communication process skills.

Discussion:
Based on these results interventions are suggested helping students to focus on relevant cues when deriving self-judgments. Enhancing self-judgment accuracy may improve practicing of history taking in health care, thus improving communication in health care.

02A.3 Importance of role-model characteristics in film-aided education. Patient-centeredness and gender effects

Monday, 29 September 2014: 12:45 - 01:00; Room: Forum

Title: Importance of role-model characteristics in film-aided education. Patient-centeredness and gender effects
Authors: Csabai, M. (Marta); Nagy, T. (Tamás); Bálint, K. (Katalin)
Presenter: Csabai, M. (Marta)
Introduction: Video films have become a common technique used for the benefit of role-modeling in the education of health professionals. The purpose of our study was a systematic comparison about how the different properties of the role-model, such as patient-centeredness and gender influence the learning process. We compared male and female students’ responses to film-presented role-models that differed across patient-centeredness (positive vs. negative) and gender.

Methods:
Film scenes were chosen from an interactive tutorial software ‘Experiencing the Therapeutic Relationship’ (Csabai et al, 2010). The software contains exercises which are based on film scenes of professional-patient interactions, 4-5 minutes long each, performed by actors. The scripts of negative and positive (less and more patient-centered) role-models were created and balanced according to the Roter Interaction Analysis System (Roter and Larson, 2002). 29 university students (mean age = 23.6 years, 15 female) participated in the study. Participants commented on 4 film scenes and then answered open-ended questions which targeted the role-models’ mental state and processes. 116 responses were collected. Responses were transcribed with verbatim and segmented into units of utterances. We assessed the frequency of two main categories using content analysis: mentalization and judgment according to the gender of participants and of role-models.

Results:
Participants displayed a higher tendency to attribute mental states to negative role-models (M = 31.14, sd = 3.18 vs. M = 21.38, sd = 2.55). Increased mentalization with the negative role model was more pronounced in the case of gender mismatch with the role model. Female role-models (M = 29.53, sd = 3.18) induced more mentalization responses than male role-models (M = 23.00, sd = 2.47). Responses contained significantly higher occurrence of judgment responses then mentalization (t(28) = 2.5/2, p = 0.017).

Discussion:
The study highlighted the advantage of employing negative (less patient-centered) role-models besides positive ones in film-aided education since they seem to trigger more spontaneous mentalization. The high occurrence of judgment responses however, suggest that trainers should facilitate responses that increase emotional understanding of the role model. The ‘Experiencing the Therapeutic Relationship’ tutorial software helps users understand role-models’ behavior, as well as to analyze one’s own experiences of professional interactions.

02A.4 How do students’ communication skills develop over time in undergraduate medical education? A longitudinal analysis

Monday, 29 September 2014: 01:00 - 01:15; Room: Forum

Title: How do students’ communication skills develop over time in undergraduate medical education? A longitudinal analysis
Authors: Bachmann, C (Cadja); Roschlaub, S; Harendza, S; Scherer, M
Presenter: Bachmann, C (Cadja)
Introduction: Medical students at Hamburg University receive one video-documented interdisciplinary communication skills training (ICST) during their clinical rotations in year 3 to S. Since 2007, more than 2000 students have passed this training. In 2011, an educational research project for final year medical students was established. Students had the chance to participate voluntarily in the video-documented project focusing on communication and diagnostic skills. The aim of our study was to analyze the development of students’ communication skills longitudinally from ICST (t0) to final year (t1).

Methods:
Thirty final year students, eight male, participated in the educational research project at t1, Each participant conducted five 10-minutes video taped consultations with simulated patients, which were then matched to their communications from the ICST (t0; n=26). In total 176 video-consultations at 10 and at 11 were analyzed by two researchers (inter-rater-reliability >0.8) using validated rater checklists. Communication skills, empathy and patient-centeredness were assessed. Additionally, clinical reasoning and quality of the consultation were evaluated.

Results:
Global and individual student competencies and deficiencies were detected. While longitudinally students were able to enhance their differential-diagnostic history taking skills, communication skills of final year students remained below the expectations. Deficiencies were seen in structuring the consultations, in questioning techniques, in summarizing and in exploring the patient’s perspective. Longitudinally, empathy decreased significantly during clinical education. Additional results will be presented at the conference.

Discussion:
During clinical education medical students in Hamburg were able to improve their differential-diagnostic questioning techniques in history taking. Still, final year students at our university showed a decline in various skills and relevant deficiencies at the end of undergraduate medical education with regard to communication skills and patient-centeredness. Structured curriculum during clinical education could help to eliminate these deficiencies and to ensure that graduates leave university with adequate communication skills.
EACH International Conference on Communication in Healthcare Amsterdam September 28 to October 1, 2014

02A.5 Effectiveness of an online system featuring Standardized Patients for the practice and assessment of communication skills

Monday, 29 September 2014: 01:15 - 01:30; Room: E102

Title: Effectiveness of an online system featuring Standardized Patients for the practice and assessment of communication skills

Authors: Daetwyler, CJ (Christof); Novack, DH (Dennis)

Presenter: Daetwyler, CJ (Christof)

Introduction: At the Drexel University College of Medicine, we have 25 affiliated clinical sites – some several hundred miles away - that are involved in the clinical teaching. To assess how our students are doing without having them come in to our assessment center in Philadelphia, we developed WebPatientEncounter (WPE), a web-based system that facilitates remote encounters with live Standardized Patients followed by structured personalized feedback. Our system is being used at our own institution where every student has to undergo 4 WPEs (breaking bad news, contraception counseling, substance use, and completing our Post visit work at the Gift of Life Institute (GoLI) on organ donation counseling and at the Veterans Administration (VA) on contraception counseling.

Methods: Pre- and post-assessment surveys

Results: VA (N=53) topic: Contraception counseling. This study conducted by Rosalyn Scott with physicians from the VA in Chic.: • Change in Knowledge: after using the tool, 38% said that they know the matter now well, compared to 13% before; • Change in Skills: after using the tool, 42% said they know now how to counsel contraception use compared to 6% before; • Change in Comfort: after using the tool, 38% said that they are comfortable discussing contraceptive choices, compared to 13% before; GoLI (N=12): Family organ donation conversation. This study was conducted by Theresa Daly with organ donation counselors at the Gift of Life Institute in Philadelphia: • When asked about confidence levels in conducting family donation conversation AFTER using tool, 80% said Very Good to Good; • 80% reported Extremely to Very Satisfied when asked to rate his/her experience using the tool; • 80% reported the feedback received from the coach was Extremely to Very Valuable; • 58.5% reported that given a choice, they would elect Extremely to Very Likely WPE over the traditional face-to-face role play for practicing family conversations. Another 25% were Neutral, and only 16.66% would elect Extremely to Very unlikely using WPE over face-to-face encounters.

Discussion: Remote encounters with SPs followed by feed-back are an effective educational experience. Since the SPs can work it from their homes, it is easy to schedule at the convenience of the trainees.

02B.1 Effective communication in paediatric HIV: Lessons learnt from in-service training for South African lay counsellors

Monday, 29 September 2014: 12:00 - 12:15; Room: E102

Title: Effective communication in paediatric HIV: Lessons learnt from in-service training for South African lay counsellors

Authors: Evans, M C (Melanie)

Presenter: Evans, M C (Melanie)

Introduction: Despite its complexities, paediatric HIV counselling in South Africa is routinely carried out by ‘lay’ counsellors with limited and varied pre-service training. Measuring the quality of communication in a multilingual context is methodologically challenging and is a neglected area of research. This paper describes an in-service communication skills training study for adherence counsellors in a paediatric HIV clinic with the primary objective of deriving practical recommendations for multidisciplinary teams working with lay counsellors in a multilingual context. Furthermore, this research identifies verbal and non-verbal communication which changed after training and communication inhibitors that remained unchanged despite training.

Methods: Verbal and non-verbal communication were analysed pre-/ post-in-service training in twenty-two consultations between counsellors and caregivers over an 18 month period. The training comprised a two-day multidisciplinary workshop for fifteen healthcare workers (doctors, counsellors, nurses, pharmacists, social worker) followed by individual training for four counsellors. A turn by turn hybridised linguistic analysis based on conversational and discourse analysis methods was followed as this was culturally appropriate and sensitive to communication as a dynamic, two-way process.

Results: After the communication training, counsellors asked more open-ended questions, encouraged caregivers, provided simpler explanations of treatment regimens and checked understanding more effectively. In response, caregivers initiated more questions and openly discussed cultural beliefs. Counsellors were effective patient advocates and brought their own lifeworld experience to counselling interactions. Communication training allows for greater exploration of patients’ cultural beliefs and explanatory models, however it has limited impact in assisting counsellors with discussing disclosure, non-adherence and scepticism about biomedicine.

Discussion: There appears to be conflict between patient-centeredness and perceived desired medical outcomes in paediatric ART. The shared lifeworld between caregiver and counsellor is insufficient to overcome contextual barriers, specifically the lack of agency of women in South Africa and poor healthcare team cohesion. An awareness of the impact of context is critical to our understanding of communication and the role of counsellors within multidisciplinary teams. Practical recommendations are offered for multidisciplinary goal setting, use of metaphor and analogy, taboo topics, checking patient understanding, showing empathy and eliciting patient questions. Communication specialists are needed to work in clinical settings in paediatric HIV.

02B.2 What intercultural issues matter for physicians?

Monday, 29 September 2014: 12:15 - 12:30; Room: E102

Title: What intercultural issues matter for physicians?

Authors: Karger, Andre (AK); Lindtner-Rudolph, Heide (HLR); Mroczynski, Robert (RM); Ziem, Alexander (AZ)

Presenter: Karger, Andre (AK)

Introduction: Despite the fact, that there is growing evidence for the relevance of intercultural issues in medicine the implementation of intercultural curricula in medical education remain difficult. Theoretical assumptions from social and cultural sciences regarding the concept of diversity are not very well related to the needs of the targeted learners.

Methods: In an interdisciplinary qualitative research project semistructured interviews with 12 German physicians from different disciplines and settings and one focus group-interview were performed. Physicians were asked about relevant concrete clinical episodes with patients who had an different cultural background and about their opinion about and experiences with intercultural topics (professional interpreters etc.). Interviews were audiotaped, transcribed and analysed from 3 blinded raters. Content analysis was conducted on the theoretical background of grounded theory.

Results: Surprisingly there was a large contrast between the self-perception of the physicians and their perception of the patients with different cultural background. Physicians had a role-model of a good paternity, but described their patients as difficult and demanding. Specific interaction problems were seen in the responsibility of the
patients. Communication problems, uncertainty with different cultural standards and dealing with large family systems were the most common reasons for labeling a patient as difficult.

Discussion:
In rapport with the literature difficulties in communication and hostile attitudes towards different cultural backgrounds are relevant topics for intercultural medical education. The challenges and pitfalls in developing educational interventions for physicians will be discussed.

02B.3 Objective information, autonomous decisions?
Communicative and ethical aspects of health communication on preference-sensitive decisions.
Monday, 29 September 2014: 12:30 - 12:45; Room: E102

Title: Objective information, autonomous decisions? Communicative and ethical aspects of health communication on preference-sensitive decisions.
Authors: Sanders, José (M.); Meijman, Frans (J.); De Vries, Raymond
Presenter: Sanders, José (M.)
Introduction:
Professional health communication is mainly informative and non-directive, and is increasingly presented by means of decision-aids that support informed decision making in patients. However, many health care decisions are not objective and evidence-based, but subjective and preference-sensitive; examples are decisions on childbirth, health screening, vaccination, and palliative care. What communicative and ethical consequences can be discerned in such health communication contexts that advocate information and autonomy in patients?

Methods:
We combine insights from communication science (framing analysis) and communication ethics (bioethical analysis) to explore Dutch professional health communication texts on these issues and confront them with Dutch media expressions (both personal and journalistic discourse) on similar issues. Thus, we do not report empirical research, but present a conceptual-analytical study of an actual health communication situation in need of discussion and comment at present.

Results:
Professional health communication texts frame decisions as patients' own responsibility: it is "your choice", whereas media expressions frame decisions in terms of control/risk, safety/danger, and suffering: patients experience it as "the doctor's call", or at best a shared decision ("what would you do, doctor?"). This means that health communication implicitly departs from a value-free perspective, while media expressions explicitly depart from personally valued, shared perspectives. When preference-sensitive health issues are at stake, the professional norms of autonomy and information contrast with what, from a moral viewpoint, is considered as "good" communication.

Discussion:
In preference-sensitive issues, patients' value-free place is rapidly filled with powerful media images and narratives on risk, responsibility, and suffering. The bioethics of preference-sensitive issues presents itself not only in beneficial and damaging acts and results, but also in communicative acts that represent dominant cultural values such as safety/danger and autonomy/control which guide decisions in the direction of risk control and, subsequently, medical context and medical intervention: 'cure' has turned into 'cure'. Due to the increase of previously unknown or unnecessary health interventions in preference-sensitive contexts, decisions based on "objective" communication may not only endorse, but also endanger patients' autonomy. This development is relevant for health communication with various target groups, both in public health education and in doctor-patient interactions.

02B.4 Emotions in general practice: Cultural differences in the expression of emotional cues and concerns
Monday, 29 September 2014: 12:45 - 01:00; Room: E102

Title: Emotions in general practice: Cultural differences in the expression of emotional cues and concerns
Authors: Schouten, B.C. (Barbara); Schinkel, Sanne
Presenter: Schouten, B.C. (Barbara)
Introduction:
Although culture's influence on the expression of emotions is widely documented, little is known about ethnic minority patients' verbal communication of emotions in general practice. Furthermore, there is a dearth of research on cultural differences in patients' expression of emotional cues. Therefore, the aim of this study is to fill this gap in knowledge by comparing native-Dutch and ethnic minority patients' display of negative emotional cues and concerns in general practice. In addition, we investigated possible differences in physicians' responses to these cues and concerns.

Methods:
151 audio taped GP consultations were analyzed using the Verona Coding Definitions of Emotional Sequences (VR-CoDES) and the Verona Codes for Provider Responses (VR-CoDES-P). Before and after the consultation, patients (N Dutch = 82, N Turkish = 38, N Other ethnic minority = 31) filled out a questionnaire, assessing various background variables (e.g. language proficiency, cultural identification) and their perceptions of the communication process. Results: Turkish patients expressed more cues about their emotional distress than native-Dutch and other ethnic minority patients, in particular phrases emphasizing psychological or cognitive correlates of unpleasant emotional states, such as feeling tense or having problems with sleeping. Furthermore, Turkish and other ethnic minority patients who identified more with their culture of origin expressed more cues than those who identified more with Dutch culture, and GPs' reacted more often with non-explicit space reducing responses to these cues, such as giving advice in a generic way or ignoring the cue, to patients who identified more with their own than with Dutch culture. Both a higher frequency of patient cues and non-explicit GP responses were related to patients having a higher perceived need for additional information after the consultation. No significant associations were found with ethnic minority patients' language proficiency.

Discussion:
Patients' cultural and ethnic backgrounds influence the verbal expression of emotional cues during GP encounters. Moreover, GPs give ethnic minority patients who identify more strongly with their culture of origin less space to further disclose their emotional distress during the consultation than they give to ethnic minority patients who identify more with Dutch culture.

02B.5 Challenges in the communication between doctor and patient with different ethnic backgrounds: a realist review
Monday, 29 September 2014: 01:00 - 01:15; Room: E102

Title: Challenges in the communication between doctor and patient with different ethnic backgrounds: a realist review
Authors: Paternotte, E (Emma); Dulmen, A.M. van (Sandra); Lee, N van der (Nadine); Guedes Alvim, C (Cibele); Scherpier, A.J.J.A (Albert); Scheele, F (Fedde)
Presenter: Paternotte, E (Emma)
Introduction:
Due to migration worldwide, doctors see patients from many different ethnic backgrounds. This causes challenges for doctor-patient communication and the training of doctors. To develop training for doctors it is important to know what determines the quality of the communication, but a recent overview of these factors...
is missing. We therefore reviewed the literature for barriers and facilitators in the communication between doctors and patients from different ethnic backgrounds.

Methods:
A systematic search was done to find literature published till October 2012 using MEDLINE, EMBASE, PsycINFO, Cinahl and Cochrane and Education Resources Information Centre (ERIC). The terms used were related to intercultural communication and included cultural, ethnic, communication, healthcare worker and synonyms of these words. To get a broad overview, we included qualitative and quantitative studies with doctors as the main health care worker. We used a realist synthesis for this review, allowing us to use an exploratory focus to un-derstand the interplay of communication between doctor and patient in an ethnic cultural context.

Results:
One hundred and forty-four articles met the inclusion criteria. Barriers and facilitators in the communication between doctors and patients from different ethnic backgrounds were found on the macro-, meso- and micro level of the communication. They are derived from the level of both the patient and the doctor. Most barriers and facilitators were related to the role of the doctor and differences in ethnic culture or language. The main barriers hindering communication for the doctor were language differences and little knowledge of communication with ethnic different patients. Practice experience and a good doctor-patient relation were found to facilitate the communication. On the patient’s side, language differences and negative experiences were perceived as barriers. Knowledge of the medical system was a facilitator.

Discussion:
Differences in ethnic backgrounds between patient and doctor majorly influence the communication process. For doctors, the identification of barriers and facilitators will support them in choosing their communication strategy and thereby help them establish good quality of communication for this patient population. Moreover, the knowledge of the barriers and facilitators could inform the development of communication training for doctors.

02C.1 How well do Immigrant Certified Nursing Assistants communicate with nursing home patients?
Monday, 29 September 2014: 12:00 - 12:15; Room: E103

Title: How well do Immigrant Certified Nursing Assistants communicate with nursing home patients?

Authors:
Roter, Debra L; Massey, Meredith

Presenter:
Roter, Debra L

Introduction:
Certified Nursing Assistants (CNAs) perform the majority of hands-on care tasks in nursing homes and a significant and growing proportion of the CNA workforce worldwide are immigrants. Communication is central to CNAs ability to perform their tasks and contribute to the wellbeing of patients in long term care institutions. Despite its importance, few studies have observed CNA performance across the variety of common care challenges they routinely encounter.

Methods:
A convenience sample of 32 full-time immigrant CNAs were recruited to the study through flyers and word of mouth at a local community college. All had emigrated from Africa and 60% had been in the US for less than 3 years. Only 5 CNAs considered English to be their native language and as a group they spoke 19 African languages and dialects. The majority were female (77%) and the average age was 32 years. The CNAs were instructed to verbally respond to 9 care challenges (including patient loneliness, confusion, physical pain, a demanding family member) enacted by an actress and presented as short video clips of less than 1 minute embedded in a computer program. The program provided an orienting text prior to each clip and then automatically captured the CNAs response. The responses were analyzed for communication style using the Roter Interaction Analysis System (RIAS) and for spoken English proficiency by a trained linguist.

Results:
CNA responses averaged 3.6 minutes and attended almost equally to task-focused and socio-emotional aspects of communication. The single highest frequency category used by the CNAs was emotional responsiveness (24% of all statements). English language proficiency was more consistently associated with CNA’s medically-related responses than their emotional or psychosocial responses to the patients across the study’s care challenges.

Discussion:
CNAs are able to effectively respond emotionally to patients and their willingness to do so is regardless of their language ability. This finding is encouraging considering that CNAs are often the primary source of social contact for elderly nursing home patients and that the emotional connection that they establish with patients has been linked to decreased agitation and enhanced reports of wellbeing.

02C.2 Delivering video patient education from the EHR: A novel message channel
Monday, 29 September 2014: 12:15 - 12:30; Room: E103

Title: Delivering video patient education from the EHR: A novel message channel

Authors:
Goldman, SN (Shira N.); Brown, T (Tiffany); Persell, SD (Stephen D.); Patel, A (Alpa); Doan, C (Crystal); Cameron, KA (Kenzie A.)

Presenter:
Cameron, KA (Kenzie A.)

Introduction:
Alerts triggered in the electronic health record (EHR) often are used to improve quality of patient care. The EHR also provides an innovative channel through which to educate patients. We implemented a Best Practice Alert (BPA) for nurses, prompting them to show eligible patients an educational video about pneumococcal vaccination (PnVx) while waiting in the exam room for their primary care provider (PCP). We report on lessons learned from this implementation within an internal medicine clinic.

Methods:
We created a BPA with a team of programmers, clinicians, and communication experts. The BPA was designed to trigger for patients 65-66 years old with no documentation of PnVx receipt or refusal. Nurses received the BPA, at which point they were to launch an educational video from the EHR. After three months, we conducted interviews with nurses to gather feedback, and surveys with PCPs and patients to assess their perceptions toward the BPA and video.

Results:
We encountered several technical barriers in using the EHR to deliver education at the point of care. Additionally, to ensure EHR security and account for varied workflows, the BPA required several decision points prior to launching the video, which resulted in the video not being shown to many eligible patients. Despite these challenges, overall feedback was positive. Patients (n=40) liked watching an educational video in the room while waiting. PCPs (n=30) did not perceive a negative impact on their workflow or patient care. Nurses (n=10) had varying responses to the addition of the BPA; some felt it was a minor task benefitting patients, while others reported that it was bothersome.

Discussion:
At a site using multiple provider-directed alerts, implementing an EHR-based patient education video identified unanticipated obstacles. Numerous steps required to launch the video and the lack of a clinic-wide policy supporting this effort complicated the implementation. Although many nurses responded positively, others did not perceive point-of-care patient education as essential for improving quality. Further research is needed to understand how to involve the entire medical team and assess the impact of point-of-care patient education on uptake of preventive health services.

02C.3 Intervention program to develop personal and social skills: impact on interpersonal communication skills of nursing students
Monday, 29 September 2014: 12:30 - 12:45; Room: E103
Title: Intervention program to develop personal and social skills: impact on interpersonal communication skills of nursing students

Authors: Lopes, R.C. (Rosa); Rodrigues, R.M. (Rogério); Azeredo, Z.A. (Zaida)

Presenter: Lopes, R.C. (Rosa)

Introduction: In the last decade the development of social skills programs in college students has aroused special interest, not only the importance of preparing for the labor market, but mainly in the areas where significantly performance depends on the quality of professional-client relationship. Depth research in the areas of relational skills in nursing, social and personal skills and the implementation of programs intervention for developing these skills has led to the design, implementation and evaluation of an intervention program called “Care to know care” consists of 10 sessions (30 hours) issues (communication, emotions, listening, empathy, self-awareness, cooperation) with methodology is based on dynamic active (individual and group) and homework. The aim of this study was to evaluate the effectiveness of the intervention program developed.

Methods: Quasi-experimental study (approved by the Ethics Committee) with a random sample of 104 students in 2nd year of Degree in Nursing (Control - 42; Experimental - 62), the follow-up 6 months after the accomplishment of intervention program, coinciding with the end of the first Clinical Teaching (Fundamentals of Nursing). Instruments used to collect quantitative data from self-assessment (EACH-Demographic Questionnaire, Toronto Alexithymia Scale, Rathus Assertiveness Scale, Self-Concept Clinical Inventory, Help and Relational Skills Inventory) and hetero-assessment (Interpersonal Communication Assessment Scale).

Results: The results demonstrate the positive impact of the intervention on self-concept, assertiveness in alexithymia, relational skills help (including generic skills, communication skills and empathic skills) and interpersonal communication (including advocacy and to therapeutic use of self) both essential skills to the development of clinical teaching.

Discussion: Overall, the program “Care to know care” is an appropriate intervention for the development of self-concept, assertiveness and alexithymia, with implications for interpersonal relationships, empathy, the capacity for decision-effectiveness autonomy and problem solving, critical to the proper development of relational skills and interpersonal communication skills help in nursing.

Data consists of the total sample of all malpractice claimed calls reported within SHD (n=33) during 2003-2010. For technical reason, calls from four of the cases were not possible to retrieve. Matched control calls based on caller’s age, gender and reason for calling were collected from the call-databases at SHD. For three of the cases, it was not possible to find matched controls within the database. Hence, the present study consists of 26 cases and 26 matched controls calls. All calls were analyzed using the Roter Interaction Analysis System (RIAS) and comparative statistics.

Results: Male patients were in majority (n=16) and most common reason for calling were abdominal pain (n=7) followed by chest pain (n=6). Call length showed a mean of 5 min 50 sec (cases) and 5 min 30 sec (controls) and all calls were slightly provider driven. There was a statistically significant difference between cases and control as telenurses in the cases used less open-ended medical questions (p<0.001) compared to the control calls. Callers provided telenurses with more medical information within the control calls compared to the cases (p=0.001). Also did telenurses use more facilitation and patient activation activities, in the control calls (p=0.034), as well as back-channel response (p=0.001) compared to the cases.

Discussion: This study show how telenurses use of open-ended questions and use of patient activities strategies, such as back-channel response, seem to provide telenurses with more medical information. Hence, they get a better base for their clinical decision making. These communicative techniques, typical for patient centered communication, should be taught and used in clinical practice to increase safety within telephone advice nursing.

02D.1 "Unhurried Care". An e-module for physicians and allied health team members

Monday, 29 September 2014: 12:00 - 12:15; Room: E104

Title: Unhurried Care". An e-module for physicians and allied health team members

Authors: Argenio, SLA (Sandra); Z.A. Oldenburg, WAO (Andrew); Perdikis, GP (Galen); Veneziale, TV (Terni); Lipke, G (Grethen); Pantin, SAP

Presenter: Argenio, SLA (Sandra)

Introduction: Patients often report their physicians are too busy to listen to their concerns. Patient satisfaction data at Mayo Clinic reflected this perception. Our Communication in Healthcare faculty designs curriculum and delivers courses to improve communication skills for all providers. The faculty identified an educational opportunity and prepared an e-module addressing “Unhurried Care”. This is available to all 5500 employees.

Methods: The module includes actual patient comments about interactions with doctors or allied health who appeared hurried. The module includes two brief videos of a doctor and a simulated patient. In the first example, the doctor uses rushed words like “let’s take a quick look or exam” or “hop on over to the table for just a minute”. In the second example, the doctor uses untrashed phrases such as “I am going to do a thorough exam” or “we have this time together”. The e-module emphasizes the importance of unhurried body language such as sitting when visiting with a patient. The module also emphasizes the importance of establishing a connection with a patient, gathering important patient concerns, and prioritizing and negotiating a common agenda. The importance of empathy, respect, support and partnership in creating a connection and trust in a timely manner are highlighted. The module suggests avoiding the use of words and behaviors that create a perception of being hurried. Patients should appreciate this and the care-giver may feel less hurried.

Results: The e-module starts with a brief pre-test to assess the learner’s knowledge of patient’s perceptions of doctors’ behaviors. The e-module ends with a brief post-test to assess the intervention. The
module is available to all employees on the Mayo intranet. Patient satisfaction surveys will also be reviewed to assess the impact on patient perception of physician and allied health behaviors.

Discussion:
The e-module is self-timed and takes approximately seven minutes. It would be very appropriate for an oral presentation and discussion. The content is quite pertinent and can be immediately utilized by learners when they return to their practice homes. E-learning is a practical method to reach a large number of learners with a simple, clear message about improving communication skills.

02D.2 SHARING TRAINEE VISIT NOTES WITH PATIENTS: RESIDENT AND PRECEPTOR VIEWS
Monday, 29 September 2014: 12:15 - 12:30; Room: E104

Title: SHARING TRAINEE VISIT NOTES WITH PATIENTS: RESIDENT AND PRECEPTOR VIEWS
Authors: Bell, SK; Crotty, B; Anselmo, MK; Clarke, DH; Elmore, J; Green, JA; Klein, JW; Leveille, S; Mejilla, R; Oster, N; Stamey, R; Walker, J
Presenter: Bell, SK
Introduction: OpenNotes is a national initiative inviting patients to read visit notes through a secure online patient portal. Patients and faculty-level physicians report positive experiences with shared notes, but little is known about the potential impact of shared visit notes on trainee education.

Methods: Surveys of internal medicine trainees and their preceptors at 3 training programs in Massachusetts, Pennsylvania, and Washington.

Results:
Response rate to the voluntary survey was 41% (134/324) for trainees, and 65% (36/55) for preceptors. Many (59%) trainees (T), and 81% preceptors (P) thought open notes was a good idea. While many trainees and preceptors believed it would increase patient education (83T%, 94P%), engagement (78T%, 97P%), safety (60T%, 83P%), and trust (64T%, 78P%), some also worried patients would be confused (59T%, 31P%) or overwhelmed by the amount of details in trainee notes (75T%, 47P%). In addition, both groups (40T%, 86P%) thought patients would find non-trivial errors in their notes, and 49% of trainees were concerned about how they would handle such errors. More preceptors (44%) than trainees (16%) anticipated open notes would improve their relationship with patients, although most (75T%, 56P%) reported no anticipated change. Only 12T%, but 44P%, thought open notes would enhance medical education (59T%, 50P% reported no anticipated change). Most (66%) trainees reported receiving note feedback at few or no clinic sessions (22% at some, 12% at most or all), and 60% desired more such preceptor feedback. When asked about patient feedback on notes, 77% of trainees believed it would help them understand how well they were communicating with patients, and 62% reported it would enable them to provide more effective care; 72% of preceptors thought patient comments would help them provide trainees with better feedback.

Discussion:
Trainees and preceptors anticipated several patient, educational, and relational benefits from open notes. Both groups cited some concerns, including overwhelming patients, and their finding mistakes in notes. Only a small minority of trainees reported routine preceptor feedback on notes, signaling the need for more robust feedback systems. Trainees and preceptors were supportive of patient feedback about notes, inviting new opportunities for medical education.

02D.3 I’ve got a question... Telephone counselling on screening procedures in Germany: is it evidence-based?
Monday, 29 September 2014: 12:30 - 12:45; Room: E104

Title: Telephone counselling on screening procedures in Germany: is it evidence-based?
Authors: Albrecht, M; Kasper, J; Mühlhauser, I; Isenbeck, F; Steckelberg, A
Presenter: Albrecht, M
Introduction: Screening for various diseases is increasingly promoted. However, evidence-based information is rarely provided. In Germany, the quality of telephone counselling on health issues is poorly investigated. Objective: The present study analysed the content and presentation of information that counsellors share with persons seeking advice about benefits and harms of different screening procedures.

Methods: Telephone survey from July 2013 to January 2014 including the patient counselling services of the Independent Patient Counselling Service Germany, National Association of Statutory Health Insurance Physicians, State Chambers of Physicians, and confessional counselling centres (n=570). Evidence-based scenarios with standardized queries on colon cancer screening (scenario 1), glaucoma screening (scenario 2), and amniocentesis (scenario 3) were developed, and pre-tested with experts in the field. Trained students acted as surrogate clients and conducted the telephone inquiry related to the different screening procedures. Questions addressed risk of disease, quality of diagnostic tests, benefit, harm, the underlying source for the information, and additional information resources. Responses were documented on a standardized data collection sheet. Two authors independently coded the data, disagreement was solved by discussion. Answers were coded as correct if information was based on the best available evidence and presented according to the principles of risk communication. Data coding and entry was blinded.

Results:
184 counselling sessions were completed (scenario 1 n=35, scenario 2 n=35, scenario 3 n=114, counsellors n=135, institutions n=115). Institutions without telephone counselling service (n=394), with focus on psychosocial counselling (n=29), and institutions that were unavailable (n=32) were excluded. Counsellors provided correct answers for risk of disease (3/35), quality of diagnostic test (4/35), benefit (1/35) and harm of screening (0/35) for scenario 1; risk of disease (9/35), quality of diagnostic test (1/35), and benefit of screening (13/35) for scenario 2; risk of disease (19/114), quality of diagnostic test (54/114), and harm of screening (73/114) for scenario 3, respectively. In 176 out of 184 sessions additional information resources were provided ranging from internet search engines to evidence-based resources.

Discussion:
Currently, telephone counselling services in Germany do not provide evidence-based information presented according to the criteria of evidence-based health information. Training in evidence-based medicine and risk communication is needed.

02D.4 Does healthcare benefit from online communication? The impact of computer-mediated doctor-patient interactions
Monday, 29 September 2014: 12:45 - 01:00; Room: E104

Title: Does healthcare benefit from online communication? The impact of computer-mediated doctor-patient interactions
Authors: Kanters, S.; Antheunis, M.L.; Nieboer, T.E.; Tates, H.
Presenter: Kanters, S.
Introduction: The emergence of eHealth provides doctors with new ways to communicate with their patients, for example via online applications (e.g., Eng, 2001; Katz & Moyer, 2004). There is extensive research on computer-mediated communication (CMMC, e.g., Antheunis, Schouten, Valkenburg, & Peter, 2012) and we also know that the effectiveness of doctor-patient communication importantly determines patients’ satisfaction and well-being, but how computer-mediated doctor-
patient interactions impact healthcare remains a timely and critical, yet unanswered question to the quality of healthcare. A few studies already investigated CMC between doctors and patients, but focused on long-term effects, such as planned savings in costs or increases in efficiency brought by technology. To fully understand how and why these long-term effects can occur, insight in communicative behavior is necessary. Therefore, the aim of this study is two-fold: 1) examining the differences in communicative behavior between text-based CMC, audiovisual CMC, and face-to-face doctor-patient interactions, and 2) examining how these differences affect doctors' and patients' satisfaction with the consultation.

Methods:
For this study, we have recruited 30 interns and 3 simulated patients. Simulated patients are well-established in medical communication research, as they ensure high experimental control over the conditions. One intern and one simulated patient participated in a consultation on hysterectomy. The consultation took place in one of the three communication conditions: text-based CMC, audiovisual CMC, or face-to-face. All interactions were recorded and logged. Afterwards, both participants filled out a questionnaire that addressed patients' and interns' perceived communicative behavior, and satisfaction with the medium and consultation. Furthermore, actual communicative behavior during the consultations was coded according to the RIAS coding system. The interns participated in all three conditions, in a random order.

Results:
The results will be discussed in terms of the impact on society, and healthcare in particular. If this study shows that the quality of care decreases because of CMC, we should be careful with ehealth and the enthusiasm about applications for online doctor-patient interactions. However, once CMC can for example reduce costs, while having the same or an improved impact on patient and doctor-related endpoints, ehealth can be seen as a solution for the increasing demand in healthcare.

Discussion

02E.2 The perspectives of patients and physicians on health care for patients suffering from mental illness.
Monday, 29 September 2014: 12:15 - 12:30; Room: E105/6

Title:
The perspectives of patients and physicians on health care for patients suffering from mental illness.

Authors:
Lavie-Ajaiy, M (Maya); Gal, G (Glad)

Presenter:
Lavie-Ajaiy, M (Maya)

Introduction:
Patients suffering from severe mental illness are at increased risk of premature death as a result of co-morbid somatic conditions. Despite this heightened risk, studies show that patients suffering from severe mental illness experience inequities in their health care, inequities which constitute an important factor of "the scandal of premature mortality". The shift from hospital-based to community-based psychiatric services has increased the role of primary care in the management of the health of patients suffering from severe mental health. It was our aim to explore the experience of both providing and receiving primary care, from the dual perspectives of physicians caring for and patients suffering from severe mental illness, in order to understand the factors that influence the quality of health care that these patients receive.

Methods:
We conducted 15 in-depth semi-structured interviews with patients suffering from severe mental illness, and ten interviews with physicians caring for patients in these circumstances. We recruited, through physicians and psychiatrists, patients suffering from schizophrenia or bipolar disorder and above the age of fifty, or suffering from chronic illness. In recruiting participants, we sought to ensure variability among patients in terms of mental illness, age, gender and economic status. Interviews focused on the subjective experience of the physicians and the patients of the interaction between them. We analysed the data using a thematic analysis, in order to identify the main factors that influenced the interaction between physicians and patients, from both perspectives.

Results:
There were a wide range of experiences of receiving or giving primary health care in these circumstances. These experiences were influenced by three factors: 1. The characteristics of the mental illness, including the level of cognitive and mental functioning; 2. The characteristics of the patient's social context; 3. The characteristics of the health care system.

Discussion:
At the acute stage, when a patient's health agency level is minimal, there is a greater need for the physician to be pro-active in the interaction with the patient. For this to happen, there needs to be the continuity of a trusting relationship between patient and physician, as well as diligent follow-up and collaboration with other professionals.

02E.3 Communicating a schizophrenia diagnosis: The perceptions and experiences of patients and carers.
Monday, 29 September 2014: 12:30 - 12:45; Room: E105/6

Title:
Communicating a schizophrenia diagnosis: The perceptions and experiences of patients and carers.

Authors:
Loughland, CM (Carmel); Outram, S (Sue); Kelly, B (Brian); Sandhu, H (Harimrat); Vamos, M (Marina); Levin, T (Tomer); Bylund, C (Carma); Kissane, D (David)

Presenter:
Loughland, CM (Carmel)

Introduction:
Evidence suggests mental health practitioners are often reluctant to discuss a schizophrenia diagnosis with patients and their caregivers out of concern for distressing the patient (Outram et al, 2013). Patients and carers, on the other hand, express a desire for diagnostic and prognostic information (Fisher, 2000). This study examines patients and carer's perspectives and experience about the communication of a schizophrenia diagnosis and related information.

Methods:
A generic qualitative methodological approach was used. Thirteen family caregivers were recruited in regional New South Wales, Australia. Semi-structured interviews were used to explore their perceptions and experiences of discussing the diagnosis, prognosis and treatment of schizophrenia with mental health professionals. Interviews were recorded, transcribed, codes generated and thematic analysis undertaken.

Results:
Patients and caregivers described the long and difficult road to receiving a diagnosis, hazardous means of finding out the diagnosis, high unmet needs for information, exclusion from the medical care process, and problematic communication and general interactions with mental health clinicians. Patients and caregivers were unanimous about the importance of receiving a timely diagnosis, with over half the patients interviewed reporting that receiving a schizophrenia diagnosis was beneficial to their well being and recovery as it relieved confusion and provided a 'name' for their experiences. One-third of patients reported negative impacts when diagnosis was delayed or not provided and many felt a lack of information was disempowering.

Discussion:
The perspectives of patients and caregivers on communicating a diagnosis of schizophrenia provide important information for communication skills training of psychiatrists and other mental health professionals.

02E.4 The 'we DECide'-intervention: Advance care planning for nursing home residents with dementia.
Monday, 29 September 2014: 12:45 - 01:00; Room: E105/6

Title:
The 'we DECide'-intervention: Advance care planning for nursing home residents with dementia.
Introduction:

The ‘we DECide’-intervention: Advance care planning for nursing home residents with dementia.

Authors:
Ampe, S (Sophie); Sevenants, A (Aline); Coppens, E (Evelien); Spruytte, N (Nele); Smets, T (Tinne); Declercq, A (Anja); Audenhove, Ch Van (Chantal)

Presenter:
Audenhove, Ch Van (Chantal)

Introduction: Advance care planning (ACP) is the communication process of preparing care and treatment choices, in anticipation of the moment that persons no longer have decision making capacity. Therefore, ACP is essential in the case of dementia. Since admission to a nursing home is a crucial moment for taking up ACP, nursing home staff are key figures in the ACP process. This process essentially corresponds to the three-step model for shared decision making (SDM). We developed the ‘we DECide’-intervention, in which the basic principles of SDM are trained and implemented in the context of ACP for nursing home residents with dementia. The intervention consists of a training program focusing on knowledge and skills of the Choice Talk, Option Talk and Decision Talk. The aim of the present study is to examine the effects of the ‘we DECide’-intervention.

Methods:
Nursing home staff (n=44) from nine different nursing homes received the ‘we DECide’-intervention. The self-developed IFC-SDM Questionnaire (assessing views on Importance, Frequency and Competence on Shared Decision Making) was administered to the participants at three time points, using a pretest-posttest design: directly before (pretest), directly after (posttest 1), and three months after the intervention (posttest 2). The IFC-SDM Questionnaire was based on the three-step model for SDM and lists nine behaviours, each referring to the Choice Talk, Option Talk or Decision Talk. Participants’ views on importance of competence in performing these behaviours, and frequency of putting them into practice were assessed with a five-point scale.

Results:
At posttest 1, participants’ views on their own competences increased compared to the pretest. Moreover, participants’ views showed less discrepancy between importance and frequency, and between importance and competence. Posttest 2-measurements are ongoing; results will be presented at the conference.

Discussion:
The ‘we DECide’-intervention shows to be effective in improving participants’ views on their own competences in applying SDM in ACP conversations. If posttest 2-analyses show that these effects are maintained after three months, a large-scale intervention can be carried out.

02E.5 ‘I don’t have a problem taking antidepressants, but it’s just...'

Title: ‘I don’t have a problem taking antidepressants, but it’s just masking the problem’. What matters to people when they are diagnosed with depression?

Monday, 29 September 2014: 01:00 - 01:15; Room: E105/6

Title:
‘I don’t have a problem taking antidepressants, but it’s just masking the problem’. What matters to people when they are diagnosed with depression?

Authors:
Kirkpatrick, S (Susan); Anderson, C (Claire); Ziebland, S (Sue); Avery, T (Tony)

Presenter:
Kirkpatrick, S (Susan)

Introduction:
Guidelines for the treatment of depression advise GPs to refer patients with a new diagnosis of mild to moderate depression for talking therapies before prescribing antidepressants. This study explored people’s experiences and perspectives on being diagnosed with depression, and identified issues that matter most to people when they seek help from the GP.

Methods:
Narrative interviews with a maximum variation sample of 36 people who had been prescribed an antidepressant. Interviews were video or audio recorded and analysed systematically using qualitative thematic methods, supported by computer software. The full study was published on www.healthtalkonline.org in November 2013.

Results:
People would like doctors to be more willing to suggest talking therapies, and some would prefer the opportunity to try this option before considering taking an antidepressant. A common problem was limited availability of therapeutic services making it difficult to access at times when most needed. Typically people felt it had been the combination of therapy and antidepressants that had helped their recovery. Many felt it was imperative to ‘get to the root of the problem’, in order to tackle causes as well as symptoms. People described positive benefits from talking therapies including: gaining new perspectives, helping them cope with difficult life events, developing a better understanding of themselves, and helping them to consider new ways of thinking about taking responsibility for their lives. People wanted to feel involved in decision making alongside the GP.

Discussion:
The study highlighted the importance of shared decision making and for GPs to explore patients’ views about different types of treatment, and to provide information about alternative options. Whilst antidepressants can help people to feel more able to cope, the availability of therapeutic services at times of crisis is equally important.

02F.1 Sharing personalised clinical...'

Title: Sharing personalised clinical information with people with type 2 diabetes prior to their consultation: the effect on glycaemic control

Monday, 29 September 2014: 12:00 - 12:15; Room: E107

Title:
Sharing personalised clinical information with people with type 2 diabetes prior to their consultation: the effect on glycaemic control

Authors:
O’Donnell, M (Máire); Newell, J (John); McGuire, BE (Brian); Dinneen, SF (Sean)

Presenter:
O’Donnell, M (Máire)

Introduction:
Improvement in glycemic control has been reported in a study where a patient advocate reviewed personal clinical information with people with type 2 diabetes and coached them to identify relevant questions prior to their consultation. However the use of advocates is unlikely to be deliverable in a busy out-patient clinic setting. The aim of this study is to measure the effect of providing people with type 2 diabetes with a booklet containing their personalised clinical information prior to their consultation on glycaemic control post intervention.

Methods:
136 participants were randomised to one of 3 groups. The intervention group (n = 45) received a booklet that included individual medical results and targets; a general information group (n = 44) received a similar booklet but it did not include individual medical results and a control group (n = 47) who received no written information prior to their consultation. Statistical analysis was carried out by intention to treat.

Results:
Post intervention HbA1c results were measured between 2-11 months (mean = 6 months) after the consultation. 130 cases were included in the analysis. Mean HbA1c results for the control, general information and intervention groups were respectively: 61.3 (sd 15.8), 62.6 (sd 14.2) and 59.7 (sd 14.3) mmol/mol at baseline and 59.8 (sd 14.5), 62.1(sd 13.7) and 62.8 (sd 18.6) mmol/mol post-intervention. Mean difference in HbA1c for the control, general information and intervention groups were respectively -0.50 (sd 13.5), 0.17 (sd 9.2) and 2.91 (sd 10.7) mmol/mol. An analysis of the change in HbA1c levels (mean 0.869 mmol/mol, sd 11.32) using an Analysis of Covariance, adjusting for baseline and patient characteristics, found no evidence of a significant difference between the three groups (p=0.64) over time.

Discussion:
Sharing personalised clinical information with people with type 2 diabetes prior to their hospital outpatient consultation does not improve glycaemic control in the short term.

02F.2 An evaluation of advanced cancer patients’ and caregivers’ use of a Question Prompt List
Monday, 29 September 2014: 12:15 - 12:30; Room: E107

Title: An evaluation of advanced cancer patients’ and caregivers’ use of a Question Prompt List
Authors: Brandes, K (Kim); Butow, P.N. (Phyllis); Tattersall, M.H.N. (Martin); Clayton, J.M. (Josephine); Davidson, P.M. (Patricia); Young, J (Jane); Epstein, R.M. (Ronald); Walczak, A (Adam)
Presenter: Brandes, K (Kim)

Introduction: Question Prompt Lists (QPLs) have been used extensively in the oncology setting and many studies have examined their effectiveness. However, little is known about how patients and caregivers use QPLs during a consultation and how they use them for preparation of future consultations. This information could be important for the further development and refinement of QPLs. Therefore, the objective of this study was to provide insight into advanced cancer patients’ and caregivers’ usage of a QPL.

Methods: Audiotaped consultations and follow-up phone calls of 28 advanced cancer patients were coded and content analysed. Questions asked and concerns expressed in consultations were coded for initiator, content, inclusion in QPL and exact wording. Patient reported use and future use of the QPL was coded from the phone calls. Quantitative methods such as non-parametric tests, were used to examine hypotheses regarding the use of a QPL during consultations. The way questions and concerns from the QPL were formulated during a consultation was examined qualitatively.

Results: The majority of patients reported that they used the QPL and that they plan to use it for preparation of future consultations. Questions asked by patients and caregivers from the QPL were predominately from the prognosis section, indicating that a QPL is useful to stimulate discussion on prognosis. Questions were rarely asked literally from the QPL, instead questions based on QPL content were tailored to patients’ own circumstances. Patients frequently framed questions more optimistic (possibly to elicit hope) and more direct (possibly to elicit realistic information). Further, gender-based imbalances were found in concern expression and question asking. Males tended to ask more questions whilst females tended to express more concerns.

Discussion: This study provides in-depth insight into how advanced cancer patients and their caregivers use a QPL. In future studies a similar analysis could be conducted to explore whether QPL usage is the same in other patient populations including non-advanced cancer patients. Further, implementation of QPLs in the advanced cancer care setting could help patients, caregivers and healthcare providers to overcome barriers regarding the discussion of topics such as prognosis.

02F.3 Development of an e-health intervention to provide information and prepare young people (with longterm illnesses).
Monday, 29 September 2014: 12:30 - 12:45; Room: E107

Title: Development of an e-health intervention to provide information and prepare young people (with longterm illnesses).
Authors: Coyne, IC (Imelda); Prizeman, G; Sheehan, A; While, A
Presenter: Coyne, IC (Imelda)

Introduction: Background: This project emerged from and builds on findings from a larger project (called TRYCIS), which investigated young people’s, parents’ and healthcare professionals’ experiences of the transition process. Findings indicated that young people needed more information and better preparation for the transition process. Hence, we co-developed this website and materials with young people, as an innovative way of helping provide relevant information.

Methods: Aim: To identify young peoples’ preferences for e-health provision and develop an appropriate e-health intervention called www.Steppingup.ie Methodology: Ethical approval was obtained from university and hospital ethics committees. Mixed methods design, using a survey (n = 207) and focus group interviews to elicit young people’s preferences for eHealth technologies and information provision. Using a participatory approach, young people were involved in participatory workshops, one-to-one interviews, video recordings and were part of a co-design group. In this way, their voices could be heard and their information preferences were integral to the design of the materials and website. Then materials were co-developed with young people and a web designer, voluntary organisations, health care professionals, parents, and the project advisory group.

Results: Findings: Quantitative data revealed that almost 6 in 10 young people (57.1%) believed that a website would be quite or very useful in receiving information about their illness. Mobile phones/apps were deemed most useful (76.9%) while technologies such as Skype (15.7%), social networks (50.8%) and chat rooms (25.2%) were viewed as not very useful. Email (34.5%) and web pages (33%) were the preferred options for the exchange of information about the disease and for receiving advice/support and information on healthcare facilities. Qualitative data indicate that young people value a website that contains information about key hospital personnel, differences between child and adult services, location and configuration of services, transition stories, FAQs and illness management.

Discussion: Conclusion: SteppingUP.ie is an innovative online resource that offers video testimonials, downloadable stories and tips and information on managing the transition, becoming more independent, knowing about medications and the differences between child and adult services. It aims to provide young people with resources to help prepare them for transition and undertake responsibility for illness management.

02F.4 A pre-consultation sheet to capture chronic pain patients’ perspective. A qualitative study.
Monday, 29 September 2014: 12:45 - 01:00; Room: E107

Title: A pre-consultation sheet to capture chronic pain patients’ perspective. A qualitative study.
Authors: Zanini, C; Maino, P; Möller, JC; Gobbi, C; Raimondi, M; Rubinelli, S
Presenter: Zanini, C

Introduction: In recent years, research in the field of patient-centeredness has promoted the elicitation of the patient perspective as a core activity for the implementation of patient-centered care. Indeed, the integration of the patient perspective has been shown to increase patients’ satisfaction with the consultation, which in turn can improve compliance and health outcomes. Despite the emphasis on the value of the patient perspective, it is unclear how to best operationalize the concept and how to best capture it considering the time constraints of medical consultations. As part of a project in the field of chronic pain financed by the Swiss National Science Foundation, we developed a pre-consultation sheet (PCS) that captures aspects of the patient perspective that doctors consider essential to build a partnership with their patients. The objective of this presentation is, first, to illustrate the features of the PCS and,
second, to evaluate its relevance and applicability from the point of view of doctors and patients.

Methods:
Argumentation-theory based analysis of 25 medical consultations and Grounded-Theory based analysis of 50 post-consultation semi-structured interviews with doctors and patients. 

Results:
According to the doctors, the PCS provides information that, although not primarily medical, is important for clinical reasons, as it helps to better identify targets and modalities of health interventions, and for communication reasons, as it is an instrument to communicate on the basis of what matters to patients. Patients identified five main positive aspects of the PCS: it is useful to clarify and structure their thoughts, to recall important information or questions, to facilitate the transfer of their point of view to doctors, to initiate a discussion and, overall, to feel heard.

Discussion:
The PCS instantiates an argumentative exchange between doctors and patients that facilitates a mutual expression of their points of view in a way which is reciprocally relevant. On the one hand, the PCS promotes collaboration by enhancing shared decision-making. On the other hand, it is important to consider that, although the use of the PCS is feasible within the constraints of the consultation, its applicability requires specific communication skills at the basis of critical discussion.

02F5 A web-based question prompt sheet for the initial follow-up consultation after esophageal cancer surgery
Monday, 29 September 2014: 01:00 - 01:15; Room: E107

Title:
A web-based question prompt sheet for the initial follow-up consultation after esophageal cancer surgery

Authors:
Jacobs, M (Marc); Henselmann, J (Inge); Arts, D.L. (Derk); van Berge Henegouwen, M.I. (Mark); Sprangers, M.A.G. (Mirjam); de Haes, J.C.I.M (Hanneke); Smets, E.M.A.

Presenter:
Jacobs, M (Marc)

Introduction:
Given the poor prognosis and long-lasting deterioration in health-related quality of life, patient's information needs after esophageal cancer surgery need to be addressed. Therefore, we have developed a web-based list of questions (i.e., a question prompt sheet, QPS) for the initial follow-up consultation after esophageal cancer surgery

Methods:
We conducted three studies to examine (1) patients' usability of the QPS (n=8), (2) patients' evaluation of the usability and usefulness of the QPS (n=40), and (3) the feasibility of the QPS (20 patients; 3 surgeons). Each study produced a modified QPS which was then tested in the subsequent study. In study 1, we asked purposefully selected patients who had undergone surgery, to think aloud whilst using the QPS. These interviews were audio recorded and patients were surveyed afterwards. In study 2, we asked patients to evaluate and use the new version of the QPS to create a list of questions. Patients were surveyed afterwards. In study 3, we asked patients to evaluate and use the QPS to prepare their initial follow-up consultations. Patients were surveyed before and after the consultation, which were audio-recorded. Surgeons were also surveyed after each consultation.

Results:
Study 1: eight patients (6 male, median age: 65) were interviewed (mean 1h 45m). Most comments and suggestions were related to: (1) the introduction of the QPS, (2) navigation, (3) the arrangement of example questions, (4) instructions, and (5) logging out. Study 2: we included 40 patients (80%, 35 male, median age: 62) of which 37 returned a list of questions. The majority of patients did no encounter problems when using the QPS, and perceived it as a useful and usable tool. If available, most patients would have used it to prepare their initial follow-up consultation. Data collection for study 3 is ongoing and we will primarily focus on these results during the conference.

Discussion:
Our QPS is unique in that it is: (1) web-based and linked to the surgeon, (2) focused on HRQL, (3) for use in a follow-up consultation, and (4) specifically designed for patients with esophageal cancer.

02G: Monitoring the Quality of Patient-Centered Communication in Cancer Care: Methods, Measures, and Population Surveillance
Monday, 29 September 2014: 12:00 - 01:30; Room: Elicium D403 Symposium

Monitoring the Quality of Patient-Centered Communication in Cancer Care: Methods, Measures, and Population Surveillance
Chair: Neeraj Arora, PhD, Division of Cancer Control and Population Sciences, National Cancer Institute, Bethesda, MD, USA
Discussant: Bradford W. Hesse, PhD, Division of Cancer Control and Population Sciences, National Cancer Institute, Bethesda, MD, USA

Symposium overview
Systematic assessment of patient-centered communication (PCC) is critical for improving cancer care quality. This symposium will discuss methodological considerations for the longitudinal assessment of PCC; evaluate an item set to be used for monitoring cancer patients’ communication experiences; and present population-level data highlighting the importance of PCC in facilitating patient engagement in their care. This discussion will present the discussions within a broader context of international efforts related to quality improvement in cancer care.

Presentation 1
Title: Monitoring the Quality of Patients’ Communicative Experiences in Cancer Care: Methodological Considerations
Speaker: Richard L. Street, Jr, Texas A&M University, College Station, TX, USA and Baylor College of Medicine, Houston, TX, USA
Dr. Street will examine challenges and opportunities in the longitudinal assessment of patient-centered communication (PCC) as part of routine cancer care delivery. He will describe the limitations in current approaches to assessing PCC, propose a ‘functional’ approach that focuses on the patient’s perspective on whether the key goals of PCC were accomplished, and describe a measurement approach and study design considerations for ongoing PCC surveillance and quality improvement initiatives.

Presentation 2
Title: Assessing Patient Perceptions of Communication Throughout Cancer Care: Results of an Initial Administration of a New Item Set
Speaker: Kathleen Mazor, Meyers Primary Care Institute, Department of Medicine, University of Massachusetts Medical School, Worcester, MA, USA
Dr. Mazor will evaluate items intended to assess patient perceptions of communication during their cancer care, using data from patients receiving care from a large health system in the US. Analyses of patients’ responses to open-ended questions on where communication fell short and what aspects of communication were most important will also be presented. She will discuss the challenges and benefits of using both open-ended and close-ended items in assessing the quality of patient-centered communication in healthcare systems.

Presentation 3
Title: Importance of Patient-Centered Communication in Facilitating Patient Engagement Among Individuals Living with Multiple Chronic Conditions
Speaker: Neeraj K. Arora, Division of Cancer Control and Population Sciences, Bethesda, MD, USA
Dr. Arora will use data from the 2012 Health Information National Trends Survey (HINTS) to evaluate the patient-centerdness of care delivered to individuals living with multiple (>2) chronic conditions (MCC) in the U.S., with and without cancer (N=3,000).

The relationship between chronic illness burden and patients’ self-efficacy in taking care of their health will be explored and the salience of patient-centered communication in facilitating patients’ self-efficacy and engagement will be highlighted.
02H: A new Dutch prototype of group psychoeducation for bipolar patients and their key-persons

Monday, 29 September 2014: 12:00 - 01:30; Room: E108

Symposium overview:
Based on our systematic review of the efficacy of psychoeducation in bipolar disorder we have developed a new format of group psychoeducation for patients and their key-persons. Participants of the symposium are informed of the actual progress in the field and will learn how to lead a psychoeducational course.


Presentation 1
Efficacy of psychoeducation in bipolar disorder: A systematic review of randomised, controlled trials
PFJ Schulte, Dutch Foundation for Bipolar Disorders; Mental Health Services Noord-Holland-Noord, Treatment Centre for Bipolar Disorders, Oudehoeveweg 10, 1816 BT Alkmaar, The Netherlands, r.schulte@ggz-nh.nl

We identified five trials with patient group psychoeducation. One study was negative[1], the remaining three showed an absolute risk reduction of relapse (ARRR) between 25% and 45%(2,3,4). Individual psychoeducation shows numerical, but non-significant ARRR in two studies(5,6). Multifamily psychoeducation resulted in an ARRR of 37%(7). Group psychoeducation for relatives reduced the absolute risk of relapse in their cohabitating bipolar family member by 24%(8). We conclude that group psychoeducation reduces risk of relapse in bipolar disorder.

References: Please contact the presenter.

Presentation 2
A new Dutch prototype of group psychoeducation: choices, structure and general content.
TPeetoom, Dutch Foundation for Bipolar Disorders; Mental Health Services Noord-Holland-Noord, Treatment Centre for Bipolar Disorders, Oudehoeveweg 10, 1816 BT Alkmaar, The Netherlands, t.peetoom@ggz-nh.nl

To arrive at a new model for a group-based psychoeducation program for bipolar disorder for patients and their key-persons we had a closer look at different programs from positive trials. We studied content, new subjects in this field, the nature of the facilitators, duration, group size and use of working-material. Based on these analyses we introduce a model of a 12-sessions basic program which includes a facilitator manual and a participant workbook.

Presentation 3
A new Dutch prototype of group psychoeducation: new items and approaches
DH Postma, Dutch Foundation for Bipolar Disorders; Oupatient ClinicPsyQ, Treatment program for Bipolar Disorders, Ankersmidplein 2, 1506 CK Zaandam, The Netherlands, d.postma@psyq.nl

The facilitator manual and participant workbook will be presented as well as techniques to promote mutual exchange of information to facilitate learning experiences and diminish self-stigma. Usually bipolar psychoeducation uses a medical model with teaching of symptoms, course and treatment together with crisis action plans. We have added discussion of cognitive problems, stress management, communication skills and problem solving. The interaction problems which are a result of the bipolar disorder get special attention.

Presentation 4
Group psychoeducation for patients and their key-persons: the consumer-view.
C.Elberts-de de Ven, discussant, Foundation for manic-depressives and key-persons, Kaap Hoorndreef 56-C, 3563 AV Utrecht, The Netherlands, kiekel@upcmail.nl

Psychoeducation is an essential part of bipolar patient management and generally recommended in treatment guidelines(1). It does not merely provide information, but attempts to foster an alliance whereby the patient becomes an active collaborator in treatment, improving a patient’s illness management skills through the bidirectional sharing of relevant information(2).

Group psychoeducation leads to empowerment of patients and their key-persons, helps the therapists to notice and understand better their perspective and thereby improves shared decision making. References: Please contact the presenter.

02I: Primary Care Mental Health: Diagnosis and Treatment

Monday, 29 September 2014: 12:00 - 01:30; Room: Elicium D404

R.C. Smith
Dept. of Medicine, Michigan State University, United States

Rationale: Clinicians who use effective communication skills frequently uncover mental health problems in their patients, approximately 90% of which present in primary care settings with difficult to explain symptoms (DES). Two-thirds of patients with mental health problems receive care solely from non-mental health providers, but they have not been trained for this – even though DSM-IV disorders have a 25% prevalence in primary care clinics, more common than diabetes and hypertension combined. This experiential workshop presents an evidence-based method for non-mental health providers to diagnose and treat these currently overlooked patients using the evidence-based and behavioral Health Treatment Model.

Objectives: At the completion of the workshop, attendees will:
1. Be able to diagnose DES
2. Be able to discuss its role in diagnosing primary care mental health problems
3. Be able to list the most common psychiatric diagnoses in this population
4. Practice an evidence-based treatment model for patients with behavioral health problems presenting as DES

Session format/activities:
1. (5 minutes) – Participant discussion of experiences with behavioral health problems and DES
2. (5 minutes) – Diagnosis and classification of DES in patients with behavioral health problems – didactic with slides
3. (20 minutes) – Behavioral Health Treatment Model (BHTM)
   a) Description of four stages: Education, Commitment, Goals, Negotiation (of treatment plan) – didactic with slides of ECN
   b) Role-play demonstration by faculty of the BHTM with critique (from hand-out containing ECN) by attendees
4. (55 minutes) – Role play experience in small groups of 3-5 with the BHTM using scripted scenarios for both initial and follow-up visits; each group will be facilitated by a faculty member who has helped to develop the model
5. (5 minutes) – Verbal feedback wrap-up to evaluate what learners gained. An annotated bibliography, including reference to video demonstrations of the BHTM in doc.com, will be provided.

02J: Video Fragment Rating: connecting self-evaluations and peer-feedback to web-based review of video taped clinical performance

Monday, 29 September 2014: 12:00 - 01:30; Room: Elicium D407

Robert Hulsman, Academic Medical Centre Amsterdam, Lex Dierssen, University Medical Centre Groningen, The Netherlands

Paul Bijl, MasOutreach, The Netherlands

Rationale
Self-evaluation and peer-feedback are key elements in the development and maintenance of medical consultation skills and professional behaviour. Self-monitoring and self-regulation are CanMeds based responsibilities of medical professionals to preserve and improve the quality of care. Self-evaluation and peer-feedback are particularly relevant and have been proven to be effective in medical communication skills training. By reviewing their work and that of others, students acquire a better understanding of the performance criteria, develop their evaluative skills, and acquire an improved understanding of the level of performance of their own and others.

Video-review provides a complete and objective documentation of the performance, which can be reviewed multiple times and in more detail and judged against performance criteria and the received feedback.

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VideoFragmentRating (VFR) is a web-based tool to support systematic video-review, self-evaluation and peer-feedback of clinical performance of medical trainees. Trainees upload video recordings in VFR and mark and annotate critical events on a timeline with green and red coloured time-stamps. Next, they invite peers or a supervisor for written feedback in VFR. VFR promotes an active involvement of trainees in formative assessment, makes performance criteria more transparent to trainees.

VFR is developed in the Department of Surgery at the University Medical Centre in Groningen. It is used in clinical skills teaching of clerks and residents.

Objectives
Participants will learn how to introduce self-evaluation and peer-feedback in teaching and assessment of communication skills in medical education. In the workshop the benefits and limitations of the VFR system will be explored. Workshop participants will:
1. review a video-recorded of a history taking consultation of a medical student
2. evaluate the student’s self-evaluation
3. and provide feedback.

Session format/activities
• Introduction into theory and practice of self-evaluation and peer-feedback in clinical practice (15 min)
• Demonstration of functions and use of VFR (10 min)
• Experiences in the UMCG and AMC in using VFR (15 min)
• Showing a case example in VFR (5 min)
• Working in subgroups on the case example (30 min).
• Exchange of experiences of the subgroups (10 min)
• Summary and conclusions (5 min)

03A.1 Targets for Improvement: Medical educators’ views on trainees’ communication skills
Monday, 29 September 2014: 02:30 - 02:45; Room: Forum

Title:
Targets for Improvement: Medical educators’ views on trainees’ communication skills
Authors:
King, AMK (Ann M.); Mazor, KMM (Kathleen M.); Kochersberger, AOK (Annie O.); Hoppe, RBH (Ruth B.); Furman, GEF (Gail E.)

Introduction:
The United States Medical Licensing Exam Step 2 Clinical Skills (CS) exam assesses physician trainees’ communication skills using five constructs: fostering the relationship, gathering information, providing information, making decisions, and supporting emotions. Operationalization of these constructs for measurement is challenging. Data on whether the communication skills the CS exam assesses match the communication skills that experienced faculty members identify as salient in examinees’ performances would be useful in building a validity argument. We therefore sought to explore faculty experts’ views on trainees’ communication skills during the Step 2 CS examination, focusing particularly on behaviors and attitudes which interfered with effective communication.

Methods:
Twenty-six faculty members who teach communication skills at US medical schools each rated 35 video encounters; a total of 315 encounters were rated. Encounters were sampled from nine representative cases and represented a range of communication scores. After rating the examinees on the five constructs, faculty members commented on any aspects of the examinees’ performances which interfered with communication during the encounter. We analyzed these comments using content analysis.

One author reviewed all responses and identified potential themes. Two additional authors reviewed a subset of responses and suggested modifications and additional themes for discussion. This process continued iteratively, until the authors concurred on the major themes emerging from the data.

Results:
Six overarching themes captured the variety of behaviors and attitudes identified as interfering with communication: verbal barriers, nonverbal barriers, doctor-centeredness, relational barriers, and organizational issues. Doctor-centered behaviors included lack of curiosity, a robotic approach, and a narrow focus on biomedical information, without attention to the patient’s perspective. Relational barriers included lack of empathy and warmth, and inappropriate questions or counseling.

Discussion:
Examinees in this high stakes examination displayed a variety of behaviors and attitudes which expert faculty identified as interfering with the communication process. It will be important to determine whether the Step 2 CS exam is able to capture these aspects of examinees’ performances, and to take them into account in scoring. These findings also serve to alert faculty who teach communication skills to deficits that can be targeted for improvement.
03A.2 A national, longitudinal exemplary communication skills curriculum for undergraduate medical education – current state and prospects  

**Monday, 29 September 2014: 02:45 - 03:00; Room: Forum**

**Title:**
A national, longitudinal exemplary communication skills curriculum for undergraduate medical education – current state and prospects

**Authors:**
Jünger, JJ (Jana); Schultz, JHS (Jobst Hendrik); Kölliner, VK (Volker); Deinzer, RD (Renate); Fabry, GF (Götzi); Sator, MS (Marlene)

**Presenter:**
Jünger, JJ (Jana)

**Introduction:**
Communicative competences as part of medical education have only recently gained importance in the German-speaking world. Due to changes in the Medical Licensure Act (installed May 2012), communication skills have been explicitly included in training and the final state examination. Learning objectives in communication were defined for the "National competence-based learning catalog of medicine" (NKLM). Up to now, at many faculties communication training has only existed as isolated solutions, neither integrated nor in a longitudinal way. Instead, communication has been taught as isolated training units in selected subjects, hardly anchored in the curriculum.

**Methods:**
A national exemplary curriculum for communication is currently being developed. This procedure will enable faculties to integrate the learning objectives of the NKLM into their current curriculum and to adapt their teaching and exams accordingly. Models for the didactic qualification of teaching staff are currently being developed, too. In an advanced project, funded by The Federal Ministry of Health, the exemplary curriculum for communication is now paradigmatically being developed for oncology. The curriculum is based on best practice examples from all faculties. These are classified according to the NKLM learning objectives to trace gaps and to fill them in. Finally, the materials are passed on to the participants as an exemplary curriculum. The project, coordinated from Heidelberg, consists of an editorial group and a team of roughly 250 members from 36 faculties and is accompanied by an advisory board and a common board of representatives from the respective professional societies. It is evaluated by the Berlin Max-Planck-Institute of education research.

**Results:**
128 best practice examples from 27 faculties have so far been collected. Thus, 81% of the NKLM sub-competences are covered.

Details show that in particular sub-competences such as establishing and maintaining a relationship are well covered, whereas specific areas such as dealing with insecurity are covered only partially.

Parallel to collecting the best practice examples, first concepts for the didactic qualification of teaching staff are being developed.

**Discussion:**
The project can foster the development of integrated interdisciplinary and longitudinal curricula in the German speaking world and can thus link up with international standards.

03A.3 Observation and feedback on communication skills during clinical rotations  

**Monday, 29 September 2014: 03:00 - 03:15; Room: Forum**

**Title:**
Observation and feedback on communication skills during clinical rotations

**Authors:**
Schopper, HK; Axelson, RD; Rosenbaum, ME

**Presenter:**
Schopper, HK

**Introduction:**
Though observation and feedback to medical students interacting with real patients has been recommended as important in helping them become effective communicators, little is known about how this occurs during clinical rotations. This study explored student perspectives regarding their experiences with clinical observation and feedback.

**Methods:**
A mixed methods design was used with two cohorts of senior students at a US medical school: cohort 1 (N = 107, 2009) and cohort 2 (N=55, 2013). Interviews were conducted with both cohorts and cohort 2 also responded to a survey. Frequencies of students being observed and provided with feedback by resident/faculty supervisors were estimated using SPSS. Thematic analysis of interview data identified common themes in students’ experiences with observation and feedback.

**Results:**
The majority of students reported rarely being observed interviewing (less than 11 times/year) and receiving feedback about their interviewing skills even less frequently. For example, 30% of survey respondents reported that they received feedback on their communication skills in 1/50% of observation events. While many students reported feeling uncomfortable when being observed, most students felt that being observed with patients was the most useful way for their communication skills to be meaningfully assessed and became more comfortable with it the more it occurred. Suitable time constraints were identified as the main barrier to being observed. Required evaluations of student clinical skills (mini-CEX) represented the majority of observation events. The timing of feedback often proved problematic because it was commonly delayed until the end of clerkships, days to weeks after the observed encounter. Most feedback focused on information gathering and diagnostic questions, and feedback about communication skills tended to be vague. Most students indicated they would like to be observed and receive more specific feedback outside of the context of formal evaluation.

**Discussion:**
The insight obtained through this study can help guide faculty development focused on giving meaningful feedback and increase the benefit students get from being observed. This could be accomplished by increasing the number of observations, disassociating observation from graded evaluation, encouraging students to request feedback, and timing observation earlier in clerkships to allow for individualized goal identification.

03A.4 On the transfer of communication skills from the lab to the real world  

**Monday, 29 September 2014: 03:15 - 03:30; Room: Forum**

**Title:**
On the transfer of communication skills from the lab to the real world

**Authors:**
Schmid, Dagmar; Elbs, Klaus; Hunziker, Sabina; Langewitz, Wolf

**Presenter:**
Schmid, Dagmar

**Introduction:**
It is now well established that communication skills training during medical education is working fine, but it is unclear whether professional communication behaviour is confined to a specific training environment. This study investigates whether a longitudinal communication skills training during year one to three (Kiesling & Langewitz, 2013) has sustained effects on student behaviour in a clinical setting that is by no means typical for psychosocial interventions: resuscitation training in a skills lab on the intensive care unit (ICU) in year four. We chose the length of intentional pauses (>2 seconds) as the most relevant dependent variable indicating a patient-centred communication style. Furthermore, we compared students from another Swiss university (Zurich, ZH) who have a similar amount of training in communication skills to students from Basel to see whether the Basel curriculum has any specific effect.

**Methods:**
Students were asked to take a medical history prior to an operation under anaesthesia to stabilise a dislocated forearm fracture. In the simulation lab they interacted with a manikin in the adjacent room. Interactions were video-recorded and transcribed,
utterances were analysed with a restricted set of categories from the RIAS coding system (3). After precisely 2.5 minutes the manakin stopped talking and the ECG demonstrated cardiac arrest. At this moment, students first had to identify the clinical problem and then to respond appropriately. For this study, only the first 2.5 minutes were analysed.

Results:
Students from Basel use pauses twice as often as students from Zurich (BS=12.16%; ±4.19vs. ZH=5.20 ± 4.11; p<0.001).
Furthermore, in line with patient-centred communication, BS students wait for a longer period of time, trying to invite the patient to tell her story (average length of pauses: BS 4.23 ± 1.63 sec; ZH: 3.65 ± 1.00 sec; p=0.001). Even in this short specific resuscitation training situation more pauses were not at the expense of information: utterances related to the exchange of information were in BS 37.73% vs. 38.4% in ZH.

Discussion:
As far as we know this is the first attempt to investigate whether communication skills training has sustained effects on student behaviour outside a typical 'psychosocial context'.

03A.5 Implementation of a Communication Skills Workshop for Physicians in Qatar

Monday, 29 September 2014: 03:30 - 03:45; Room: Forum

Title:
Implementation of a Communication Skills Workshop for Physicians in Qatar

Authors:
Bylund, CL (Carma); Alyafei, KA (Khalid); El Tawil, MS (Mohamed); Helmi, I (Issmail); Al-Arab, B (Banan); Al-Khal, A (Abdulatif)

Presenter:
Bylund, CL (Carma)

Introduction:
Qatar is a multi-national society with many cultures and religions, making healthcare communication particularly challenging. Interpersonal and Communication Skills is one of the core competencies of the Accreditation Council for Graduate Medical Education (ACGME) and should be included in residency and fellowship programs’ curricula and evaluations. We implemented a communication skills workshop for resident, specialist, and consultant physicians in order to improve patient care and to achieve accreditation from the ACGME for Hamad Medical Corporation (HMC).

Methods:
We implemented the established Comskil Training Program in three phases: Pilot Course, Train-the-Trainer Course, and Residents’ Course. Each course included small group role play with simulated patients. The Pilot Course included four day-long trainings, reaching 83 physicians. Participants completed a post-course evaluation. The Train-the-Trainer Course was a 2 ½ day session, offered twice, and reached 35 consultant physicians. Participants completed retrospective pre-post evaluations for each of the modules, with a focus on self-efficacy. The Residents’ Course is our current dissemination phase as we aim to train all the residents at HMC. To-date, we have trained 370 physicians and participants completed a post-course evaluation.

Results:
In the Pilot Course, participants gave the course and each module high ratings. 95% of participants rated the small group role play sessions as ‘good’ or ‘excellent’. As an example of one module, 97% rated the module on responding to patient anger as ‘very useful.’ In the Train-the-Trainer course, participants reported significant improvements in their self-efficacy about that particular communication challenge covered in each module (p<0.01). In the Residents’ Course, data from a 3-month sample demonstrated that 93% rated the role play experience as ‘good’ or ‘excellent’. 87% said they would recommend the course to others.

Discussion:
Improving communication in healthcare is an important task, particularly in the Arabian Gulf region. Our ongoing work in this area demonstrates that implementing communication skills training is feasible and acceptable. Now that HMC has achieved accreditation for the institution and seven programs, future efforts will focus on tailoring of the curriculum to address values, cultural and religious issues, addressing different specialties and situations (e.g., pediatrics, emergency), and developing methods for consolidation and long-term follow up.

03B.1 Pairing with Colleagues - Wrap up

Monday, 29 September 2014: 02:30 - 02:45; Room: E102

Diversity 3 session starts 15 minutes later to allow participants of the Pairing with Colleagues program to finish their meetings and to clean up the room.

03B.2 Junior doctor intercultural clinical communication: Lessons for transition to practice medical education

Monday, 29 September 2014: 02:45 - 03:00; Room: E102

Title:
Junior doctor intercultural clinical communication: Lessons for transition to practice medical education

Authors:
Woodward-Kron, R (Robyn); Fraser, C (Catriona)

Presenter:
Woodward-Kron, R (Robyn)

Introduction:
Junior doctors including International Medical Graduate (IMG) doctors and medical students are increasingly culturally diverse due to factors such as globalisation of the tertiary education system and health workforce shortages. In migration and refugee destination countries such as Australia, these graduates deliver healthcare in a context where a significant proportion of the population may not have the English language skills to communicate about their healthcare. Objective: to investigate junior doctor clinical communication in a culturally diverse teaching hospital. Research question: What are the communication challenges and enabling strategies that the junior doctors engage in when delivering healthcare in a setting where patient and staff cultural diversity is commonplace?

Methods:
We adopted a qualitative interview study including focus group discussions with junior doctors and semi-structured interviews with senior hospital staff employed at one regional hospital in Australia. There were 5 focus group interviews with 20 junior doctors in total as well as semi-structured interviews with 10 senior doctors and 4 administrative staff. These data were analysed thematically.

Results:
The two major themes to emerge in the junior doctor focus groups were language as a barrier and cultural influences on healthcare communication. The sub-themes for language as a barrier were fluency, impact, and mediated communication while the sub-themes for cultural influences were uncertainty and cultural comfort. The results for the semi-structured interviews with senior clinical and hospital staff were likewise language as a barrier and cultural influences on healthcare communication. Additional themes were clinical skills, including communication, and patient education and counseling.

Discussion:
The findings suggest that while junior doctors have some strategies to address communication challenges such as language barriers and cultural sensitivities, they can struggle with cultural differences in patient expectations of healthcare and expression of symptoms. Senior medical staff reported that junior doctors need to improve how they explain the diagnosis and management plan to patients. There appears to be a disconnect between how well the junior doctors think they communicate and how the senior medical and hospital staff evaluate the junior doctors’ communication skills. The findings can inform transition to practice medical education.

03B.3 Pharmacists’ Willingness to Attend a Workshop on
Medication Regimen Adjustment for Muslim Patients during Ramadan
Monday, 29 September 2014: 03:00 - 03:15; Room: E102

Title:
Pharmacists’ Willingness to Attend a Workshop on Medication Regimen Adjustment for Muslim Patients during Ramadan

Authors:
Amin, M. E. (Mohamed); Chewning, B.A. (Betty)

Presenter:
Chewning, B.A. (Betty)

Introduction:
Fasting from dawn to sunset during Ramadan is one of Islam’s five basic pillars. Although patients may be aware of their religious exemption from fasting, many still choose to fast. Pharmacists have a significant potential to identify and prevent harm from medication misuse in Ramadan. This study examines Egyptian pharmacists’ willingness to attend a one day workshop on the adjustment of medication regimens for Muslim patients who want to fast during Ramadan and their preferences for workshop content.

Methods:
A probability sample of community pharmacists in Alexandria, Egypt was surveyed in November 2012. The self-administered instrument covered pharmacists’ confidence in their therapeutic knowledge regarding medication regimen adjustment in Ramadan, perceived importance of medication regimen adjustment on pharmacy revenue, number of working hours during Ramadan, age, religion and gender. Using logistic regression, a model was estimated to predict pharmacists’ willingness to attend a workshop on the adjustment of medication regimens for patients who want to fast during Ramadan, which was answered with either a “Yes” or “No” response. Content analysis was used to analyze pharmacists’ answers to the question concerning what they would like the workshop to cover. An institutional review board at the University of Wisconsin approved the study.

Results:
Ninety three percent of the 298 approached pharmacists agreed to participate. One hundred seventy five (63.6%) pharmacists wanted to attend a one day workshop on the adjustment of medication regimens in Ramadan. This was significantly associated with pharmacists being Muslim (OR=3.52, CI=1.70-7.27) and of younger age (OR = 0.98, CI = 0.96-0.9978). Scores were not associated with pharmacists’ confidence in therapeutic knowledge regarding medication regimen adjustment in Ramadan, importance of medication regimen adjustment on Ramadan pharmacy revenue, number of working hours in Ramadan or pharmacists’ gender. Pharmacists offered specific content and communication process suggestions for the workshop content.

Discussion:
The majority of pharmacists wanted to attend a one day workshop on the adjustment of medication regimens in Ramadan. Different strategies may be of interest for pharmacists who regularly assist Muslim patients but cannot attend such workshops.

03C.1 What patient characteristics engender a respectful affect among physicians?
Monday, 29 September 2014: 02:30 - 02:45; Room: E103

Title:
What patient characteristics engender a respectful affect among physicians?

Authors:
Beach, MCB (Mary Catherine); Saha, S (Somnath); Haywood, C Jr (Carlton)

Presenter:
Beach, MCB (Mary Catherine)

Introduction:
Physicians strive for equal treatment of all patients regardless of their own attitudes towards them, but this may be difficult to achieve when respect does not come naturally. If the circumstances that strain physician respect are not made clear, there is little hope that we can ever address the problem or develop solutions to unequal treatment. The goal of our analysis was to identify patient characteristics associated with physician respectfulness in patient encounters.

Methods:
We analyzed data from 224 ambulatory encounters between physicians and patients with sickle cell disease (SCD), a painful genetic condition. We examined the extent to which patient self-care (self-reported engagement in healthy behaviors and adherence to physician recommendations), verbal (patient question-asking), and nonverbal (respectful patient affect) behaviors were associated with physician respectful affect as measured by the Roter Interaction Analysis System (RIAS). We used generalized estimating equations to account for clustering of patients within physicians.

Results:
In multivariable analyses, independent predictors of greater physician respectfulness were greater patient engagement in healthy...
behaviors (p=0.001), more patient questions (p=0.001), and a more respectful patient tone (p<0.001) during the visit. Independent predictors of lower physician respectfulness were self-reported non-adherence to physician recommendations in the last 2 years (p=0.008). Discussion: Physicians display a measurably more respectful tone in encounters with patients who are more engaged in the visit and in self-care at home. While perhaps understandable, this suggests a possible dangerous feedback loop in which the most engaged patients get more respectful treatment and become more activated, while the least engaged could become further marginalized.

03C.2 Compassion, a guiding principle for quality of care. In search of compassion as a core-competence for caregivers. Monday, 29 September 2014: 02:45 - 03:00; Room: E103

Title: Compassion, a guiding principle for quality of care. In search of compassion as a core-competence for caregivers.
Authors: Van der Cingel, C.J.M. (Margreet)
Presenters: Van der Cingel, C.J.M. (Margreet)
Introduction: Compassion increasingly receives a worldwide attention in the healthcare sector. Scientists plead for compassion to be the central focus for caregivers, specifically nurses. Nevertheless, compassion does not have a central place in the body of knowledge of caregiving professions. The PhD-study, concluded in 2012, offers insight into the nature and significance of compassion as perceived by nurses and older people with a chronic disease. The study aims to distinguish compassion from concepts such as empathy and pity, and to position compassion as a core-competence for caregivers.
Methods: Compassion is being studied in a literature review in philosophic literature and healthcare sciences. Next to that compassion is being studied empirically. In a qualitative study 61 in-depth interviews and 6 group interviews took place. The group of older people with a chronic disease was chosen because they have to deal with suffering and loss which triggers compassion. Data collection took place in a variety of healthcare settings, data analysis was done according to the principles of Grounded Theory.
Results: The review resulted in a theoretical framework that also explores closely related concepts such as suffering, empathy and pity. The empirical part of the study shows that compassion is a mirroring process in response to grief and consists of seven dimensions, such as attentiveness and presence, in which saliency in order to anticipate on patient’s needs is of major importance. The results show that compassion facilitates communication, the use of personal knowledge of patients and shared decision making. Therefore outcomes of care are motivated by patients themselves. Since the seven dimensions are described in terms of communication skills and behavior, they are applicable and recognizable for caregivers.
Discussion: Compassion should be discussed not as a personal quality that caregivers happen to have or not, but as an empowering characteristic that caregivers need in order to perform good care. That is: knowledge-based care according to a definition in which wishes and preferences of patients make part of the equation. What quality of care consists of is an ongoing debate. What will happen when we restore compassion as the guiding principle for good care?

03C.3 The Role of Linguistic Politeness in Patients’ Participation in Decision-Making in Primary Care Consultations. Monday, 29 September 2014: 03:00 - 03:15; Room: E103

Title: The Role of Linguistic Politeness in Patients’ Participation in Decision-Making in Primary Care Consultations.
Authors: Adams, Rachel
Presenters: Adams, Rachel
Introduction: Policy, training and research reflect the importance of patient involvement in decisions about their care. Adoption though demands certain skills, may result in conflict, or be too threatening for patients, risking loss of face. This study explores how space is created for patient participation and the management of threat and disagreement using a linguistic approach. Loss of face is a concern of Politeness Theory which identifies two aspects of face: positive - the need for inclusion, and negative - the need for privacy. Face needs are intuitively attended to with both positive politeness strategies – essentially the active expression of positive concern for others, and negative strategies - non-imposing means of communication. Face threatening acts (FTAs) are utterances which risk loss of face. The aim of this study was to explore the management of these threats and challenges in GP consultations from a qualitative perspective, using politeness theory.
Methods: 44 consultations were analysed from videos of naturally occurring consultations with 6 different GPs, recorded between October 2003 – March 2004 in the Birmingham area. Using an iterative process, politeness strategies and FTAs evident in the transcripts were coded with attention to areas of decision-making. Deviant case sampling was then used to identify cases for further in-depth probing.
Results: The collaborative nature of GPs’ positive politeness had persuasive effects, whilst there were examples of ambiguous negative strategies causing confusion. Patients’ negative politeness indicated discomfort when expressing potentially contentious decisions, whilst their use of positive politeness acted as a means of promoting cooperation. GPs used positive politeness when supporting patients’ decisions, offering reassurance and redressing damage to face, conversely, disagreement was conveyed by the absence of such strategies and lack of reparative work.
Discussion: There were difficulties with the way in which space for patient participation was created and managed, and the strategies used to convey information. The contrast in GP responses to patients’ decisions highlighted how subtle barriers to participation can be. These findings demonstrate the complexity of language and meaning and the need for a more sophisticated understanding of language use in communication skills and related training, as well as associated research.

03C.4 You only have one chance for a good impression! Monday, 29 September 2014: 03:15 - 03:30; Room: E103

Title: You only have one chance for a good impression!
Authors: Rimondini, DR (Michela); Mazzi, Maria Angela; Deveugele, Myriam; Bensing, Jozien
Presenters: Rimondini, DR (Michela)
Introduction: Relationship building during the medical consultation might be influenced by patients’ first impression of the doctor’s demeanor. The goal of the present study is to verify if the patients’ first judgment of doctor’s communication, expressed right after the start of the medical consultation influences their final evaluation of doctor’s performance.
Methods: This study took place as part of a wider multicentre study named (GULiVer) from the four participating centres (Belgium, Netherlands, UK and Italy). In each center the same set of 8 videotaped OSCE consultations has been shown to 8 lay panels of 6 to 9 persons (stratified for gender and age). Full text of the shown videos was provided. Participants (n = 258) were asked to perform different tasks; one was to pick up salient communication elements. At the
end of each consultation they were also asked to rate doctor’s communicative performances on a 10 point Likert scale.

Results:
The total number of interviews judged by participants was 632 (61% of the global sample). The total number of judgements expressed by the participants was 9902 (6813 positive and 3089 negative). The interviews starting with a positive judgment (67% of the total sample), elicited on average 14.1 positive judgements (sd 15.5) and 4.3 negative judgements (sd 7.0). On the other hand when the first judgment expressed was negative (33%), the following units elicited on average 7.8 negative judgements (sd 7.4) and 3.4 positive judgments (sd 5.2). The correlation between the first and the following positive judgments calculated on the whole sample of interviews was 0.37. The regression model indicated that the quantity of + (b=0.03, p(0,01) and the very first judge (b=0.70, p=0.01) expressed by the participants, affected their global evaluation of doctor communication performance.

Discussion:
What happens in the initial phase of the consultation seems to play a significant role in patient global evaluation of doctor communicative performances, working as a prompt that can facilitate or inhibit doctor-patient interaction. You only have one chance for a good impression.

03C.5 Is healthcare providers’ respect for patients associated with communication behaviors in clinical encounters?
Monday, 29 September 2014: 03:30 - 03:45; Room: E103

Title: Is healthcare providers’ respect for patients associated with communication behaviors in clinical encounters?

Authors:
Flickinger, Tabor; Saha, Somnath; Roter, Debra; Korthuis, P (Todd); Sharp, Victoria; Cohn, Jonathan; Moore, Richard; Beach, Mary Catherine

Presenter:
Flickinger, Tabor

Introduction:
Communication training of health professionals emphasizes the acquisition of skills, yet attitudes towards patients may influence how healthcare providers interact. We aimed to investigate whether provider-reported respect for patients was associated with communication behaviors during clinical encounters.

Methods:
We analyzed audio-recordings of routine follow-up visits between 413 adult HIV-infected patients and 45 primary providers in 4 sites across the United States. The independent variable was provider-reported respect for that particular patient assessed immediately following the encounter with the item, “How respectful did you feel towards other patients, I have a good deal of respect for this patient” (strongly agree – strongly disagree). Responses were dichotomized to compare those who strongly agreed/agreed (higher respect) with those who were neutral or disagreed (lower respect). The outcomes were provider and patient communication behaviors assessed by the Roter Interaction Analysis System (RIAS). To examine associations between provider respect and communication, we performed negative binomial regressions with generalized estimated equations to account for clustering of patients within providers and adjusted for practice site and patient/provider characteristics.

Results:
Patients were predominantly male (66%) and African-American (57%), while providers were predominantly female (58%) and white (71%). In multivariable analysis, providers with higher respect had a more positive emotional tone [IRR 1.10 (1.06-1.14)], engaged in more social chat (IRR 1.05 [1.01-1.1]), engaged in more social chat (IRR 2.03 [1.65-2.56]), and more positive talk [IRR 1.22 (1.08-1.39)], and gave more psychosocial information to their providers (IRR 1.60 [1.26-2.04]). Encounters between patients and providers with higher respect were characterized by less verbal dominance [IRR 0.87 (0.78-0.96)] and more patient-centeredness [IRR 1.38 (1.12-1.71)].

Discussion:
Respectfulness is associated with positive and patient-centered communication behaviors during medical encounters that are voiced by both providers and patients. The study results underscore the highly reciprocal nature of communication and suggest that interventions that enhance provider attitudes of respect may help improve communication and care quality.

03D.1 Integrating patients’ and clinical mental health expertise within a single online decision support system: myGRiST
Monday, 29 September 2014: 02:30 - 02:45; Room: E104

Title: Integrating patients’ and clinical mental health expertise within a single online decision support system: myGRiST

Authors:
Buckingham, C D (Christopher); Adams, A (Ann); Kumar, A; Vail, L; Whelan, A

Presenter:
Buckingham, C D (Christopher)

Introduction:
Risk assessment is a core part of mental health clinical practice, but a process which patients often find traumatic because they feel disempowered by it and unable to find their ‘voice’ or to contribute on an equal footing to decisions about the level of risk in their life and how best to manage it. This paper offers a solution. It describes a method for linking computerised models of patient and clinical expertise within the GRiST web-based decision support system, which is an established system in use in the UK National Health Service and other organisations providing mental health care (www.egrict.org). Feasibility of the method is demonstrated by development of myGRiST, a software tool designed to help patients assess and manage their own mental health risks collaboratively with clinicians.

Methods:
An iterative process involving interviews, focus groups, and agile software development was undertaken with 88 participants (predominantly mental health service users, but also carers of people with mental health problems), to elicit and implement myGRiST requirements. Fieldwork was used to: evaluate the clinical model of risk underpinning GRiST from a patient perspective; drive the development of a patient-friendly interface and ways of navigating the system; review required functionality; and review and re-write self-assessment questions and labels denoting the different areas of assessment, using accessible lay language.

Results:
Findings highlight shared understanding of mental health risk between patients and clinicians. This enables linkage of patients’ expertise about their own lives and health with clinical expertise, in an integrated model. However, important differences were revealed in patients’ preferred process of assessing risks and safety, which are reflected in the distinctive interface, navigation, tool functionality and language developed for myGRiST.

Discussion:
The methods show that clinical expertise can be reformulated in a format that simultaneously captures patient expertise, to provide a tool highly valued by patients. In practice, this means GRiST and myGRiST provide individualised clinical and patient interfaces to a consensual model of expertise. The resulting web-based decision support system will be demonstrated in the presentation to show how myGRiST self-assessments link and integrate with GRiST clinical assessments to support collaborative healthcare, and self-management.

03D.2 Outcomes of Patient-Directed Online Health Information Tools for Older Patients: A Systematic Literature Review
Monday, 29 September 2014: 02:45 - 03:00; Room: E104

Title:
Outcomes of Patient-Directed Online Health Information Tools for Older Patients: A Systematic Literature Review
Authors: Bolle, S (Sifra); Weert, J.C.M. van; Daams, J.G.; Loos, E.F.; Haes, J.C.J.M. de; Smets, E.M.A.
Presenter: Bolle, S (Sifra)
Introduction: Increasingly, older adults (>65 years) use the Internet to search for health-related information. Online health information tools have been found to be effective in increasing several health outcomes. However, the effects of these tools for older patients are far from clear. Therefore, the aims of this systematic review are 1) to give an overview of the functions and outcomes of patient-directed online health information tools for older patients and 2) to review the effectiveness of such tools on these outcomes, taking the methodological quality of the studies into account. The results are structured using a two-dimensional framework of functions (providing information, enhancing information exchange, and promoting self-management) and outcomes (immediate, intermediate, and long-term outcomes).
Methods: Comprehensive searches of the Pubmed, Embase, and Psychinfo databases were conducted. Main inclusion criteria were that the study included outcomes of a patient-directed online health information tool and that the mean age of the sample or a subgroup was ≥65 years.
Results: The search strategy resulted in 9,825 hits, of which 22 publications fulfilled the inclusion criteria. For the eleven publications that had a RCT design, we assessed the methodological quality and conducted a Best Evidence Synthesis (BES) to attribute various levels of evidence to the outcomes of the interventions. BES revealed evidence of online health information tools for self-efficacy (intermediate outcome), blood pressure, hemoglobin levels, and cholesterol levels (long-term outcomes). Limited evidence was found for perception towards using online health information tools (immediate outcome); knowledge, depression, perceived social support, health care utilization (intermediate outcomes), and glycemic control, self-care adherence, exercise performance, arm endurance, and quality of life (long-term outcomes).
Discussion: The body of literature on the effectiveness of online health information tools for older patients is still in its infancy, but is growing rapidly. At this moment, it is important to realize that online health information tools for older patients have the ability to improve several outcomes—even clinical outcomes. Hence, online health information tools can be a valuable way to provide health information to older patients.

03D.3 Developing and piloting an eHealth application targeting cancer survivors

Monday, 29 September 2014: 03:00 - 03:15; Room: E104

Title: Developing and piloting an eHealth application targeting cancer survivors
Authors: Van Uden-Kraan, C.F.; Lubberding, S; Jansen, F; Cuijpers, W.J.M.J.; Leemans, C.R.; Verdonsck-de Leeuw, I.M.
Presenter: Van Uden-Kraan, C.F.
Introduction: We aimed to develop an eHealth application, OncoKompas, targeting cancer survivors, through a user-centred design approach. By means of OncoKompas patients can monitor quality of life and view their results in real-time through individual well-being profiles. Based on these profiles and personal preferences, participants are directed towards supportive care services. To ensure adequate uptake, patients and other stakeholders were involved in the development.
Methods: We conducted a qualitative needs assessment among patients (N=30) and care professionals (N=11). Usability (system quality) of a prototype was tested by patients (N=9). Subsequently, OncoKompas was developed with patients and professionals. Patients (N=9) participated in a second usability study (content and service quality) and care professionals (N=21) in a cognitive walkthrough. Finally, patients (N=62) participated in a multi-centre pilot study to assess feasibility.
Results: The needs assessment revealed that an eHealth application targeting survivorship cancer care was appealing to most patients. Respondents requested OncoKompas to provide tumour specific information and supportive care options in their own environment. Requirements for usage were: easy to use, non-obligatory, and an addition to care as usual. Care professionals expected that OncoKompas could optimize survivorship care, by providing them better insight into patients’ well-being. Information provided should be concise and easily accessible. Usability tests identified some weaknesses in the user interface that resulted in adjustments, e.g. clearer user instructions. Care professionals appointed some considerations during cognitive walkthroughs concerning the extensive scope and unclear final responsibility. They were pleased about the positive “approach” of OncoKompas, complete list of supportive care and design. The feasibility study showed that patients appreciate the increased insight in their well-being, the possibilities to improve their well-being, as well as the opportunity to immediately get started with the tailored advice and supportive care options provided. Patients appointed considerations concerning the presentation of the well-being profiles (confronting), and the limited match between their expectations and the well-being profiles provided by OncoKompas.
Discussion: Study results give insight into the characteristics needed to develop and implement a useful eHealth application. Based on the current study results OncoKompas will be optimized, after which a multi-centre study will be conducted to assess (cost-)effectiveness.

03D.4 EFFECTIVENESS OF AN INTERNET-BASED INTERVENTION FOR PEOPLE WITH CHRONIC BACK PAIN (cBP): A RANDOMIZED CONTROLLED STUDY

Monday, 29 September 2014: 03:15 - 03:30; Room: E104

Title: EFFECTIVENESS OF AN INTERNET-BASED INTERVENTION FOR PEOPLE WITH CHRONIC BACK PAIN (cBP): A RANDOMIZED CONTROLLED STUDY
Authors: Riva, SR (SILVIA); Camerini, Anne Linda; Schulz, Peter
Presenter: Riva, SR (SILVIA)
Introduction: Chronic back pain (cBP) represents a significant public health problem ranging from 60% to 80% in prevalence and restricting the daily activities and quality of life with an enormous economic impact estimated around $24 billion/year. Being one of the most common causes of disability and sick leave, there is a need to develop alternative cost-effective ways to manage such a disease than traditional treatments. One way is represented by Internet-based self-management interventions.
Methods: A randomized controlled study was designed to evaluate the effectiveness of an online intervention for cBP patients with specific regards to health empowerment through high levels of interactivity. Therefore, a time-related version based on static information and empowering elements (e.g. action plan with weekly reminders) was compared to a no-time related version based on static information only. Fifty one subjects were recruited through their healthcare providers and randomly assigned to either the time-related (n=27, experimental group) or the no-time related version (n=24, control group). The intervention took eight weeks, including a pre-questionnaire at the beginning, a middle term assessment after four weeks and a final assessment after eight weeks. Outcome measures
included health empowerment, physical exercise, medication misuse, and pain burden.

Results:
All subjects completed the study. After eight weeks, a general trend of improvement was observed in patients assigned to the experimental group. The strongest impact of the intervention was in the reduction of medication misuse (Mean difference = 0.59, 95%CI [-0.13, 0.18]; Cohen’s d=0.45) and self-determination as a sub-dimension of health empowerment (Mean difference = 1.32, 95%CI [-0.16, 0.23]; Cohen’s d=0.24).

Discussion:
Results suggest that participating in a time-related online intervention can effectively alter patients’ knowledge and empowerment which eventually reduce pain burden. As the healthcare system becomes more complex and costs continue to rise, a low-cost, Internet-based intervention including both information and an interactive elements hold great promise in reaching those who might normally have difficulty in accessing traditional healthcare.

03D.5 Identifying key components of a web-based decision aid for treatment choice of localized prostate cancer

Monday, 29 September 2014: 03:30 - 03:45; Room: E104

Title:
Identifying key components of a web-based decision aid for treatment choice of localized prostate cancer

Authors:
Schrijvers, J (Jesse); Vanderhaegen, J (Joke); Poppel, H van (Hendrik); Haustermans, K (Karín); Audenhove, C Van (Chantal)

Presenter:
Schrijvers, J (Jesse)

Introduction:
For localized prostate cancer several treatment options are available. Patient decision aids can help patients in making a deliberative, personalized health choice in close collaboration with their physician. The aim of this research was to identify key components of a web-based decision aid for treatment choice of localized prostate cancer in an elderly patient group.

Methods:
One hundred men between 65 and 75 who have been diagnosed with localized prostate cancer at the University Hospital of Leuven, campus Gasthuisberg, were invited to use a web-based DA in their decision making process. By means of web-log files, general usage data and usage of with technology features included (such as patient statements, comparative tables, values clarification tool,...) could be analyzed.

Results:
Men spent on average 30 minutes on the web-based decision aid. Most time was spent on the pages with information on treatment options. These pages were also most frequently accessed. The use of the feature ‘comparative tables’ was the highest, followed by the ‘values clarification tool’. According to age (and;70 or >70 years) differences were observed for the time spent on the decision aid, the pages accessed and the use of the technology features.

Discussion:
These study results indicate that information on treatment options, comparative tables and a values clarification tool are key components of a web-based decision aid for treatment choice of localized prostate cancer in a 65plus patient group.

03E.1 Shared decision-making in anti-hypertensive therapy from general practitioners’ perspective – a qualitative study

Monday, 29 September 2014: 02:30 - 02:45; Room: E105/6

Title:
Shared decision-making in anti-hypertensive therapy from general practitioners’ perspective – a qualitative study

Authors:
Siegel, A (Achim); Poellnitz, P von (Paul); Niebling, W (Wilhelm); Tinsel, J (Iris)

Presenter:
Siegel, A (Achim)

Introduction:
Evidence of positive clinical effects of shared decision-making (SDM) trainings for general practitioners (GPs) is sparse. To broaden that evidence, we conducted a cluster-randomised study in the context of GPs’ anti-hypertensive care, testing the effects of an SDM training for general practitioners on patients’ blood pressure and patients’ perceived participation in treatment decisions. The study could not detect any significant intervention effect. To examine the feasibility of SDM in anti-hypertensive care in detail, we explored GPs’ views and attitudes by in-depth interviews, focusing on barriers and facilitators of SDM.

Methods:
In the above-mentioned cluster-randomised trial 19 GPs had been part of the intervention arm and thus had participated in an SDM training designed for GPs. After that study had been completed, these 19 GPs were invited to participate in in-depth interviews. Finally 17 GPs took part. Participants varied not only as to gender, age, and professional experience, but also as to location of their practice (urban Freiburg vs. rural surroundings). Interviews were recorded, transcribed and finally analysed referring to the method of Mayring.

Results:
Most GPs approved the idea of SDM in anti-hypertensive care, indicating that it was feasible. However, most GPs stated that SDM-oriented consultations would take more time than standard consultations. Furthermore, many GPs displayed a concept of SDM that differed from the concept which had been forwarded by the SDM trainers: While the trainers had introduced SDM as a communication process consisting of nine elements (according to Bieber and Haertet), many GPs displayed a reduced concept, viewing the explicitation of different treatment options as the most important feature of ‘their’ SDM practice.

Discussion:
Compared to other studies, the GPs in our study stated similar SDM barriers, mentioning a surplus consultation time as the most significant barrier. We found that most GPs displayed a narrower concept of SDM than the one which the trainers had forwarded. Several explanations may be put forward. Thus, e.g., one may assume that some elements (of the 9-element-concept of SDM advocated by the trainers) were felt too abstract and difficult to implement in everyday care so that these elements were stripped from a ‘basically useful’ concept.

03E.2 Communication of clinical decisions in 380 hospital encounters

Monday, 29 September 2014: 02:45 - 03:00; Room: E105/6

Title:
Communication of clinical decisions in 380 hospital encounters

Authors:
Ofstad, EHO (Eirik); Frich, JC (Jan); Schei, E (Edvin); Gulbrandsen, P (Pål)

Presenter:
Ofstad, EHO (Eirik)

Introduction:
Decision-making is a key activity in health care and clinical decisions are central outcomes of patient-physician encounters. Although the importance of decisions and decision making-processes in medicine is widely accepted, the term decision is poorly defined and the word’s meaning implicitly taken for granted in everyday language. To better understand how decisions affect medical encounters, we aimed to identify all signs of clinical decisions as they emerged as communicative actions, in order to classify them and describe how decisions are communicated in patient-physician encounters.

Methods:
Building on previous work by Braddock et al, we developed The Decision Identification and Classification Typology for Use in Medicine (DICTUM) through a content driven iterative process informed by the experiences and perspectives of four doctors. The material comprised 380 videotapes with 59 doctors from eight
specialties in a Norwegian general hospital. Average duration of the encounters was 22 minutes.

Results:
In 243 coded encounters we found an average of 14 clinical decisions communicated per encounter, distributed across 10 topical categories; 29% defining problem, 17% evaluating test, 13% drug-related, 10% ordering test, 10% contact-related, 8% advice and precaution, 4% intervention, 4% deferment, 2% legally related, 1% treatment goal. 4-coder-IRR using Krippendorf’s alpha was 0.79. The total body of 380 videos will be coded and analyzed before EACH 2014.

Discussion:
We argue that DICTUM makes it possible to identify all clinically relevant decisions in videotaped patient-physician encounters. The average number of decisions identified with DICTUM is four times higher than the number of decisions identified in studies that have focused on and measured the degree of patient involvement in decisions. We argue that identifying the true decisional content of each clinical encounter is a potentially fruitful step in the process of making both providers and patients aware of opportunities for patient involvement in decision-making.

**03E.3 THE EVALUATION OF A PATIENT DECISION AID FOR ANTI-RHEUMATIC DRUGS**

**Monday, 29 September 2014: 03:00 - 03:15; Room: E105/6**

**Title:**
THE EVALUATION OF A PATIENT DECISION AID FOR ANTI-RHEUMATIC DRUGS

**Authors:**
Nota, I (Ingrid); Drossaert, C.H.C.; Taal, E.; Laar, M.A.F.J. van de Presenter:
Nota, I (Ingrid)

**Introduction:**
Research among Dutch arthritis patients has shown that quality improvement is needed in the field of ‘information about medication and treatment’ and that patients want to be more involved in treatment decision-making. To educate patients about Disease Modifying Anti-rheumatic Drugs (DMARDs) and to increase patient involvement in decision making about medication, a Patient Decision Aid (PtDA) was developed. For the development a user’s centred design procedure was used. Aim of the current study was to evaluate the usage, patients’ satisfaction about, and a the effects of the PtDA.

Methods:
A quasi-experimental questionnaire study arthritis patients who were facing the decision to start (a different) drug, received a referral to the PtDA (intervention group, n=123) or not (control group n=158). A questionnaire was sent to all patients, 6 weeks after inclusion. The questionnaire included questions on, among others, patient’s perceived role, knowledge, and satisfaction with the decision process. Patients from the intervention group were also questioned about the use of the PtDA, its perceived usefulness, its perceived ease of use, and its perceived effectiveness.

Results:
The PtDA was used by 57% of respondents in the intervention group. Younger (p<0.003) and higher educated (p=0.004) patients were more likely to have used the PtDA. Users were on average very positive about the PtDA: they rated the PtDA as useful, easy to use and easy to understand. Compared to the control group, patients in the intervention group perceived a more active role in decision-making (p=0.01) and perceived the final choice to be more consistent with their personal values (p=0.02). A significant increased knowledge was revealed among users of the PtDA (p=0.03). No effects were found on satisfaction, trust in physician, beliefs about medication, or adherence to medication.

Discussion:
Our PtDA can be a valuable aid in improving patient participation in medical decision-making about anti-rheumatic drugs.

**03E.4 The role of contextual and cognitive biases on shared decision making in Primary Care**

**Monday, 29 September 2014: 03:15 - 03:30; Room: E105/6**

**Title:**
The role of contextual and cognitive biases on shared decision making in Primary Care

**Authors:**
Tsiga, E (Evangelia); Panagopoulou, E (Efharis); Benos, A (Alexios)
Presenter:
Tsiga, E (Evangelia)

**Introduction:**
Despite the fact that most medical decisions are taken in a context of pressure and uncertainty, medical decision making is still largely regarded as an explicit, logical process. While studies on shared decision making have very successfully addressed variables concerning the patient or the medical interaction, they have not addressed the fact that medical decisions are human decisions, and as such they can be biased/-shaped by implicit cognitive, and contextual factors. The aim of this study was to investigate the role of time-pressure (contextual) and physical attractiveness stereotype (cognitive) on decision making in primary care.

Methods:
Two controlled-experiments were conducted. In the first experiment 35 GPs were asked to conduct a medical history interview and diagnose an x-ray of eight patients presenting with upper respiratory tract infection in two conditions (time pressure: NO/YES). In the second experiment, were asked to conduct a medical history interview and diagnose an x-ray of four attractive and four unattractive female patients, presenting with symptoms of urinary tract infection.

Results:
Under time pressure GPs did not offer any advice concerning lifestyle changes (p &lt;0.01). Under time pressure 70% of GPs did not identify the foreign object in the X-rays, compared to 13% who did not identify the foreign object in the no time pressure condition (p &lt;0.01). Similarly, GPs did not ask questions concerning sexual history in the non-attractive patients, while 27.27% of GPs did not identify the foreign object in the non-attractive patients, compared to 9% of GPs who did not identify the foreign object in the attractive patients (p&lt;0.01).

Discussion:
Time pressure and patient’s physical attractiveness had a significant impact upon doctor- patient interaction during history taking and on doctors diagnostic and treatment decisions. Results indicate that for shared decision making the implicit and contextual biases of both sides need to be examined.

**03E.5 Surrogate Decision Makers and Proxy Ownership: Challenges of Privacy Management in Health Care Decision Making**

**Monday, 29 September 2014: 03:30 - 03:45; Room: E105/6**

**Title:**
Surrogate Decision Makers and Proxy Ownership: Challenges of Privacy Management in Health Care Decision Making

**Authors:**
Bute, JJB (Jennifer); Petronio, SP (Sandra); Torke, AMT (Alexia)
Presenter:
Petronio, SP (Sandra)

**Introduction:**
Surrogate decision makers who determine choices about health care on behalf of incapacitated patients are increasingly common in the hospital environment. This study explored the communicative experiences of surrogates, serving as decision makers for patients who were unable to convey private health information and choices about treatment options themselves. Because knowing private health information about the patient was integral to successful patient care, this study was particularly interested in investigating the role healthcare surrogates play in managing patients’ private health information.

Methods:
Drawing on assumptions from communication privacy management theory (Petronio, 2002) and using qualitative methods, 35 surrogates were interviewed at two hospitals (a public hospital and tertiary care...
referral hospital) affiliated with a large medical school in an urban environment. Using a semi-structured interview guided by a communication model developed by Torke and Petronio, the study explored how surrogates navigated the role of guardian for patients’ private health information while the patient was hospitalized.

Results:
Using thematic analysis, this research determined that surrogates were not only guardians and thereby co-owners of the patients’ private health information, they in fact served in a “proxy ownership” role because it was necessary to “take over” for the incapacitated patient. Themes identified frustrations that surrogates felt about gaining access to patient health information that included many delays, missing information, and feeling they had to work hard to get information. Surrogates also identified difficulties of demands for the patients’ private health patient information from the medical team that included not always having the requested information, such as knowing the patient’s wishes for treatment. These participants also revealed that deciphering hospital systems presented a roadblock for them as they endeavored to fulfill their proxy ownership role.

Discussion:
Overall, surrogates described obstacles to both obtaining and sharing private health information about the patient, suggesting their rights as legitimate co-owners of the patients’ information were not fully acknowledged by the medical teams. Surrogates descriptions of these challenges provide a glimpse into their definitions of responsibilities and problems they faced to ensure good patient care. Theoretical and practical implications of these challenges are discussed and applications of these findings are presented.

03F.1 Adolescent Sexual Behavior: Comparing Verbal Disclosures to Physicians during Visits with Answers on Self-Report Questionnaires
Monday, 29 September 2014: 02:30 - 02:45; Room: E107

Title: Adolescent Sexual Behavior: Comparing Verbal Disclosures to Physicians during Visits with Answers on Self-Report Questionnaires
Authors: Alexander, SC (Stewart); Fortenberry, JD (Dennis); Pollak, KI (Kathryn); Bravender, T (Terrill); Ostbye, T (Truls); Tulsky, JA (James); Dolor, R (Rowena); Shields, CG (Cleveland)
Presenter: Alexander, SC (Stewart)
Introduction: Learning about and experimenting with sexuality is normal in adolescent development. Physicians could play an important part in adolescents’ sexual maturity by providing guidance that can frame emerging sexuality as normative. Yet, adolescents often do not disclose their sexual activity to their physicians. The purpose of this study was to examine how often adolescents’, who willingly self-reported their sexual activity in a confidential questionnaire, were likely to self-disclose this information to their physicians.

Methods:
We audio-recorded 365 visits between 365 adolescents and 49 physicians. All recordings were reviewed for any mention of sexuality activity (self-disclosure). Confidential surveys were administered before the visits, which asked adolescents about their sexual activity (self-report). Agreement and disagreement between self-reported and self-disclosed data were examined to identify physician, adolescent, and visit variables associated with matching and non-matching self-reported and self-disclosed responses.

Results:
Adolescents averaged 14 years of age, 50% female, 50% Black, and 40% White. Physicians were mostly pediatricians (90%) and averaged 12.5 years post medical school. A total of 56 out of 365 (15%) adolescents self-reported or self-disclosed that they were sexually active. Out of the 56 adolescents, 32 (57%) adolescents had matching self-reports and self-disclosures, which was greater than chance (Kappa = 0.72, CI 0.63-0.82). Most of the disagreements between self-report and self-disclosed data came from adolescents who self-reported but did not self-disclose their sexual activity (17/56, 30%). We found that a small percentage of adolescents (7/56, 12.5%) self-disclosed sexual behavior to their doctors but did not self-report this information on the questionnaires. Agreement between self-report and self-disclosure was associated with seeing more experienced physicians; while non-matching reports were more likely to come from older adolescents and females.

Discussion:
The decision to self-disclose sexual activity can be complex for adolescents, yet, such self-disclosure could help physicians address sexuality and help reduce adolescents’ potential uneasiness about changes in their bodies, thoughts, and desires. Although we were unable to determine which response was truthful, the findings suggest that only a small proportion of adolescents are disclosing their sexual behaviors to their physicians, which may impact the care they receive and their health.

03F.2 Clinician Mindfulness and Attention to Risky Behaviors in Patients with HIV/AIDS
Monday, 29 September 2014: 02:45 - 03:00; Room: E107

Title: Clinician Mindfulness and Attention to Risky Behaviors in Patients with HIV/AIDS
Authors:
Saha, S (Somnath); Flickinger, T (Tabor); Beach, MC (Mary Catherine)
Presenter: Saha, S (Somnath)
Introduction: Clinician mindfulness is associated with clinicians’ own well-being, better communication with patients, and higher patient satisfaction. Mindfulness may also improve clinical care by increasing clinicians’ cognitive capacity and enabling them to more comprehensively attend to patients’ needs and concerns, particularly difficult topics that require time and mental energy to address, such as counseling about risky behaviors. We assessed whether clinician mindfulness is associated with greater attention to risky behaviors during clinical encounters with patients with HIV/AIDS.

Methods:
We conducted a cross-sectional study of 45 clinicians and 437 of their HIV-infected patients in four geographically dispersed cities across the United States. Clinicians completed surveys that included the 14-item Mindful Attention Awareness Scale. Patients completed surveys including information on health behaviors (sexual activity, drug use, and antiretroviral medication non-adherence). We audio-recorded clinical encounters to assess whether these behavioral topics were addressed during the visit when relevant. We analyzed the association of clinician mindfulness scores with presence or absence of counseling for patients engaging in potentially risky behavior.

Results:
Mindfulness scores among clinicians ranged from 2.6 to 5.9 (possible range 1-6) with a mean of 4.3. The scale had good internal consistency (Cronbach’s alpha 0.90). Overall, 157 of 437 patients reported being sexually active, 124 of 437 reported drug use, and 60 of 335 patients on antiretroviral medications reported missing doses. Clinicians rating themselves as more mindful counseled more often about safe sex (OR 3.15, 95% CI 1.04-9.54) and drug use (OR 1.37, 95% CI 1.02-1.82). Mindfulness was not associated with differences in discussing medication adherence.

Discussion:
Greater mindfulness among clinicians was associated with more comprehensive counseling about potentially risky health behaviors among patients with HIV/AIDS. Interventions to increase mindfulness may improve not only clinicians’ well-being but also their cognitive capacity to address risky behaviors in high-risk patients.

03F.3 StorkTracker: A randomized controlled trial of a prenatal mobile application
Monday, 29 September 2014: 03:00 - 03:15; Room: E107

Title: StorkTracker: A randomized controlled trial of a prenatal mobile application
Authors:
EACH International Conference on Communication in Healthcare Amsterdam September 28 to October 1, 2014

Ledford, CJWL (Christy); Cafferty, LA (Lauren); Canzona, MR (Mollie); Hodge, JA (Joshua)

Presenter:
Ledford, CJWL (Christy)

Introduction:
Individuals benefit from the interactivity available with mobile applications as well as the targeted feedback they can provide. In one U.S. study, 47% of participants who use one or more health applications used a pregnancy-related app. In our hospital system, newly pregnant mothers are issued a spiral-bound guide that provides week-by-week information about pregnancy, preventive health messages, appointment information, and space to record their experiences throughout their pregnancy. This randomized controlled trial (RCT) aimed to test the utilization of a paper versus mobile app version of this guide.

Methods:
This RCT was conducted at a single U.S. hospital in the Family Medicine and Women’s Health clinics. Newly pregnant volunteers completed surveys at their pregnancy intake appointment and again at their second pregnancy appointment.

Results:
From October 2013 through January 2014, 157 mothers consented to participate. Of these, 155 (98.7%) owned mobile devices and were randomized into intervention (mobile app) or control (paper guide) groups. A chi-square showed that intervention and control groups brought their version of the guide to the second appointment at similar rates. An analysis of covariance, including health literacy, patient activation, and age in the model, also showed that intervention and control groups recorded information in the version of the guide at similar frequencies. However, functional health literacy had a positive association with recording information, F(1,113)=6.81, p<.05. The same model revealed marginally significant difference on finding information in the guide F(1,112)=3.187, p=.07. Women in the paper group looked for information in their guide more frequently than those in the mobile group.

Discussion:
Results here show no significant benefit to mobile app versus paper information guides. However, findings do provide some limited lessons. First, women appear to use the paper guide more frequently to find information. Second, functional health literacy may predict how mothers use personal health diaries to track prenatal data. Lastly, we recognize the role of the Hawthorne effect, which may contribute to increased expectations to bring their guide to the appointment following consent. Our continued research over the course of the mothers’ pregnancy will produce more comprehensive lessons.

03F.4 Client Perspectives on the Quality of Communication for Voluntary Medical Male Circumcision Clients in Zambia

Monday, 29 September 2014: 03:15 - 03:30; Room: E107

Title:
Client Perspectives on the Quality of Communication for Voluntary Medical Male Circumcision Clients in Zambia

Authors:
Kim, YM (Young Mi); Kanjipte, W (Weebby); Okuku, J (Jackson); Nikisi, J (Joseph)

Presenter:
Kim, YM (Young Mi)

Introduction:
Growing numbers of men in sub-Saharan Africa are getting circumcised. Proper counselling of these voluntary medical male circumcision (VMMC) clients is essential to ensure that they do not inadvertently increase their risk of HIV infection—either by resuming sexual intercourse too soon after the procedure, or by engaging in risky sexual behaviors in the mistaken belief that they are fully protected against HIV infection. There has been little research on the quality of communication and counselling offered to VMMC clients. This study investigated health workers’ interpersonal communication skills, client satisfaction with counselling, and the topics covered during counselling sessions with VMCC clients in Zambia from clients’ perspectives.

Methods:
Over a nine-month period, researchers recruited 429 VMCC clients at two government-run hospitals in the cities of Livingstone and Kitwe, Zambia. All were older than age 18 and had been sexually active during the previous 3 months. Two trained researchers, one at each hospital, used a structured questionnaire to interview VMMC clients during a routine visit to the hospital 48 hours after surgery to have the bandage removed and the wound examined.

Results:
Almost all clients reported that health workers asked them if they had any questions (94.7%), responded to their questions (94.3%), and explained information simply and clearly (97.5%). Most clients (97.1%) also felt comfortable asking questions of health workers. Nearly all clients (96.2%) were satisfied with the counseling received.

Discussion:
According to clients, the counseling sessions covered most essential MC and HIV/AIDS topics (71.8% and 86.1%, respectively). 95.1% of clients were instructed to abstain from sex for six weeks after the procedure, and 94.7% were informed that MC only offers partial protection against HIV infection and must be reinforced with other risk reduction methods, such as abstinence, faithfulness or partner reduction, and condom use.

03F.5 Physicians’ Use of Inclusive Sexual Orientation Language During Annual Visits with Teenagers

Monday, 29 September 2014: 03:30 - 03:45; Room: E107

Title:
Physicians’ Use of Inclusive Sexual Orientation Language During Annual Visits with Teenagers

Authors:
Alexander, SC (Stewart); Fortenberry, JD (J. Dennis); Pollak, KI (Kathryn); Bravender, T (Terrell); Østbye, T (Truls); Shields, CG (Cleveland)

Presenter:
Alexander, SC (Stewart)

Introduction:
The American Academy of Pediatrics recommends physicians have explicit discussions of sexuality with adolescent patients. To be effective, physicians need to help adolescents feel safe exploring questions of sexual attraction, identity, and behaviors. Rigid sexual identity labels such as “heterosexual” and “homosexual” do not fit adolescents whose sexual identities, attractions, thoughts, behaviors, and fantasies are still developing. Using inclusive language that is not assuming heterosexuality can help adolescents feel safe to discuss their thoughts. Little research documents how physicians discuss sexuality with adolescents.

Methods:
We audio recorded annual office visits for adolescents ages 12-17. Four categories of language were assessed: inclusive language (gender neutral or inclusive language regarding sexuality); direct non-inclusive language (explicitly referring to the teenager as heterosexual); indirect non-inclusive language (assuming heterosexuality but not directly referring to the adolescent as heterosexual) or consistent language (blending both inclusive and non-inclusive words about sexual activity, sexuality, or sexual identity). Use of inclusive and non-inclusive language were examined for differences in teenager demographics and visit characteristics.

Results:
Annual visits between 393 adolescents and 49 physicians were recorded and examined. 63% (245) of the visits contained some talk related to sexual activity, sexuality, dating, or sexual identity. Inclusive talk rarely occurred (10%) while non-inclusive language (38% direct and 47% indirect) was more common. Younger
adolescents were more likely to hear inclusive language compared to older teenagers.

Discussion:
Physicians rarely use inclusive language when discussing sexuality with adolescents but and typically use non-inclusive language. Physicians and other healthcare providers can play important roles in creating safe environments for sexual minority (and majority) adolescents to discuss sexuality. Open and inclusive conversations may enhance adolescents’ willingness to discuss sensitive topics relating their own sexuality and attractions. Our findings suggest room for improvement to help adolescents have meaningful discussions with their physicians.

03G: Decision-making and participation in bowel cancer screening: Challenges and interventions for low health literate individuals
Monday, 29 September 2014: 02:30 - 04:00; Room: E108

Prof. Dr. Marie-Louise Essink-Bot; Department of Public Health, Academic Medical Centre, University of Amsterdam

Symposium overview
Informed decision-making and participation in bowel cancer screening is challenging for low health literate individuals. We present research projects from Australia, United Kingdom and The Netherlands that aimed to investigate and enhance informed decision-making and participation in this group. We discuss our results and develop an agenda for future research.

Presentation 1
Accessibility of bowel cancer screening information for individuals with low health literacy
Mirjam Fransen; Department of Public Health, Academic Medical Centre, University of Amsterdam; PO Box 22660 1100 DD Amsterdam, The Netherlands m.p.fransen@amc.uva.nl
Dr. Fransen and colleagues investigated the accessibility and comprehensibility of the information materials for the Dutch bowel cancer screening programme among screening invitees with low health literacy and assessed to what extent the materials enable them to make informed decisions. The qualitative (n=30) and quantitative (n=300) outcomes illustrate the specific challenges of informed decision-making among low health literate invitees and raises questions on what knowledge is essential and achievable in this group.

Presentation 2
Development and evaluation of a decision aid to support informed decision-making among low literate adults
Dr. S. Smith, Psychosocial Research Group, Prince of Wales Clinical School, University of New South Wales, Sydney; NSW 2052 Australia; sian.smith@unsw.edu.au
Dr. Smith and colleagues developed and evaluated a decision aid to help adults with lower education and literacy better understand the potential benefits and harms of participating in bowel cancer screening. The randomised trial (n=572) and qualitative components of the research revealed that the decision aid supported informed decision-making, but led to a reduction in screening participation. This work has generated debate about the use of decision aids in screening programmes among low literacy populations.

Presentation 3
Development and testing of a bowel cancer screening information leaflet suitable for low literacy populations
Dr. C. Von Wagner, Health Behaviour Research Centre, Department of Epidemiology & Public Health, University College London; WC1E, United Kingdom; c.wagner@ucl.ac.uk
The standard information booklet by the NHS Bowel (colorectal, CRC) Cancer Screening Programme in England has been developed to reflect the literacy levels of a diverse population. Nonetheless, think aloud interviews (N=18) indicate that people struggle to process important aspects of this information. Dr von Wagner describes the design and user-testing (cognitive interviews, N = 28 & randomised trial of CRC screening knowledge/intention, N = 4452) of a brief 'gist-based' supplementary CRC screening information leaflet.

03H: Patients and families as equal partners in healthcare quality improvement - using Experience-based Co-design (EBCD)
Monday, 29 September 2014: 02:30 - 04:00; Room: Elicium D403

Louise Locock, University of Oxford

Symposium overview
Improving patient experience is a priority for many healthcare systems. Qualitative research can suggest ideas for improvement, but organisations are uncertain how to use it in practice. This session explores the potential of EBCD, a participatory action research process which combines patient/carer narratives with co-design techniques, to achieve user-centred change.

Presentation 1
Survey of EBCD projects
Professor Glenn Robert, National Nursing Research Unit, Florence Nightingale School of Nursing and Midwifery, King’s College London. glenn.robert@kcl.ac.uk
EBCD engages participants in co-design activities to plan, implement, and monitor improvements. A survey in summer 2013 found that since the original pilot project in 2006 - there have been at least 57 EBCD projects implemented in a range of clinical services in six countries: England, Australia, New Zealand, Canada, Sweden and the Netherlands. A further 24 projects were in the course of being planned by respondents. Findings from the survey will be presented.

Presentation 2
Accelerated EBCD
Dr Louise Locock, Health Experiences Research Group, Department of Primary Care Health Sciences, University of Oxford. louise.locock@phc.ox.ac.uk
A commonly reported barrier to adopting EBCD is the time and cost involved, particularly in conducting local interviews to produce a ‘trigger film’ of patient experiences to stimulate co-design discussions. This session will present a recent study of ‘accelerated EBCD’, which replaced local interviews with a trigger film derived from secondary analysis of a national archive of video and audio patient experience interviews. This achieved similar results to traditional EBCD, faster and at lower cost.

Presentation 3
Adaptations of the EBCD method
Femke Vennik, Institute of Health, Policy & Management, Erasmus University Rotterdam
Four Dutch hospitals planned to adopt the official EBCD method to improve the quality of care. However, they adapted the EBCD method to their own organisations in different ways, mainly to limit required time and financial resources. This session will present the types of adoptions made and will elaborate on the results of this adaptation process.

Presentation 4
The development of interventions using EBCD, to improve carer experience
Dr Vicki Tsianakas, Supportive Cancer Care, Florence Nightingale School of Nursing and Midwifery, Kings College London
Supporting someone through chemotherapy can be emotionally and physically demanding. However, research has yet to establish the type of support carers require. This session will present a study which adapted the EBCD approach to develop an intervention to improve support for carers during chemotherapy. The intervention proved to be acceptable to carers and healthcare professionals and demonstrated considerable promise and utility in practice. Results support the development of interventions using EBCD, to improve carer experience.

03I: Training of context-specific, goal-driven doctor-patient communication
Monday, 29 September 2014: 02:30 - 04:00; Room: Elicium D404

Authors & affiliations:
C. Rietmeijer, Free University Medical Centre Amsterdam, Netherlands;
G. Essers, Leiden University Medical Centre, Netherlands;
A. Timmerman, Maastricht University, Maastricht, Netherlands. Rationale:
Curricula for doctor-patient communication focus on patient-centeredness. Transferring this into clinical practice may be difficult due to the context-specificity of consultations requiring flexible communication. In daily practice, doctors “read” the context and choose their goals, based on their perceptions of the patient’s individual needs and their tasks in the specific situation. Therefore, the Dutch GP specialty training programmes have redesigned their communication curricula in which medical, doctor- and patient-factors define the context for proper communication.

To help GP supervisors and GP trainees discuss videotaped real-life consultations in this way, we have constructed a set of 7 questions, based on the ALOBA method, and an extra aid based on the UK Communication Curriculum Wheel.

Objectives:
1. To briefly inform participants on context-specific and goal-driven doctor-patient communication
2. To use the set of 7 questions in a teaching session based on videotaped clinician-patient encounters, and
3. To tell how the Communication Wheel can facilitate the identification of tasks and context in the consultation. Thus, participants will be able to assess the value of these tools for their teaching practice.

Session format and activities:
Large group: First we will briefly inform participants on context-specific and goal-driven doctor-patient communication.
Small group work: Next we will simulate a teaching session, asking the participants to view and discuss part of a videotaped GP – patient consultation. Participants will be divided into groups of 3, each having a different role. Participants will receive the set of 7 questions to discuss the doctor’s communication.
Large group: In the subsequent plenary, we will summarise the pros and cons of this set of questions in discussing context-specific and goal-driven communication.
Large group: Next, participants will be introduced to the Communication Wheel.
Small group: In the same small groups, participants will now discuss if and how the Communication Wheel can be helpful as an aid to more precisely determine the relevant context factors.
Large group: Participants will be invited to share their thoughts about this way of discussing doctor-patient communication in a teaching session.

03I: A cross cultural shared decision making: When “Yes, doctor” may not mean agreement

Mora Claramita, Department of Medical Education, Faculty of Medicine, Gadjah Mada University, Yogyakarta, Indonesia
Astrid Pratindra Susilo, Faculty of Medicine, Mulawarman University, Samarinda, East Kalimantan, Indonesia
Valerie Eertwegh, School of Health Professions Education, Maastricht University, Netherlands
Jan van Dalen, School of Health Professions Education, Maastricht University, Netherlands

Rationale
The informed and shared decision making is essential in each of patient-physician encounters. However, behind “Yes, doctor” may be wide socio-cultural hierarchy, less direct expression of concern, less individual autonomy in decision making, strong family and community influence on decision making and the habit of using alternative medicine. Without adequate comprehension of cultural background, physicians may fail in obtaining shared decision making especially when time to make decision is punctual.

Objectives:
1. To initiate understanding of cultural values underlying patients’ clinical decision making process.
2. Session format/activities
The workshop uses examples that may be generalised to different cultures. Visualizations of encounters with patients from remote areas of some countries will be presented including a general overview of cross cultural communication in 30 minutes. A demonstration of a role play and feedback between two participants will be followed by series of guided questions for a role-play session for all participants - in trios, will be done in 30 minutes. The last 30 minutes will be for discussions of the reflections and followed by a final illustration of communication skills that should be strengthened in this context.

03K: “Just don’t tell my mother!” Difficult family interviews at the end of life

Monday, 29 September 2014: 02:30 - 04:00; Room: Elicium D408

Thomas Campbell; University of Rochester, NY & Kathy Cole-Kelly; Case Medical School, Cleveland Ohio

Rationale
Despite the increase in communication training, few clinicians receive training in family interviewing. Family members play a critical role in medical decision making at the end of life, when there can be conflict and high emotions.

Objectives:
1. To teach advanced and practical skills for conducting challenging family interviews and assisting families with difficult medical decisions at the end of life.
2. To explore and demonstrate different methods for teaching family interviewing, including checklists, role-play, standardized families and live interviews in different clinical settings.

Session format/activities
This interactive workshop will use brief didactics, video, roleplay, mini- and large group discussions. All participants will be engaged in the teaching activities.

After introductions of all participants, we will provide a brief overview of the role of family members in end of life decision making and the basics of family interviewing. We will then introduce a family where there is major conflict about medical care for a dying parent. Participants will be asked to role play family members and health providers. We will demonstrate and teach key skills in handling family conflict and requests for secrecy (triangulation), defusing strong emotions, and achieving consensus. Participants will have the opportunity to practice each of these skills. We will provide observers a checklist to assess participants on their family interviewing skills.

In the second half of the workshop, we will explore different methods of teaching family interviewing. The group will be broken into small mini-groups of 3-4 participants and will be given specific questions to discuss how they can teach family interviewing in their own setting. The group will come back together to share their experiences. We will share our own experiences as educators, each teaching family interviewing for over 30 years.

04A.1 How Medical Students Learn to Judge - a Qualitative Longitudinal Cohort Study of Medical Students in Germany

Monday, 29 September 2014: 05:00 - 05:15; Room: Forum

Title:
How Medical Students Learn to Judge - a Qualitative Longitudinal Cohort Study of Medical Students in Germany

Authors:
Langer, T (Thorsten); Jung, O (Ole); Iazmati, D (Danny); Bongartz, M (Maren); Schnell, MW (Martin)

Presenter:
Langer, T (Thorsten)

Introduction:
Physicians are frequently confronted with situations requiring ethical judgment. To integrate ethical dimensions in a medical decision making process is a professional skill that needs to be learned. Therefore, ethics curricula have widely been introduced in medical schools. However, despite the knowledge of what is been taught in ethics curricula, relatively little is known on the process of developing the decision making capacity and what resources students utilize in their judgment.

Method:
We applied a prospective qualitative design by using a clinical vignette at three points in time in a cohort of German medical
students (n=84, years 1, 2 and 4). The vignette describes a pediatric case in which the insertion of a tracheal cannula in an eight year old boy the spinal muscular atrophy is discussed. (Medical team recommends the cannula, Parents prefer to wait.) Participants are asked open and closed questions. Thematic analysis is used for data analysis.

Results:
Participation rate remained stable: 25 participants/year 1, 24/2, 24/4, response rate 28%). In year 1, 68% of respondents report the doctor should follow the parents’ preference; 68%/year 2; 58%/year 4. Qualitative analysis reveals that participants in year 1 and 2 predominantly referred to concepts related to autonomy and “parent as legal guardian” to justify their position. In year 4, participants become more likely to see the tracheal cannula as a “medical necessity” of which importance the doctor should convince the parents. Asked for the resources that helped answering the questions participants in year 1 predominantly drew on personal and prior professional experiences. In year 2, seminars on ethics were reported as additional resource and in year 4 clinical clerkships were reported to be influential in addition. Over all years, participants’ ratings of preparedness to handle this case remained stable (2.5/year1, 2.6/2; 2.7/4. 1=very well prepared; 4=poorly prepared).

Discussion:
Medical students found the questions on a case involving medical and ethical considerations challenging throughout their educational experience, although their perspective changed over the years. Future teaching should acknowledge the embeddedness of ethical challenges in clinical scenarios and facilitate reflections of medical students on the influence of medical knowledge on their ethical judgment.

04A.2 Confirming Communication Tool

Monday, 29 September 2014: 05:15 - 05:30; Room: Forum

Title:
Confirming Communication Tool

Authors:
Wallander Karlsen, MMWK (Marte-Marie); Gabrielsen, AKG (Anita Kristin); Falch, ALF (Anne Lise)

Presenter:
Wallander Karlsen, MMWK (Marte-Marie)

Introduction:
Many studies emphasize patient’s feeling of insecurity and vulnerability and experiences of poor communication quality. Health care professionals need to possess extensive knowledge about various communication strategies to be able to meet the patient’s complex needs especially when they are hospitalized as critically ill patients. The main purpose of this study was to implement “confirming communication skills” to nurses and students in a Postanesthesia Care Unit (PACU).

Methods:
The design was explorative, descriptive and consisted of two parts. A communication tool was developed for this study, based upon seven concrete confirming communication skills. The communication tool was presented in a one day course, which included both a lecture and training in a simulation based environment. We created five scenarios based on postoperative patient case-stories, they were all pilot-tested and revised. The scenarios were videotaped and followed by a debriefing-session. All nurses employed at the PACU and the critical care nursing students were invited to attend the course. The nurses made an evaluation in a survey and the critical care nursing students participated in focusgroups. The interviews were transcribed verbatim and using a content analyzing method. The data from the survey by frequency and comparative analysis.

Results:
In total 40 nurses that had attended the course responded to the survey. The main finding was that the nurses evaluated the communication tool as useful in communication with the postoperative patient, especially in complex, difficult patient-relations. Preliminary findings from two focus group-analyses indicate that the students experienced the communication tool as an “icebreaker” that gave them more confidence and abilities to master complex and difficult communication.

Discussion:
It is known that simulation based training can be effective, but if the participants experience too many barriers learning can be inhibited. Simulation based communication training has been studied in different settings, for example psychiatric- and oncology nursing care, with some positive effect. The findings from our study may be a contribution to build knowledge about communication skills to encounter the patients psychosocial needs in a postoperative setting.

04A.3 The assessment of communication skills in undergraduate medical education in German-speaking countries - a survey

Monday, 29 September 2014: 05:30 - 05:45; Room: Forum

Title:
The assessment of communication skills in undergraduate medical education in German-speaking countries - a survey

Authors:
Görlitz, AG (Anja); Bachmann, C (Cadja); Blum, K (Katharina); Höfer, S (Stefan); Peters, T (Tim), Raski, B (Bianca); Rüttermann, S (Stefan); Kiessling, C (Claudia); “Committee for Communication and Social Skills”, GMA

Presenter:
Görlitz, AG (Anja)

Introduction:
Communication skills (cs) have become a key element in undergraduate medical education. Every medical school in German-speaking countries offers communication training in their curricula. Since 2012 medical licensing regulations in Germany require the assessment of the medical interview in the final licensing examination. It is however unclear to date how communication skills are being assessed during medical education. This study investigates the current state of assessment of cs in undergraduate medical education in German-speaking countries.

Methods:
All 43 German-speaking medical faculties (Germany, Austria, and Switzerland) where asked to fill in an online questionnaire. The inventory contained 14 items about teaching cs, 48 items about the assessment of cs, 5 items about the local teaching conditions and 3 open-ended items for general remarks. Two or three contact persons, familiar with the local curriculum, were asked to complete the survey for their respective medical curriculum. Most of the contact persons were member of the “Committee for Communication and Social Skills of the German-speaking Association of Medical Education”. Data were analyzed descriptively.

Results:
Response rate was 88%. Two medical faculties gave information about 2 parallel tracks. Therefore results include the description of 40 curricula. Cs are taught in all 40 curricula; summatively assessed at 80% and formatively assessed at 48% of sites. Summative assessment happens between the second and fifth years predominantly. In 7 curricula students are assessed summatively in 3 or more different years. Assessment formats include OSCE (31 curricula), paper-based examinations (15 curricula), oral presentations (9 curricula), and workplace-based assessment (8 curricula). Formats used less frequently are computer-based examinations, written assignments, portfolios, oral examinations. Typically students receive feedback as an overall impression of their performance. Few faculties offer elaborated and detailed feedback.

Discussion:
German-speaking medical schools have developed positively, implementing cs into their undergraduate medical curricula. As in other countries, OSCE is the favorite assessment format for cs. Nonetheless it is still a long way to integrated, longitudinal communication curricula with adequate assessment formats in all German-speaking medical faculties.

04A.4 Role of creativity in clinical communication education. A qualitative explorative study

Monday, 29 September 2014: 05:45 - 06:00; Room: Forum
Title: Role of creativity in clinical communication education. A qualitative explorative study
Authors: Lutz, GX (Gabriele); Roling, G (Gudrun); Scheffer, C (Christian)
Presenter: Lutz, GX (Gabriele)

Introduction: There is a longstanding debate about the relevance of skills training versus creativity in medical communication education. While communication skills training is well conceptualized and studied, the concept of creativity is more diffuse. This study explores medical students’ experiences regarding the relevance of creativity in clinical communication. The aim of the study was to gain a better understanding of the factors that determine usefulness of creativity in communication and whether and how it can be enhanced in medical communication training.

Methods: Semi-structured interviews regarding experiences in a clinical reflection training (CRT) were conducted with eighteen final year medical students. Constant comparative analysis of the qualitative data collected regarding communication and prior theory was carried out. Sensitizing concepts of current creativity literature are the four p’s (product, place, process, person) as well as Poincaré’s stages of the creative process and its inherent thought processes of convergent and divergent thinking.

Results: Medical students describe not to feel ready to handle difficult clinical communication situations, even after communication skills training. Creativity is needed to find novel and useful solutions for such complex clinical situations, where there are no easy-at-hand-solutions to achieve effective communication. Creative solutions (products) could be found by the students using a reflective group approach. Additionally, a facilitative environment (place) including a secure space outside the ward, a supportive group and the supervision by an experienced trainer was found to improve the process. Convergent and divergent thinking, which are trained in the steps of the CRT, integrate explicit knowledge and skills regarding communication as well as a more associative thought process. Applying these two thought processes seems to lead to improved handling options regarding difficult encounters. Finally, the reflective process was perceived as a tool to become more flexible in difficult communication situations and helped in personal development.

Discussion: A creative approach in communication education such as the CRT can help to come to novel and useful solutions in situations that may leave students otherwise frustrated. Training this process in individual real clinical situations can help students to use the method for improved communication and personal development.

Methods: To evaluate the reliability and validity EAGL-I scores, a three-hour agenda mapping workshop was provided for third year medical students. Simulated consultations about long term condition management were audio-recorded at three time points during the workshop: once pre-teaching, and twice post-teaching. Three raters then used EAGL-I to assess student agenda mapping. Data were analysed to examine reliability, ability to detect change and to predict whether the simulated patient would disclose their scripted hidden agenda.

Results: In total 78 student observations were included in the analysis. EAGL-I scores represented reliable assessment of agenda mapping under study conditions (Ep<0.832; ep=0.675). Internal consistency analyses (Ep2=0.836) and inter-rater reliability (p=0.663, single rater; p=0.797 two raters; p=0.855, three raters) were above acceptable thresholds. Reliability coefficients overall were lower pre-teaching. A one-way repeated measures ANOVA with post hoc analysis suggests a statistically significant difference between the pre-teaching occasion of measurement and each post-teaching occasion (p<0.001). There was no significant difference between the two post-teaching occasions of measurement (p=0.005). Multivariate logistic regression analyses suggest that scores predict the expression of the patient’s scripted hidden agenda irrespective of any effect of occasions or of patient scenario (n=60, wald χ² = 8.019, p=0.005).

Discussion: This study provides initial evidence of measure validation in an educational setting. Reliability is optimised when two or more raters use the full measure and agenda mapping has been taught. EAGL-I is sensitive to change and higher scores increase the likelihood that a patient may disclose their full agenda. Educators and researchers may now have a tool for assessing agenda mapping. The measure might also be used to further investigate and understand agenda mapping in long-term condition management.

04A.1 Black Caribbean and White British people talking about depression: how their disclosure to doctors contribute to disparities in depression care?

Title: Black Caribbean and White British people talking about depression: how their disclosure to doctors contribute to disparities in depression care?

Authors: Realpe, A.X. (Alba); Adams, A.E. (Ann); Vali, L. (Laura); Buckingham, C.D. (Christopher); Roter, D. (Debra)

Introduction: Observed disparities in medical care reflect the interplay of social factors that guide the perspectives of both patients and doctors. This study explores how patients from different race backgrounds talk to doctors about depression, to generate hypotheses about disparity mechanisms arising from differences in the amount and range of information they disclose, as well as in distinctive manners of disclosure. Hypotheses will be tested using 640 narratives of African-American or African-Caribbean and White US/British patients, generated within a US/UK comparative study.

Methods: A sample of twenty four Black African-Caribbean and White British analogue patients, stratified by race and gender, was asked to talk to a simulated doctor present online, about a time in their lives when they felt low or depressed. Patient disclosures were recorded, transcribed and coded using as a coding framework, the model of risk underpinning an established web-based decision support system in UK NHS use, for assessing risks associated with mental health problems (GRIST), www.egrist.org). The advantage of using GRIST is that it provides a benchmark of the ‘completeness’ of participants’ disclosure (from a practitioner perspective).

Results:
Although White and Black participants’ disclosure contained similar topics, differences in focus and presentation were evident. White participants’ disclosures were more elaborated and extensive than the ones of Black participants, who spoke less and tended to understate their symptoms. Whilst the former articulated associations between depression and feelings of sadness and loss, withdrawal and exhaustion; black participants emphasised anxiety-based emotions and the complex psychosocial consequences of depression, especially related to their need to maintain a strong front for their family and friends.

Discussion:
Patient-led interactional mechanisms have been identified which could be contributing to the poorer quality mental health care and poorer outcomes experienced by black compared with white patients in the UK. These mechanisms will be tested in future work. Understanding the social and cultural dimensions of disclosure could guide healthcare for depression provided for black and ethnic minorities in order to reduce health inequities.

04B.2 Inter-country comparison of lay people preferences toward doctors communication style: a European cross-national research.
Monday, 29 September 2014: 05:15 - 05:30; Room: E102

Title: Inter-country comparison of lay people preferences toward doctors communication style: a European cross-national research.
Authors: Rimondini, DR (Michela); Mazzi, Maria Angela; Deveugele, Myriam; Bensing, Jozien
Presenter: Rimondini, DR (Michela)
Introduction: The evidences from the existing literature suggest that cultural background, expressed also in terms of country of origin, affects doctor-patient communication. For example, intercultural medical consultations present a higher rate of misunderstandings, lower compliance and lower patient satisfaction. The purpose of the study is to highlight differences that emerge from 35 focus group discussions in four countries, both in terms of favorite topics (defined as frequently discussed), and opinions related to doctors’ global communicative performances and specific communication behaviors.
Methods: The study took place in four European countries: Belgium, the Netherlands, United Kingdom and Italy. Each centre organized 8-9 focus groups, including six to nine participants (n=259) who were asked to comment on a short standardized video of a simulated medical interview. The discussions were audiotaped, transcribed and coded using a common framework (“GULiVer code system”) that allowed to identify different thematic areas. Differences between countries were analyzed by comparing the topics that were most frequently deepened during focus groups and participants’ opinions related to doctors’ global/specific communicative performances.
Results:
Most of doctors’ communication behaviors and attitudes were commented positively by the whole sample, with only few exceptions, suggesting that the cultural background of the participating countries didn’t lead to macroscopic differences in citizens’ expectation. Regression models indicated a general appreciation among the four countries of two types of intervention: Summarizing (OR 9.27; p<0.01) and Providing solution (OR 5.78; p<0.01). The count of frequencies, evidenced a third element: the largely positive orientation of participants of the four countries toward Affective attitudes of the doctor (positive judgments: NL 92%; IT 99%; UK 87%; BE 94%).
Discussion: This triad Listening-Empathy-Solution, that embodies a balance between patient involvement, doctor’s competence and emotional containment, seem to characterize the transcultural model of doctor, desired by the European population here analyzed.

04B.3 Optimising cultural safety and comfort during gynaecological examinations: New Zealand accounts from indigenous Māori women
Monday, 29 September 2014: 05:30 - 05:45; Room: E102

Title: Optimising cultural safety and comfort during gynaecological examinations: New Zealand accounts from indigenous Māori women
Authors: Cook, C.M. (Catherine); Clark, T (Terryann); Brunton, M.A. (Margaret)
Presenter: Cook, C.M. (Catherine)
Introduction: International research highlights that women commonly find gynaecological examinations unpleasant. Typically medical research analyses on psychometric measurements of women’s reluctance, rather than exploring relational aspects of care that facilitate women’s experiences. Māori women are disproportionately represented in poor gynaecological health outcomes. Blaming vulnerable populations, including Māori, for their health status is commonplace. In New Zealand, the Cartwright Report from the Cervical Cancer Inquiry (1988) denounced clinicians’ disregard for Māori women’s associations between spirituality, sexuality and fertility. Subsequent cervical screening initiatives and research have focussed on demographic vulnerabilities of Māori women. Scant research investigates how non-indigenous clinicians in mainstream services demonstrate cultural competency that fosters Māori women’s participation in timely screening and treatment. The study’s aim was to identify teachable practices enabling non-indigenous clinicians to foster Māori women’s perceptions of optimal care.
Methods:
Data were drawn from interviews with ten Māori women; part of a larger study about women and gynaecological examinations. Women were recruited from two sexual health clinics in New Zealand. Data were collected through semi-structured interviews. Thematic analysis was undertaken to highlight Māori women’s perspectives on culturally safe care within mainstream services.
Results:
Six key themes in the data were identified: early confidence through initial welcome; knowing and becoming known; clinicians’ listening and collaborating; encompassing the scared; embodied memories; women’s knowledge and authority. Women identified non-indigenous clinicians’ approaches that enhanced their experiences of cultural safety during consultations and examinations.
Discussion: Findings are pertinent to intercultural communication between clinicians and marginalised people. Women pinpointed the importance of relationships – of knowing and being known, which included clinicians welcoming friends and family. Once women found services where they experienced connection and safety they maintained longstanding links. Women acted as informal ambassadors, bringing other women to these ‘safe’ people and places, speaking out to other women about standards of care women deserve. Women described past experiences of tolerating substandard and abusive care in order to receive treatment. These unsafe experiences are rarely highlighted in research about indigenous ‘non-compliance’. While it is essential to address ethnic inequalities through legislation and policies, individual clinicians’ communication powerfully affects women’s health.

04B.4 Development and testing of culture-sensitive patient information material in a double-blind randomised-controlled trial (KULTINFO)
Monday, 29 September 2014: 05:45 - 06:00; Room: E102

Title: Development and testing of culture-sensitive patient information material in a double-blind randomised-controlled trial (KULTINFO)
Presenter:
Hölzel, L.P.

**Introduction:**
Many of the approximately 15 million people with a migration background living in Germany (about 20% of the population) are only insufficiently reached by existing health care offers. In the literature, the necessity for cultural adaptation of information material for patients with a migration background is often cited as a measure for improving health care. In this study, culture-sensitive information material is developed and evaluated for patients with a migration background and depression or chronic low back pain. In this respect, it is examined whether culture-sensitive information material is judged as more useful by the patients than standard translated patient information without cultural adaptation.

**Methods:**

The implementation and evaluation of culture-sensitive patient information material occurs in the framework of a double-blind randomised-controlled parallel-group study in four study regions in Germany. Patients with a Turkish, Polish, Russian or Italian migration background with a diagnosis of depressive disorder or chronic low back pain are included. In the intervention group, culture-sensitive patient information is handed to the patient at the end of the physician consultation, while in the control group, standard translated patient information material is administered. The patients are surveyed by means of questionnaires following the consultation as well as after 8 weeks and 6 months. In addition to the primary outcome (subjective usefulness), several patient- and physician-rated secondary outcomes are considered. The trial was registered in the German register for clinical trials (Deutsches Register Klinischer Studien, DRKS-ID: DRKS00004241).

**Results:**

The primary outcome is the perceived usefulness of written patient information material assessed by the patient with the Usefulness Scale for Patient Information Material (USE). Additionally, the level of implementation of behaviour promoted in the patient information material, the perception of the disease, symptoms and the acceptance of the disease and the treatment are investigated. Finally, the effects of the culture-sensitive material on adherence, satisfaction with the physician, health care utilisation and quality of life are assessed.

**Discussion:**

The study provides an empirical answer to the question of whether persons with a migration background perceive culture-sensitive patient information material as more useful than translated information material without cultural adaptation.

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**04C.1 Coming to shared goals in primary care consultations: following the problem interpretation of the doctor, that of the patient, or developing a shared problem understanding.**

**Monday, 29 September 2014: 05:00 - 05:15; Room: E103**

**Title:**

Coming to shared goals in primary care consultations: following the problem interpretation of the doctor, that of the patient, or developing a shared problem understanding.

**Authors:**

Veldhuijzen, W (Wemke)

**Presenter:**

Veldhuijzen, W (Wemke)

**Introduction:**

Doctors and patients often pursue different goals in consultations. Achieving common ground by coming to shared goals is the first condition that needs to be met to achieve shared decision making. As GPs aim to come to shared goals with their patients, we explored the strategies that GPs apply to achieve this.

**Methods:**

We did a qualitative network analysis of stimulated recall interviews with 16 GPs that were interviewed when observing recordings of two of their recent consultations.

**Results:**

We identified the following strategies that GPs apply to come to shared goals: understanding and adopting the problem interpretation of the patient, getting the patient to adopt their problem interpretation by sharing their own interpretation of the patient or by trying to convince the patient, developing a mutual problem understanding, and by creating an atmosphere of trust and togetherness. GPs use communication techniques that are tailored to each of these four strategies, ranging from being alert for patient signals to an early sharing of their own problem interpretation to emphasising their authority and expertise. Choices for a more patient centred, a more doctor centred, or an approach emphasising togetherness seems partly determined by GP factors, and partly by contextual factors such as the medical impact of the patient problem.

**Discussion:**

GPs strategies to come to shared goals with their patients are determined by whether they feel it is appropriate to adopt the goals of the patient, to follow their own goals and get patients to share them or by mutual developing purposes. Communication training might pay attention...
04C.2 Patients’ perspectives on ‘What makes a good doctor’: relating these to the communication curriculum

Monday, 29 September 2014: 05:15 - 05:30; Room: E103

Title: Patients’ perspectives on ‘What makes a good doctor’: relating these to the communication curriculum

Authors: Hammond, MF (Margaret); McLean, Elspeth

Presenter: Hammond, MF (Margaret)

Introduction: Patients’ perspectives are contributing to the development of our new undergraduate medical curriculum, supporting our aim to produce doctors proficient at practising patient-centred medicine. We sought expert opinion through consultation with local health service users (HSU), to hear what they value from their doctors. This paper focuses on issues identified from that consultation that relate to teaching communication for clinical practice.

Methods: HSU were invited to a 2½ hour workshop: 12 participants, representing diverse ages and experiences as HSU, were recruited through the independent Forum of Carers and Users of Services; they were asked ‘What makes a good doctor?’ and also ‘How can patients contribute to medical student learning?’ Questions were addressed by HSU in small groups, during which HSU made notes on flip-charts; this was followed by an audio-recorded facilitated discussion with the entire group. Transcribed audio-recordings and flip-chart notes were analysed using thematic analysis; further rounds of thematic analysis focused on issues specific to communication.

Results: In terms of ‘what makes a good doctor’, HSU stressed the importance of preparation, organisation, effective communication within teams, flexibility and problem-solving, presence and responsiveness, knowledge and understanding, accuracy, openness and thoughtfulness. These were represented within five themes: personal qualities, professionalism, relationship with the patient, working in a team, and management. We identified the overall purpose of ‘communication’ within these themes as to ensure confidence and trust in the doctor.

Discussion: The foreseeable increase in patients with long-term and complex conditions and disabilities demands person-centred care that values the ongoing relationship between doctor and patient, and also well-functioning teams comprising healthcare professionals, third sector services, and informal support. This study suggests that, from our HSU perspective, valuable elements in communication teaching would include mindfulness to enhance compassionate care and the ability to manage uncertainty; explicit preparation for working with a variety of people and conditions, learning from people about their lives and needs including an understanding and appreciation of other agencies; and an emphasis on training for teamwork and management. ‘Good doctors’ engender a sense of safeness for the patient through their communication far beyond the consultation.

Traditionally, radiologists have practiced their profession behind the scenes, providing primary consultations to other physicians who communicate directly with patients. Radiologists today face mounting expectations to come out from behind the shadows, to practice “patient-centered radiology,” and to communicate with patients directly. However, the barriers to such direct radiologist-to-patient communication are considerable. The aim of this study was to explore what challenges radiologists experience when communicating with patients.

Methods: Twelve day-long Program to Enhance Relational and Communication Skills-Radiology (PERCS-Radiology) interdisciplinary workshops were held at Boston Children’s Hospital. Prior to each workshop, on pre-questionnaires, participants were asked to describe experiences with difficult healthcare conversations that they found particularly challenging or satisfying. The written narratives were transcribed, entered into a database, and analyzed by two researchers through thematic content analysis.

Results: Of the 180 clinicians who attended the workshops, 116 completed written narratives. Overall, the participants had a mean of 9 years of clinical experience, and most (60%) were radiologists-in-training. The most challenging aspects of healthcare communications identified by participants included: Medical Circumstances (conveying serious diagnosis, explaining radiation risks and disclosing medical errors); “Giving news to patient waiting in MRI about brain mass...” Scope of Practice (understanding role boundaries, communicating with patients, interfacing with other specialties); “Several times I’ve seen findings that were consistent with malignancy and I was faced with the dilemma of whether I should bear the burden of communicating the diagnosis or defer to the referring clinician.” Practical Challenges (language, telephone conversations, questions during procedures); “Giving results that are significant over the phone.” Uncertainty and Unexpectedness (managing uncertainty, communicating unexpected results); “Telling patient we cannot find the heartbeat on baby that was previously healthy.” Limited Education (lack of training in communication, need for role models).

Discussion: Against a backdrop of increased expectations and healthcare reform, radiologists struggle with substantial challenges communicating with patients. Radiological conversations can be especially stressful by nature, with numerous practical obstacles. Future educational programs targeted to address these challenges may enhance radiologists’ success in moving forward with more direct patient communication consistent with the ideals of patient-centered radiology.

04C.3 Voices from behind the shadows: A qualitative study of radiologists’ experiences with difficult conversations

Monday, 29 September 2014: 05:30 - 05:45; Room: E103

Title: Voices from behind the shadows: A qualitative study of radiologists’ experiences with difficult conversations

Authors: Meyer, EC; Lamiani, G; Brown, SD

Presenter: Meyer, EC

Introduction: A common phenomenon among cancer patients’ is the fear of cancer recurrence or cancer progression (FoP). Being diagnosed with a life-threatening illness like cancer, the communication between oncologist and patient is of high relevance, since a good communication might be linked to positive psychological health outcomes. The aim of the present study is to analyze if the treating oncologist can reduce patients’ fear in the initial clinical interview.

Methods: In the prospective, longitudinal study patients diagnosed with colon cancer, who consulted ‘private-practice oncologists’ in Germany for the first time, were included. Recruitment was undertaken by 44 members of the Professional Organization of Office-Based
Hematologists and Oncologists. In the patient surveys, data on patients’ perceptions of the communication with their oncologist and on patient-reported outcomes were collected over a period of six months. In the present abstract, patients’ data prior to their first consultation (T0) and directly after the first consultation (T1) were analyzed.

Results:
One hundred and sixty-nine (n=169) patients gave their consent to participate in the study. In the following only those patients who filled out the questionnaires at both time points, were considered for the analysis (n=152; 89.9%). For the majority of the patients FoP decreases after the first consultation (59%). However, FoP increases in 36% of patients, and remains stable in 5% of patients after the first consultation. Backwards multiple regression analysis was conducted to determine whether the difference (T0 – T1) in FoP is associated with age, gender, stage of illness, education, private social support, occupational status, length of the consultation, physician’s empathy, comprehensibility of information, or interruptions. A significant association was found with interruptions during the interview (β=0.08, p<0.05). comprehensibility of information (β=0.20, p<0.05) and social support (β=0.21, p<0.05). Gender, education and stage of illness were not significantly related to changes in FoP (p>0.05). None of the other variables controlled for in the first model maintained in the final model.

Discussion:
The initial clinical interview can contribute to reduce FoP among cancer patients. Thereby interruptions during the initial clinical interview should be avoided and oncologists should ensure that they facilitate the presentation of information in a comprehensible way.

04C.5 The Process and Effects of Transformative Learning in Café-style Health Communication among Health Professionals and Citizens/Patients

Monday, 29 September 2014: 06:00 - 06:15; Room: E103

Title: The Process and Effects of Transformative Learning in Café-style Health Communication among Health Professionals and Citizens/Patients

Authors:
Son, D (Daisuke); Nakayama, K (Kazuhiro)

Presenter:
Son, D (Daisuke)

Introduction:
Café-style health communication using a dialogue-based approach such as World-Café can help health professionals and patients or citizens understand each other in a relaxed setting. It is an interactive activity where health professionals and patients/citizens have a dialogue about various health and medical issues on a relatively equal footing, and learn from each others’ perspectives. But little is known about the effects on participants. Previous research suggests that positive consciousness transformation occurs because encountering other people’s opinions leads to self-reflection on their own perspectives. This process can be explained by the theory of transformative learning of J. Mezirow. The aim of this study is to evaluate whether the transformative learning process occurs and whether it relates to a number of outcomes by Café-style health communication.

Methods:
We conducted a psychometric analysis of a web-based questionnaire consisting of 72 items for participants of Café-style health communication sessions held in Tokyo during the past 3 years, and studied the relationships between various concepts by structural equation modeling (SEM). To evaluate the validity and reliability of concept measurement, we conducted exploratory factor analysis and confirmatory factor analysis.

Results:
The questionnaire response rate was 39.5% (141/357) of which 80 (56.7%) were health professionals and 61 (43.3%) were patients or citizens. SEM analysis revealed that transformative learning occurred in both groups (Fit index of the model: GFI = 0.796, AGFI = 0.754, CFI = 0.926, RMSEA = 0.058). The process of transformative learning consisted of two types: one process leading directly to “perspective transformation”, and the other leading to “perspective transformation” via “self-reflection” and “disorienting dilemmas”. “Perspective transformation” was related to “understanding of others”. In health professionals, it was related to “consciousness transformation about patients and clients”. On the other hand, “formative learning” was related to “improvement of communicative and critical health literacy” in citizens and patients.

Discussion:
Café-style health communication among health professionals and citizens/patients can lead to transformative learning, and positive outcomes. Especially, in order to alter the consciousness and attitudes of health professionals towards patients and clients, a dialogue-based approach can be an effective method.

04D.1 Public engagement with social media for healthcare communications

Monday, 29 September 2014: 05:00 - 05:15; Room: E104

Title: Public engagement with social media for healthcare communications

Authors:
Moorhead, AM (Anne); Hazlett, Diane

Presenter:
Moorhead, AM (Anne)

Introduction:
The function of social media for healthcare communications remains unclear as it is unknown why individuals use social media as opposed to websites including those from professional organizations, as accessed by search engines. The overall study aim was to evaluate public engagement with social media for healthcare communications.

Methods:
The research design was both qualitative and quantitative with an exploratory informative qualitative survey (online and hard-copy) with 400 members of the general public, followed by three focus groups (29 participants) with social media users. Data analysis included statistical analysis using SPSS and thematic analysis with NVivo. This study received ethical approval from the School of Communication Research Ethics Committee, University of Ulster.

Results:
The survey found that over the third of the respondents (38%; n=153) self-reported that they use social media for health communication. The purpose of using social media for health communication was mainly for themselves (83%), followed by family member (50%) and friend (35%). The main reasons for using social media for health communication were ease of use (n=76; 50%), breadth/variety of information (n=77; 50%), and over a third of the participants reported that they use social media to obtain further information after consulting a health professional. These findings were supported by the data from the focus groups. Social media users in the focus groups reported the main reasons for using social media for healthcare communication was to increase awareness of health topics, access more information, and to provide/receive emotional support. These participants also reported that social media can be used to clarify health symptoms or issues before and after consultations with health professionals.

Discussion:
This study provides evidence that social media has potential in providing emotional support for individuals on health issues and in addition, may have the potential for coproduction with support organizations and health professionals. This study indicates distinct communities of practice, as reflected and extends upon the Northouse and Northouse Model of Health Communication. As social media can provide support in addition to traditional methods such as face-to-face consultation, and to increase contexts and transactions by the introduction of a new communication platform, online community.
Title: Eye-catching? The effect of attention to cognitive and affective illustrations on recall of e-health information
Authors: Bol, N (Nadine); Weert, J. C. M. van (Julia); Loos, E. F. (Eugène); Romano Bergstrom, J. C. (Jennifer); Bolle, S. (Sifra); Smets, E. M. A.
Presenter: Bol, N (Nadine)

Introduction: If we consider the Internet-driven trend that makes important cancer information increasingly available online, we should acknowledge the consequences for aging populations. The combination of being less Internet savvy than younger adults and cognitive declines as one ages might especially hinder older adults in understanding, processing, and recalling online information. It is therefore crucial to address these age-related issues when designing online cancer information. In this study, we focus on how cognitive illustrations (i.e., images that help to understand information) and affective illustrations (i.e., text-irrelevant images that aim to evoke positive feelings) are used in e-health information and how attention to an e-health website relates to both younger (Bt; 65) and older (≥ 65) adults’ recall of information.

Methods: Younger (n = 55, mean age = 44.02) and older (n = 42, mean age = 73.48) healthy adults participated in an eye-tracking experiment. Participants were assigned to a website containing either text only information, text with two cognitive illustrations, or text with two affective illustrations. An eye-tracker measured attention to the website. The effects of attention to the website on recall of information were investigated conducting ANOVAs. The relation between age, attention, and recall was examined in a simple moderation analysis.

Results: Attention to the text on the website was equal across conditions indicating that, regardless of the illustrations on the webpage, participants spent equally as much time fixating on the text. Significantly more attention was paid to cognitive illustrations than to affective illustrations. Adding cognitive illustrations to the text improved recall of information in younger adults, but not in older ones. Older adults benefited from paying more attention to the text on the website. When their attention to the text was high, they recalled equal amounts of information as younger adults.

Discussion: Results showed that attention to the text information on the website increased recall of information especially in older adults. This indicates that older adults benefit from self-paced information by taking the time they need to learn and recall information. These results suggest that online communication in health should provide older adults with self-paced written information to enhance health-related outcomes.

040.3 Patient-physician communication about internet information: A qualitative study
Monday, 29 September 2014: 05:30 - 05:45; Room: E104

Title: Patient-physician communication about internet information: A qualitative study
Authors: Shen, MJ (Megan); Dyson, RC (Robert); D’Agostino, TA (Thomas); Dickler, MN (Maura); Heerdt, AS (Alexandra); Ostroff, JS (Jamie); Bylund, CL (Carmen)
Presenter: Shen, MJ (Megan)

Introduction: Approximately 31-60% of cancer patients and their caregivers have reported using the internet to search for information about cancer. Furthermore, 36-40% of cancer patients intend to discuss (or have discussed) cancer-related information with their physicians. One limitation of prior studies was the use of self-report to examine these discussions. The purpose of the present study was to examine these discussions directly with audio recordings.

Methods: Patients were breast cancer patients who self-reported discussing internet information in their clinical appointment with their oncologist. These appointments were audio recorded in order to examine qualitative themes. Additionally, all patients were given pre and post-consultation questionnaires, which assessed sociodemographics, intent to discuss internet information (or whether it was discussed), and type of information intended to discuss (or had discussed).

Results: The final sample consisted of 16 patients. Results indicated that physicians introduced information: (1) implicitly or (2) explicitly. Patients introduced information: (1) implicitly by asking indirect questions, (2) explicitly by asking direct questions, or (3) explicitly with a statement. Physicians responded to patients’ introduction of internet information by: (1) acknowledging their limited expertise/knowledge, (2) encouraging/approving the use of the internet as an information resource, (3) providing information/guidance on the proper use of internet searches, (4) reassuring the patient by discussing the pros and cons of relevant treatment options, or (5) asking follow-up questions or giving information. Finally, patients responded to the information given by physicians through: (1) noting that she (the patient) only used reputable sources/websites, (2) asking for information to be further explained, (3) expressing continued concern, or (4) asking for the doctor’s opinion or recommendation.

Discussion: These results provide support for Facework Theories, indicating that patients introduce internet information in a face-saving way and physicians attempt to help reduce face-threat among patients. Results also indicate that the majority of these discussions take place implicitly, potentially limiting physicians’ ability to address the accuracy of information or improve communication surrounding these topics. Future interventions may consider providing prescription-based guidance on how to navigate the internet as a health information resource and how patients could bring these topics up with their physician.

040.4 Patient preferences for education strategies in individuals with a chronic disease
Monday, 29 September 2014: 05:45 - 06:00; Room: E104

Title: Patient preferences for education strategies in individuals with a chronic disease
Authors: Lauwerier, E; Deschamps, A; Pottieker, G Van; Martin, S; Zupancic, N; Vandamme, A; Moons, P
Presenter: Lauwerier, E

Introduction: Chronic diseases pose a major health challenge. Goal of treatment is not cure, but management of illness. Patient education is considered to be a cornerstone of treatment. Its efficiency is thought to increase with patients becoming more actively involved. One important, yet neglected aspect may be patient preferences regarding education. This study aimed at examining patient preferences regarding different strategies of education in patients with chronic diseases.

Methods: Using a cross-sectional design, we recruited 329 patients (45.1% females, Mage = 54.46, age range = 19-90 years) with a chronic disease from tertiary care centers and asked them to complete close-ended questions about their use of and preference for various strategies of education.

Results: Written medical sources (59.9%), the internet (51.1%), written general media (e.g., newspapers, magazines) (33.7%), and/or television (31.1%) were among the most used strategies when seeking information about one’s disease or treatment. The use of interactive (e.g., DVD) and new-technological media (e.g., serious
games, apps) was rarely mentioned. Internet was most often used for information seeking (60.2%), and less for communication (20.9%) or data consulting purposes (7.3%). Written medical sources (72.9%) and internet (62.3%) were also the most preferred strategies for seeking health information. About one third of the patients reported to prefer interactive and/or new-technological media. Written medical sources were also the most used (26.4%) and preferred (41%) education strategy for learning technical skills. However, patients also frequently reported to prefer learning skills through internet (37.1%), telephone (25.8%), or DVD/CD-ROM (20.7%). Communication with one’s healthcare provider was most used (83.6%) and preferred (85.4%) through telephone, although half of the patients also preferred the use of e-mail (50.8%). We also found a difference in preference for education according age and education level. The younger and more educated individuals were, the higher their preference was for new-technological education strategies.

Discussion:
We found overall high consistency between what is used in practice and what patients prefer with regard to seeking health information, communicating about health, and learning technical health skills. In some instances, however, less used interactive and new-technological media may also be preferred.

04E.1 Health providers’ evaluation of Decision Navigation: Does it work well with my practice?
Monday, 29 September 2014: 05:00 - 05:15; Room: E105/6

Title: Health providers’ evaluation of Decision Navigation: Does it work well with my practice?
Authors:
Shepherd, S.C.S (Sarah); Hacking, B (Belinda); Wallace, L.M. (Louise);
Belkora, J (Jeff)
Presenter:
Shepherd, S.C.S (Sarah)
Introduction: Decision Navigation is a supportive intervention based on work by Belkora and colleagues in the USA. From 2008 – 13, DN has been used with 182 patients attending the Edinburgh Cancer centre from four cancer populations; Breast n=31, prostate n =63, Colorectal n=68 and Brain tumour n=20, via three randomised controlled trials and one cohort study (brain tumour). This abstract reports the experiences of Decision Navigation from the hospital specialist and family doctor perspectives.
Methods:
Navigation: Prior to consultations, non clinical Navigators helped patients create a list of questions for use in the consultation. This list was attached to patients’ notes for doctors to review before beginning the consultation and for use as a checklist within.
Subsequently, patients were given a recording of their consultation (CD) and a written summary of key points discussed. This summary was sent to the patient’s specialist and general practitioner (GP).
Method: All specialist doctors (n=15) who consulted navigated patients and a sample of GPs (n=8) were interviewed at the close of the trial to explore their experience of DN. A member of the research team coded physician responses thematically and discussed and reconciled the themes with other members of the team. Our discussions focused on whether or not the intervention was perceived as feasible, effective, and sustainable.
Results:
- The components of Navigation: the question list provided consultants with a better understanding of patients’ expectations of care. Doctors supported the provision of summaries and recordings for patients.
Applicability: Navigation was reported most
Discussion: Navigation was overall well received and most applicable in pathways with preference sensitive decision making. Clinicians are involved in next steps required to develop sustainable service models.

04E.2 Decision consultations on preoperative radiation in rectal cancer: Limited explicit justification of treatment choice

Monday, 29 September 2014: 05:15 - 05:30; Room: E105/6

Title: Decision consultations on preoperative radiation in rectal cancer: Limited explicit justification of treatment choice
Authors:
Pieterse, AH (Arwen); Kunneman, M (Marleen); Marijnen, CAM (Corrie); Sliggenbuit, AM (Anne)
Presenter:
Pieterse, AH (Arwen)
Introduction:
To involve patients in treatment decision making, it is relevant to discuss the evidence underlying available options. Moreover, to tailor decisions to patients’ circumstances and preferences, the latter should be explicitly considered when making final decisions. We aimed to assess the consideration of evidence and of patients’ circumstances and preferences during consultations about adjuvant therapy.
Methods:
Using the ACEPP (Assessing Communication about Evidence and Patient Preferences) coding scheme, we analysed N=81 audio taped decision consultations on preoperative radiation between rectal cancer patients and one of 17 radiation oncologists.
Results:
In half (N=40) of the consultations, the radiation oncologists explicitly encouraged the consideration of research evidence relevant to preoperative radiation decision making, either by discussing clinical guidelines (38% of consultations), the quality of available evidence (25%), and/or the value of scientific research in general (6%). In all patients, the radiation oncologists acquired further information about their clinical circumstances and in 72 (89%) about their social circumstances. The radiation oncologists explicitly gave room to 25 (31%) patients to voice a treatment preference; eight of these did not express any preference for information, involvement or treatment. Overall, 29 (36%) patients expressed a preference during the consultation; nine (11%) for information, 12 (15%) for involvement, and 17 (21%) for a treatment option. In 55 (68%) patients there was explicit consideration of research evidence (N=43 patients, 53%), patient’s clinical/social circumstances (N=25, 31%), and/or patient preferences (N=15, 19%) when making the treatment decision. Other than with research evidence or clinical/social circumstances, consultations lasted significantly longer if the patient’s preferences had versus had not been explicitly considered in the treatment decision (M=45 vs 37 minutes, P=0.01).
Discussion:
Other than about patients’ clinical/social circumstances, there is limited explicit discussion of the evidence for preoperative radiation or of rectal cancer patients’ information, involvement, and/or treatment preferences during consultations. Moreover, apparently many patients need additional encouragement to express any preference, besides an invitation from the radiation oncologist. In a large minority, no justification is made explicit for the final treatment decision. Explicitly integrating patient preferences in treatment decisions requires some additional consultation time.

04E.3 Men’s and GP’s perspectives on providing decision support for early detection of prostate cancer
Monday, 29 September 2014: 05:30 - 05:45; Room: E105/6

Title: Men’s and GP’s perspectives on providing decision support for early detection of prostate cancer
Authors:
Engelen, A (Annelies); Vanderhaegen, J (Joke); Van Poppen, H (Hendrik); Van Audenhove, C (Chantal)
Presenter:
Engelen, A (Annelies)
Introduction:
The importance of sharing decisions is increasingly acknowledged. Information plays a crucial role in the shared decision making (SDM) process. Sharing of information between patient and physician is a vital step to achieve informed preferences and to allow for value
based decision making. However, the available information on medical subjects is often difficult to process – as is the case in the complex topic of early detection (ED) of prostate cancer (PCa). A decision aid (DA) can be a helpful tool to facilitate the process of SDM. In the development and implementation of such a DA, users’ needs and preferences should be taken into account. With this study we aimed to explore men’s and general practitioners’ (GPs) perceptions of the need for and process of providing decision support for ED of PCa.

Methods: We organised focus groups with men who are eligible for ED of PCa as well as interviews with GPs, to evaluate their opinion on the content and use of a DA we have recently developed for ED of PCa. Data saturation was reached after 5 focus groups with 43 participants and after 16 individual interviews with GPs. The focus groups and interviews were recorded, transcribed ad verbatim and analysed thematically.

Results: Men’s and GPs’ accounts clearly show that there is a great need for decision support in the context of ED of PCa. Both parties, however, experience important barriers to the implementation of a DA such as time constraints during consultation and strong pre-existing preferences. As to overcome these barriers men as well as GPs suggested the use of short decision support instruments during and outside of the consultation.

Discussion: In order to achieve optimal implementation of decision support, both men and GPs suggest developing complementary instruments for use during and apart from consultation. In the GPs’ waiting room, posters can introduce the concept of patient involvement in medical decision making, and during consultation, summarizing grids can directly support patient involvement in decision making in a time-efficient manner.

04E.4 Treatment decision making in advanced cancer: communication about patient values and preferences

Monday, 29 September 2014: 05:45 - 06:00; Room: E105/6

Title: Treatment decision making in advanced cancer: communication about patient values and preferences

Authors: Henselmann, I (Inge); Laarhoven, H.W.M. Van (Hanneke); Vloot, J.; Van der (Jane); Haes, J.C.J.M. De (Hanneke); Smets, E.M.A. (Ellen)

Presenter: Henselmann, I (Inge)

Introduction: Medical decision making profoundly influences the quality of life of advanced cancer patients and, hence, strongly depends on patients’ values and preferences. This observational study examines the type of values and preferences patients express in treatment decision consultations as well as how medical oncologists invite and react to such expressions.

Methods: Advanced cancer patients for whom undergoing systemic treatment is medically not self-evident were identified. Patients (n = 43) were included when they met with a medical oncologist (n = 13) for the first time or to evaluate current treatment. Either one or two consultations were taped (total n = 64). Verbatim transcripts were analysed using MAXQDA10 software. Independent coders identified and categorised patient expressions of values or preferences. In addition, oncologists’ utterances preceding or following such expressions were coded.

Results: Preliminary analysis (n = 20; 31%) shows that patient expressions of values and preferences were more frequent in first consultations (M = 7) than in evaluation consultations (M = 2). Expressions concerned most often (54%) either a general goal, a wish to receive treatment or an evaluation of a specific treatment option. One third of expressions (37%) were qualified as patient-initiated. Two thirds (63%) were qualified as oncologist-invited, triggered by e.g., a direct question, a referral to the importance of patients’ preferences or a treatment advice. Half of oncologists’ responses qualified as space reducing (51%), i.e., either not responding or by providing information. Responses qualified as space providing (39%) were probe questioning, checking, reflecting or providing an alternative perspective. A minority of oncologist responses qualified as solving (10%), including offering advice or consideration time. Most often, patient expressions of values or preferences were isolated utterances (70%). Sequences of expressions often occurred when oncologists gave space providing responses.

Discussion: Shared decision making in advanced cancer can be improved by encouraging and teaching oncologists to invite and provide space to patient expressions of values and preferences. Particularly when evaluating current treatment, patients’ values and preferences should be put on the agenda.

04E.5 Barriers to shared decisions in the most serious of cancers: a qualitative study of patients with pancreatic cancer

Monday, 29 September 2014: 06:00 - 06:15; Room: E105/6

Title: Barriers to shared decisions in the most serious of cancers: a qualitative study of patients with pancreatic cancer

Authors: Ziebland, SUE; Chapple, Alison; Evans, Julie

Presenter: Ziebland, SUE

Introduction: Some commentators suggest that, while shared decision making may be appropriate for people with long term conditions, it is less appropriate or desirable for those who have been recently diagnosed with a life threatening condition. In this paper we draw on interviews with those diagnosed with pancreatic cancer, a disease with particularly poor survival to examine barriers to sharing treatment decisions. This is by far the largest qualitative study of people with pancreatic cancer.

Methods: Qualitative study with 32 people diagnosed with pancreatic cancer. People were visited at home and took part in a narrative interview with a social scientist. Interviews were recorded, fully transcribed and analysed using thematic methods with constant comparison.

Results: Even when faced with pancreatic cancer, one of the most life threatening illnesses, many patients want to be involved in treatment decisions. Barriers to shared decisions include the idea that investigations are conducted to determine whether the patient qualifies for surgery, rather than to establish whether surgery is an option to consider; a sense of being pressured or persuaded to accept treatments, a sense that in a life threatening situation there are no ‘real options’; and the confusion that can be caused when options change and clinical opinions seem (at least to the patient) to differ.

Discussion: Communication in these circumstances is very difficult – patients and families want hope and reassurance – but we need to ask how patients can be expected to engage in an informed, shared decision if they are made to feel that they are one of the ‘winners’ if they qualify for surgery. When each treatment decision might have serious consequences for a patient’s remaining months or weeks we suggest that there is a particularly strong imperative to make sure that the patient is not subject to other people’s assumptions about what is best for them and that patients are offered the opportunity to share in decisions.

04F.01 Draw your dream: an artistic tool for reflection on students’ career choices

Monday, 29 September 2014: 05:00 - 05:08; Room: E107

Title: Draw your dream: an artistic tool for reflection on students’ career choices
A holistic approach to empower communication skills of patients with diabetes type 2: Health Coaching

Monday, 29 September 2014: 05:08 - 05:16; Room: E107

Title:
A holistic approach to empower communication skills of patients with diabetes type 2: Health Coaching

Authors:
Cinar, DR (Ayse Basak); Schou, Dr (Lone)

Introduction:
"Empowerment" is the common core of WHO 2020- the new European Health Policy. Enhancement of the patient communication skills is one of the major keys for empowerment. Health Coaching (HC) empowers individuals to analyse and apply health information to take informed decisions; however, it hasn’t been studied as a holistic approach to empower communication skills of patients to improve their health behaviors. Objective: The present study, for the first time to our knowledge, aims to explore the impact of HC compared to the Health Education (HE) on communication skills, toothbrushing frequency, and psychological and physical functioning among patients with diabetes type II (DM2).

Methods:
The study is part of an international study among randomly selected DM2 patients (n=186), Istanbul, Turkey. The data analyzed were Patient Communication (PC) Scale, Toothbrushing (TB) Frequency, psychological and physical functioning. Data was collected initially and at the end of intervention. Participants were allocated randomly to Health Coaching (n=77) and education (n=102) groups. Descriptive statistics, paired samples t-test and spearman rank correlation were applied.

Results:
At baseline, there was no statistical difference between HC and HE groups in terms of TB frequency, and psychological and physical functioning (p>0.05). HC group had lower mean of PC skills compared to HE (9.0±6.1 vs. 10.9±5.4), (p<0.05). At post-intervention, HC group compared to HE group had a significantly higher improvement at TB, and psychological and physical functioning (p<0.03). The HC group also significantly improved communication skills (p<0.05), whereas there was no significant improvement in the HE group (p>0.05). In the HC group, PC skills were significantly correlated with TB (r=0.39) and psychological and physical functioning (r=0.31), however those correlations were not significant in the HE group (p>0.05).

Discussion:
The present findings may imply that communication skills improved by Health Coaching, contributed to the enhancement of TB and diabetes management. Thus may underline the need for integration of Health Coaching as a common framework to the holistic promotion of diabetes and oral health to improve quality of life for patients with DM2.
conflict management skills to improve and possibly join a national group for peer-to-peer professional development in conflict management.

Discussion:
Teaching healthcare providers conflict management skills is a complex task. We believe interactive teaching methods we propose will be highly engaging.

04F.04 Improving patient-centered behavior with the electronic health record (E.H.R.): A mindful training approach

Monday, 29 September 2014: 05:24 - 05:32; Room: E107

Title: Improving patient-centered behavior with the electronic health record (E.H.R.): A mindful training approach

Authors: Fogarty, CTF (Colleen); Winters, PCW (Paul)

Presenter: Fogarty, CTF (Colleen)

Introduction: We assessed the effectiveness of a brief mindfulness and self-reflection based training program on self-reported clinician behavior using an E.H.R.

Methods: We developed a training program for residents, faculty, and staff in five residencies at the University of Rochester (Family Medicine, Internal Medicine, Medicine-Pediatrics, Pediatrics, and Physical Medicine/Rehabilitation). Participants completed an internet-based 10-item survey of behaviors related to their use of the E.H.R. prior to attending a training and completed the same instrument 6 weeks after the training. We used paired t-tests to assess changes in self-reported behavior from pre-intervention to post-intervention.

Results: 149 participants completed the baseline survey. Of these, 13.8% reported having their back to the patient while working on the computer; 79.5% reported sitting at eye level; 50% reported adjusting the computer screen so the patient could see; 94% reported introducing themselves and/or greeting the patient before turning to the computer; 40% reported introducing the computer as a tool for assisting with the visit; 76% reported maintaining good eye contact with the patient throughout the visit; 56% reported showing the patient something in their record; and 34% reported offering the patient a copy of something in their record. Preliminary data of 49 respondents to both surveys found some increases in all behaviors post-training compared to pre-training. With two behaviors these increases were statistically significant. Pre-training, 39% endorsed “I moved close to the patient to enable him/her to see the screen” and 61.5% endorsed “I told the patient when turning attention from the patient to the computer.” After the training, 46% of participants endorsed the former (p = 0.002); 66.3% endorsed the latter (p = 0.03).

Discussion: Training about communication using E.H.R. can increase self-reported behavior on certain patient-centered behaviors. Our study found increases in patient-centered behaviors, two of which attained statistical significance in our sample. Clinician communication training should include patient-centered use of the E.H.R.

04F.05 Development and evaluation of an educational game preventing alcohol and drug abuse: a two-way street

Monday, 29 September 2014: 05:32 - 05:40; Room: E107

Title: Development and evaluation of an educational game preventing alcohol and drug abuse: a two-way street

Authors: Buntinx, J (Jasmine); Jans, R (Ruben); Jans, S (Sebastiaan)

Presenter: Buntinx, J (Jasmine)

Introduction: Serious games show to have positive impact on educational results. Advantages lay in the provision of a safe training environment, where users are able to play and test without serious consequences. Based on this experience, the research group designed, developed, and evaluated a serious game to prevent alcohol and drugs abuse. The game was to be a serious teaching tool with learning objectives and educational content developed in collaboration with tutors, alcohol- and drugs abusers and experts on the subject. The research aim is two-folded: (1) will the educational game contribute to a treatment program for alcohol and drugs abusers and (2) will it contribute to the education of adolescents in a school-based drugs prevention program?

Methods: A participatory method was used to include adolescents of ‘Pathways’, a treatment program for an alcohol and drug addiction, in the development and testing of the educational game. In the first stage, the added value of both the development as well as playing the game as part of the treatment program was evaluated. In the second stage, the educational game was implemented in several high school in Flanders and the added value on knowledge is evaluated in a RCT.

Results: Results of the first stage show that the adolescents of Pathways value the experience of developing a serious game. The adolescents state to be proud to be a part of such a project and experience a sense of recognition of their individual skills and abilities. However, as in any therapy in which abusers are talking about drugs, we must be aware of the fact that craving may arise. Results of contribute of the serious game to the education of adolescents in a school-based drugs prevention program are expected by August 2014.

Discussion: By giving voice to the adolescents in the treatment program ‘Pathways’ we are recognizing the value of their involvement in such projects. We believe that this could have positive impacts on the future development of serious games for several purposes, but also in the policy and professional domains.

04F.06 Students Communicate their Professional Passion through Pecha Kucha

Monday, 29 September 2014: 05:40 - 05:48; Room: E107

Title: Students Communicate their Professional Passion through Pecha Kucha

Authors: Ringby, Betina

Presenter: Ringby, Betina

Introduction: The Danish government encourages skills in entrepreneurship and innovation at all levels of the Danish educational system. In implementing entrepreneurial thinking in health education Pecha Kucha seems to be a useful approach when defining entrepreneurship teaching as an overall concept for creativity, innovation and enterprise. Questions we cared about were: How to make students think creatively and innovatively? How to make students communicate their professional passion?

Methods: A student-centered experiential approach was used to support and encourage students to form an innovative and enterprising behavior. Ability to communicate and present ideas and proposals for patients/clients, colleagues/partners and decision-makers is essential for students today. Pecha Kucha 20x20 is a globally used presentation format. 20 images are presented, each for 20 seconds and you talk along to the images. Pecha Kucha was implemented in our curriculum as a learning activity in a 10-week course concerning health promotion and prevention. Each student was ‘forced’ to reflect on their own special professional interest, create an innovative presentation and finally communicate their passion. An online evaluation was carried out. A total of 87 students (26% male, 74% female) responded out of 155.

Results: More than 55% of the respondents stated: ‘I strongly agree or ‘To some degree’ that it was personally challenging to create and present
the Pecha Kucha, that creating and presenting was a rewarding learning process, and that their experience with Pecha Kucha as a creative and innovative presentation form would be a useful tool in their future studies and/or practical working life. The process of creating and presenting a Pecha Kucha contributed to an increasing awareness among students to see their own potential as creative, innovative and enterprise future professionals.

Discussion:

The findings of the project comprise important issues related to learning based on creativity, passion and the courage to communicate it. In the light of the present focus on how to reach your ‘target group’, creativity related to communication is an important skill for health professionals, and we hope the project can contribute to further didactic discussions on how to teach different aspects of communication skills needed for future health professionals.

**04F.07 Benefits of networking for early-career academics and the role of professional societies**

*Monday, 29 September 2014: 05:48 - 05:56; Room: E107*

**Title:**

Benefits of networking for early-career academics and the role of professional societies

**Authors:**

Ansmann, L (Lena); Barrello, S; Kunneman, M; Mantwill, S; Quilligan, S; Zanini, C; Flickinger, TE (Tabor); Aelbrecht, K (Karloien)

**Presenter:**

Ansmann, L (Lena)

**Introduction:**

Whilst effective networking is vital important for early-career academics, understanding and establishing useful networks is challenging. Networking can be defined as building, maintaining, and using relationships to enhance career success. This work provides an overview of the benefits and challenges of networking, particularly for early-career academics, and reflects on the role of professional societies in facilitating networking.

**Methods:**

In order to give a broad overview of the literature, we conducted a literature research on the topic of networking for career development through ‘Web of Science’ and by searching in reference lists. Articles on benefits of networking, particularly in the academic setting, and articles on the role of professional societies as facilitators of networking have been selected.

**Results:**

Networking for professionals in the early phase of their careers can substantially foster career development and success. In today’s academic environment, networking is becoming more and more important and professional societies are a useful platform for networking and career support.

**Discussion:**

The concrete needs of early-career academics regarding further opportunities for and support in networking have not systematically been assessed yet. By surveying their members, professional societies could develop and implement feasible measures tailored to the academics’ needs and resources.

**04F.08 Ward based peer assisted learning: a novel approach to learning clinical communication for medical students**

*Monday, 29 September 2014: 05:56 - 06:04; Room: E107*

**Title:**

Ward based peer assisted learning: a novel approach to learning clinical communication for medical students

**Authors:**

Quilligan, S A (Sally); Silverman, J (Jonathan)

**Presenter:**

Quilligan, S A (Sally)

**Introduction:**

**Background**

One of the current challenges faced by teachers of clinical communication is to find ways to integrate the teaching of clinical communication into the workplace. This presentation will describe the design of a course for peer teaching of ward based clinical communication. The course was intended to achieve 3 objectives to: • transfer and integrate the teaching taking place in the classroom within the clinical setting; • provide each 4th year student an opportunity to interview a patient in the clinical workplace under observation and receive individualised feedback on their performance. • give selected 6th year students, training and experience in small group clinical communication teaching in the workplace.

**Methods:**

Method A 3 hour communication skills teaching course was attended by 27 6th year students in October 2013. Between November 2013 and April 2014 peer teaching will be delivered to all 146 4th year medical students in the 2013 cohort by 27 6th year students. Online questionnaire and focus groups will be held in March/April 2014 to evaluate the course.

**Results:**

Findings This presentation will report both the experience and challenges of implementing the peer teaching course and the data from the online evaluation.

**Discussion:**

The intention will be to generate discussion regarding teaching clinical communication in the workplace and the value of peer teaching.

**04F.09 Socio-economic differences in informed decision-making about prenatal screening for Down syndrome: a review and agenda for future research**

*Monday, 29 September 2014: 06:04 - 06:12; Room: E107*

**Title:**

Socio-economic differences in informed decision-making about prenatal screening for Down syndrome: a review and agenda for future research

**Authors:**

Smith, SKS (Sian); Essink-Bot, ME (Marie-Louise); Fransen, MF (Mirjam)

**Presenter:**

Smith, SKS (Sian)

**Introduction:**

Supporting informed decisions about prenatal screening is widely endorsed, but often difficult to achieve in practice. This literature review aimed to examine possible mediating variables in the association between socioeconomic status and key elements of decision-making in prenatal screening for Down syndrome.

**Methods:**

We systematically searched the literature for empirical studies in PubMed, Medline and Psycinfo examining (i) the relationship between socio-economic status and elements of decision-making (informed choice, attitudes, knowledge, uptake), and (ii) the role of possible mediating variables between socioeconomic status and decision-making, with a specific focus on health literacy, risk perception, and numeracy. Articles meeting the inclusion criteria were independently reviewed by two investigators. The findings from the review were subsequently used to develop a framework for better understanding the key determinants of the socio-economic differences in decision-making, and identify gaps for future research.

**Results:**

Seventy-one studies were identified from our matched criteria. Most studies examined the association between socio-economic status and women’s knowledge of prenatal screening, with consistent evidence that lower socio-economic groups tend to have poorer levels of knowledge of prenatal screening, particularly about the accuracy of the screening test and possible consequences of participating in screening. By contrast, very few studies investigated socio-economic differences in the ability to make an informed decision about prenatal screening, namely possessing adequate knowledge and attitude-uptake consistency. Only a small number of studies have investigated possible mediating variables that could play a key role in explaining socio-economic differences in informed decision-making.
For example, so far the role of health literacy is relatively unexplored in prenatal screening.

Discussion:
Lower socio-economic groups have limited knowledge of prenatal screening, in turn influencing their ability to make an informed decision. Future work is needed to identify the mediating variables that might explain socio-economic differences in decision-making, and provide us with key determinants to guide the development of simple and accessible interventions (e.g., decision aids), to foster informed decision-making in this context. Such tools are important in ensuring that all social groups have an equal opportunity to access choice and decision support in prenatal screening, and social inequalities in this context are reduced.

04F.10 Shared decision making – an action research project in midwifery
Monday, 29 September 2014: 06:12 - 06:20; Room: E107

Title: Shared decision making – an action research project in midwifery
Authors: Nielsen, A (Annegrethe)
Presenter: Nielsen, A (Annegrethe)

Introduction: Patient involvement and shared decision making (SDM) has recently been subjects to added attention in the Danish healthcare system. Implementation of the good intentions is argued to provide a problem for the midwives in their communication with the pregnant women and their families. The intentions of the project are to:

- establish how the midwives handle the decision process in the consultation
- obtain an understanding of the nature of the difficulties that the midwives experience in practice
- initiate a joint process regarding development of a course which will meet some of the needs the midwives have when they strive for better application of SDM to midwifery.

2 consultation topics were initially recognized as problematic: choices regarding induction of labor and birth organized as outpatient care.

Methods:
Two groups of midwives – total number of 13 - each video recorded a consultation with a woman where choice had to be made about termination of the pregnancy or preferences of care after birth. The groups met two times with a facilitator where the videos were viewed and the consultation discussed in terms of how the decision process was handled. The group discussions were recorded to be handled as data for later analysis along with some of the videos. The project will rather experiment with an action research approach towards implementation of SDM than it will claim to produce transferable truth about decision making and midwifery as such.

Results:
The midwives experience several uncertainties in involving women in SDM, including how to:

- present and clarify the decision process for the woman
- handle and present risk
- justify to colleagues and doctors if a woman makes choices not consistent with best practice
- handle experiences of contradiction between empathetic care and securing the woman’s free choice
- handle experiences of imposing responsibility on women who might not want it

These are concerns that must be addressed.

Discussion:
As SDM is recognized by politicians and administrators as an important form of co-operation with patients, it is crucial also to engage midwives in this transformation in a bottom-up approach to retain quality care for women.

04F.11 Patient Requirements of an Information Technology Aid For Bariatric Patient Education.
Monday, 29 September 2014: 06:20 - 06:28; Room: E107

Title: Patient Requirements of an Information Technology Aid For Bariatric Patient Education.

Authors: Alfallocaj, Y; Gunasekara, A; Jones, E; King, D; Mobasheri, M; Purkayastha, S; Shaath, M; Srivastava, S; Yong, J
Presenter: Shaath, M; Jones, E

Introduction: Bariatric Surgery is the most effective long-term treatment for obesity. Success relies on adherence to radical lifestyle changes post-surgery and this requires engagement and commitment. Comprehensive patient education is paramount to achieving good outcomes, and has been shown to be improved through the use of information technology (I.T.) aids. However, shortcomings in the use of such aids have thus far stemmed from a failure to address actual patient requirements. The aim was to determine the patient requirements of an I.T. aid that could be used to enhance bariatric patient education.

Methods:
Thematic analysis was applied to 20 semi-structured interviews, with 10 patients and 10 clinicians in the bariatric multidisciplinary team. These were all conducted at the Imperial Weight Centre, St. Mary’s Hospital, London.

Results:
Patient requirements closely correlated to the elicited key perceived deficits of the current education process. These were time constraints (with the corresponding requirements of accessibility, availability and reinforcement), variable individual patient needs (language options, customisable volume of information and customisable complexity), eliciting patient engagement (multimedia stimulation, interactive learning and anecdotal learning) and maintaining quality of information (consistency, reliability and completeness).

Discussion:
A framework of patient requirements of an I.T. aid intended to improve bariatric surgical patient education was generated, and addresses current perceived main problems. Further research evaluating the impact of such an aid on patient education, and the generalisability of the model is required to determine the practical implications of these findings.

04G: Patient-Provider Communication in Cancer Survivorship and End of Life Care
Monday, 29 September 2014: 05:00 - 06:30; Room: E108

Chair: Danielle Blanch Hartigan, PhD, MPH, Office of Cancer Survivorship, Behavioral Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, Rockville, MD, USA

Discussant: Neeraj K. Arora, PhD, Outcomes Research Branch, Applied Research Program Division of Cancer Control and Population Sciences, National Cancer Institute, Rockville, MD, USA

Symposium overview
Patient-centered patient-provider communication is essential in cancer survivorship and end of life care. Presentations address survivors’ communication experience and affective discussions, and introduce a patient intervention and provider training to improve patient-centered care. The discussant will highlight priority research areas to advance patient-centered communication in later phases of the cancer control continuum.

Presentation 1
Title: Time Trends in Cancer Survivors’ Experience of Patient-Centered Communication
Speaker: Danielle Blanch Hartigan, Office of Cancer Survivorship, Behavioral Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, Rockville, MD, USA
Co-authors: Neetu Chawla, Richard P. Moser, Bradford W. Hesse, Neeraj K. Arora, National Cancer Institute; Lila J. Finney Ruten, Mayo Clinic

Cancer survivors’ often feel “lost in transition” from active treatment to survivorship. This presentation addresses the specific needs of cancer survivors and presents data trends from three administrations
of the Health Information National Trends Survey (2007-2012) on cancer survivors’ experience of patient-centered communication (PCC). Results suggest that although PCC scores show a slight increase over time, an appreciable number of cancer survivors experience suboptimal PCC, particularly for providers helping manage uncertainty and attending to emotions.

Presentation 2
Title: Emotional communication during cancer survivorship consultations
Speaker: Carma Bylund, Hamad Medical Corporation (Doha-Qatar), Weill Cornell Medical College, Qatar
Co-authors: Eyle Shuk, Kara McLarney, Errol Philip, Memorial Sloan-Kettering Cancer Center; Danielle Blanch Hartigan, National Cancer Institute

Cancer survivorship can be an emotional time for patients as they transition from patient to survivor. Treating oncologists are well-positioned to offer emotional support to patients completing cancer treatment. Dr. Bylund will discuss results of a recent multisite study that analyzed audio recordings of oncologist-lymphoma survivor communication. Results suggest that oncologists expressed many positive emotions including messages of congratulations over health promotion behaviors and cancer-free milestones. Messages of reassurance typically accompanied questionable scans or difficulties.

Presentation 3
Title: Engaging Cancer Patients in Identifying Care Breakdowns: A Pilot Study
Speaker: Kathleen Mazor, Meyers Primary Care Institute, Department of Medicine, University of Massachusetts Medical School, Worcester, MA, USA
Co-authors: Thomas Gallagher, University of Washington; Aruna Kamineni, Group Health Research Institute; Douglas Roblin, Kaiser Permanente Georgia and Georgia State University

In interviews with patients with cancer, Dr. Mazor’s team found that many patients believed they had experienced breakdowns in communication or medical care during cancer care but did not report their concerns. The team therefore developed the We Want to Know intervention to encourage patients to speak up if they suspected something had gone wrong. This presentation will describe a pilot implementation and evaluation of the intervention in two healthcare systems.

Presentation 4
Title: Undergraduate Communication Skills Training Programs: Recent Developments Within the Swiss Medical School Curriculum
Speaker: Alexandre Berney, Psychiatric Liaison Service, Lausanne University Hospital, Switzerland
Co-authors: Marianne Schmid Mast, University of Neuchâtel, Switzerland

Over the past ten years, we implemented a Breaking Bad News (BBN) training program for masters level medical students involving simulated cancer patients having 6 or 12 months (with treatment) to live. A recent efficacy study compared small group teaching to one-to-one teaching in two consecutive medical school classes (N=260 medical students). 450 interviews were videotaped. The two formats of the training, design, and first qualitative and quantitative study results will be discussed.

04H: Psycho-physiological correlates of communication in healthcare setting.
Monday, 29 September 2014: 05:00 - 06:30; Room: Elicium D403

Recently social interaction started to be a field of investigation for sociophysiology, the branch of social neuroscience that investigates the concomitant relationship between physiology and social behavior.

The present symposium aims to present data and discuss novel approaches to the psychophysiological study of clinical communication.

Chairs: Lidia Del Piccolo (University of Verona, Italy) and Ellen Smets and (University of Amsterdam/AMC, The Netherlands).

Presentation 1
Brief review on psychophysiological correlates of communication in healthcare setting.

Lidia Del Piccolo (Department of Medicine and Public Health, University of Verona, Italy)
Presentation 2
The psychophysiology of affiliation
Anssi Peräkylä and Lisa Vuotilainen (Center of Excellence on Intersubjectivity in Interaction, University of Helsinki)

The authors show data on autonomic nervous system responses in tellers and recipients of conversational stories with the aim to verify the correspondence between the emotional stance displayed by the storyteller and the recipient.

Presentation 3
PILOT-Study I: Distressing information, patients’ psycho-physiological response and their recall of information.
Leonie Visser (Academic Medical Center, University of Amsterdam, The Netherlands)

The aim of the study is to identify the most appropriate population base (being cancer patients/cancer survivors in comparison to healthy individuals) for the recruitment of analogue patients for a large scale study. Psychophysiological responses, self-reported emotional distress, recall of information and identification with the video patient are the variables considered for this study.

Presentation 4
Empathy in medical students I: An experimental study of the relationship between emotions and electrophysiological activity in simulated clinical encounters
Knut Ømes and Arnstein Finset (Department of Behavioural Sciences in Medicine Faculty of Medicine University of Oslo, Norway)

Authors report data on the effect that patient verbal as well as non-verbal affective behavior (emotional concern and anger) exerts on both medical students’ and patients’ psychophysiological arousal (skin conductance) during a clinical encounter.

Presentation 5
Recalling disease information presented during web-lectures; the impact of psychophysiological and self-reported emotional responses.
Sandra van Dulmen (NIVEL, Utrecht, The Netherlands)

In order to inform patients, the Dutch project ‘Science for Patients’ was launched in 2012. Three patient associations started to regularly post freely accessible educational YouTube web-lectures on the website of ‘Science for Patients’. Aim of the study is to verify the amount of information recalled by patients after seeing YouTube web-lectures and to relate the degree of recall to patients’ psychophysiological stress response.

Presentation 6
Combining psycho-physiological and social signal processing methods in health communication
Marie and Eric Postma-Nilsenova (Tilburg center for Cognition and Communication, The Netherlands)

Data from a recent pilot study involving the analysis of a recorded doctor-patient interaction to analyze the correlation between skin conductance response (SCR) amplitude and Relative Average Perturbation (RAP), a measure of jitter in the voice of the patient will be presented. This joint research aims at finding correlates between Social signal processing measurements and psychophysical measurements relevant for the analysis of medical interactions.

04I: Addressing language barriers and low health literacy by teaching effective communication
Monday, 29 September 2014: 05:00 - 06:30; Room: Elicium D404

Thor Indseth, NAKMI, Oslo University Hospital, Norway
Jennifer Gerwing, HØKH, Akershus University Hospital NAKMI, Oslo University Hospital

Rationale
Health care practitioners report that working with immigrant patients can be challenging. Communication difficulties during clinical encounters generate uncertainty and misunderstandings that may contribute to low patient adherence to treatment plans afterwards. Practitioners can attribute these challenges to the patient’s cultural background, externalizing responsibility from the immediate clinical domain. This workshop introduces a two-hour course we have developed to increase awareness of the effect of language barriers
and low health literacy, providing an alternative explanatory model and concrete strategies for remediating communication-related problems. The course draws upon (1) a sound empirical and theoretical foundation from linguistics and psychology, (2) fundamental concepts from communication theory, and (3) collaboration with practitioners.

**Objectives**

After this session, participants will have a deeper understanding of the effect of language barriers and low health literacy in clinical communication. We introduce an approach that focuses on facilitating mutual understanding between practitioner and patient and provide concrete strategies for reducing misunderstandings and uncertainty. We will outline the course’s empirical foundation, which, in the course itself, implicitly supports content that is presented in a concrete, practice-relevant manner. In the session’s experiential component, participants will partake in two exercises that they can adopt into their own workplace/teaching. We will work with detailed examples from practice to show how communication is a cooperative process. Published examples can be presented and analyzed at their own workplace as well.

**Session format/activities:**

- Introduction to the 2-hour course:
  - Background, structure, core content, results of evaluation.
  - Participatory activities from the course:
    - Awareness-building activity: The effect of low health literacy/language barriers based on experiences in workplace; interaction with peers in small group discussion followed by feedback and interaction in full group discussion.
    - Didactic link from discussion: apply information from awareness-building exercise to strategies for predicting and adjusting to information needs of individual patients.
    - Experiential activity: participant demonstration/observation of activity that illustrates cooperative processes of dialogue; interaction, feedback, and application to strategy- and skill-building.
    - Discussion focused on examples from audio-taped clinical dialogues/interaction to provide opportunity to observe interaction, practicing skills (alternative responses), and feedback.
    - Didactic link: Presentation of concrete strategies supported by the course’s activities and examples.

2. Experimented the use of the “Professional Health Communication Wheel Chart” in different teaching activities
3. Discussed the applicability of the “Professional Health Communication Wheel Chart” to their own teaching setting.

**Session format/activities**

- 2 hours workshop where:
  - The use of the “Professional Health Communication Wheel Chart” will be demonstrated through clinical examples and situations supported by a/v materials (30 minutes)
  - The group will be split into three small groups of 8-10 people to work on 2 exercises in different teaching settings; a/v materials will provide a common teaching content; ample time will be provided to experiment with the wheel (60 minutes)
  - In a large group format, participants will focus on the discussion of the groups’ experience with the tool and its possible application in their teaching context (30 minutes)

**04K: Core Values and Clinical Communication: Interdependent Dimensions of Care**

**Monday, 29 September 2014: 05:00 - 06:30; Room: Elicium D408**

**Presenters**
Suzanne Kurtz, PhD. College of Veterinary Medicine, Washington State University, USA. University of Calgary (Professor Emerita), Canada
Elizabeth A. Rider, MSW, MD. Harvard Medical School, USA. Institute for Professionalism and Ethical Practice, Boston Children’s Hospital, USA

**Rationale**
Universal values and effective clinical communication skills—the human dimensions of care—ideally exist in every healthcare interaction. Nonetheless core values and skilled communication have yet to receive the emphasis necessary to make them central to every healthcare encounter. This workshop explores the often-overlooked relationship between values and skilled communication. We will focus on defining values that should inform all healthcare relationships and on translating values into visible action. These significant tasks require not only heightened awareness and ongoing development of our capacities for those values, but also development and intentional use of specific clinical communication skills that enable us to demonstrate core values appropriately during our interactions. While we tend to focus on bringing these dimensions of care to bear in clinician-patient interactions, this workshop also examines interprofessional encounters.

**Objectives**
Participants will:
1. Gain a shared understanding of essential human values in healthcare interactions
2. Collaborate with international practitioners, educators and researchers on translating core values into education and practice
3. Develop an expanded set of strategies for moving human values from ethical statements to actionable steps in their teaching and practice

**Session format/activities**

- Introductions — 5 mins
- Large group presentation/discussion — 15 mins
  - a. Frame the workshop - rationale, objectives, two relevant documents:
    - International Charter for Human Values in Healthcare, Calgary Cambridge Guides
- Invite participants’ responses — 40 mins
- a. In interprofessional pairs/trios, participants describe individual experiences from teaching or practice that demonstrate exemplary integration of values with communication skills
- Based on these experiences, participants develop definitions of values-inaction
- Participants identify approaches they use (or want to try) in their teaching, practice, or research, to move from developing their core values and capacities to demonstrating them with patients and colleagues
4. Large group ‘Displayed Thinking’ exercise – 25 mins
   a. Based on the exercise above, the group develops/records their definitions of core values and strategies for translating those values into visible action
5. Reflection, summary, and evaluation – 5 mins
Participants will leave with evidence-based materials, strategies organized on the ‘displayed thinking’ board, and interdisciplinary, cross-culturally relevant approaches.

05A.1 Teaching primary care physicians MI techniques for discussing weight with overweight and obese adolescents: Results of Teen CHAT

Tuesday, 30 September 2014: 10:00 - 10:15; Room: Forum

Title:
Teaching primary care physicians MI techniques for discussing weight with overweight and obese adolescents: Results of Teen CHAT

Authors:
Pollak, KIP (Kathy); Lys, PL Pauline; Coffman, CC Cynthia; Tulsky, JAT James; Alexander, SCA Stewart; Ostbye, TO Truls; Farrell, DF; David; Dolor, RD Rowena; Bodner, MB Michael; Bravender, TB Terrill

Presenter:
Pollak, KIP (Kathy)

Introduction:
Physicians are encouraged to help overweight adolescents attain a healthy weight by counseling them to improve nutrition, increase physical activity, reduce screen time, and obtain adequate sleep. Evidence exists that when physicians use Motivational Interviewing (MI) with overweight adults, they change their weight-related behaviors. We tested an online intervention to teach physicians to use MI when discussing healthy weight strategies with overweight and obese adolescents.

Methods:
We randomized 46 of 49 pediatricians and family physicians to two arms. In the baseline phase, we audio recorded 179 encounters between all of the physicians and their overweight adolescent patients (Mean=3.9 per physician). Half of the physicians then received an individually tailored, theory-based intervention that included clips from their own encounters. Then, in the post-intervention phase, we audio recorded 208 encounters between all physicians and a new set of patients (4.5 per physician). We coded both baseline and post-intervention conversations for the use of MI in weight-related discussions and used linear mixed-effects models to examine differences in use of MI techniques between arms.

Results:
All physicians in the intervention arm viewed the intervention. Mean baseline use of MI techniques were moderate: MI Spirit score: 2.1(0.9); Empathy score: 2.5(1.0); Open questions count: 1.6(2.1); MI consistent behaviors: 1.6(2.4); MI inconsistent behaviors: 3.1(3.7); and MI inconsistent percentage: 63% (37%). Post-intervention MI Spirit and Empathy scores were both 0.4 points higher for intervention physicians compared to control (95% CI, 0.0 to 0.7; p=0.04 and 95% CI, 0.0 to 0.8; p=0.04, respectively). Similarly, the number of open questions was 1.4 higher in the intervention physicians. (95% CI, 0.5, 2.2; p=0.002). We found no differences for any of the other MI techniques.

Discussion:
An individually tailored web-based intervention significantly improved primary care physicians’ use of MI when discussing weight-related topics with overweight and obese adolescents.

05A.2 What is the relationship between feedback preference and self-efficacy in communication tasks?

Monday, 29 September 2014: 12:15 - 12:30; Room: Forum

Title:
What is the relationship between feedback preference and self-efficacy in communication tasks?

Authors:
Grosfeld, FJM (Frans); Huiden, EM (Eveline); Ridder, JMM van de (Monica)

Presenter:
Grosfeld, FJM (Frans)

Introduction:
Feedback recipient’s personal characteristics, such as self-efficacy (SE) and feedback preference (FBP), influence perception and acceptance of feedback. Knowledge of this relationship enables providers to tailor their feedback to the recipient’s needs. We explored the relationship between medical students’ SE and their FBP for internally generated feedback when performing communication tasks in a non-clinical (skills lab) and a clinical (clerkship) setting. Differences related to the task context (non-clinical - clinical) and students’ genders were taken into account.

Methods:
Second year medical students without clinical experience (n=216), and clerkship students (n=65) were administered two cross-cultural validated questionnaires with a 5-point agree-disagree response scale. The New General Self-efficacy Scale was applied to assess SE concerning doctor-patient communication tasks. The Internal Feedback Propensity Scale measured student’s FBP for internally generated feedback Mann-Whitney U tests and Spearman’s correlation were applied.

Results:
Internal FBP related positively to SE (p<0.01). Clerkship students showed higher, albeit non-significant SE and preference for internal FBP as compared to second year students. There was a sex-related difference, male students in the latter group reporting significantly (p<0.05) higher SE than female students. Also, males in both groups had significantly (p<0.05) higher FBP scores.

Discussion:
Students’ SE regarding communication tasks seems stable over time. Male students prefer reflecting on their own thoughts and feelings before they receive feedback from a supervisor more than female students. How this influences the effectiveness of the feedback is an important future research question.

05A.3 Impact of a communication training focused on patients with unexplained physical symptoms on doctor’s capability.

Tuesday, 30 September 2014: 10:15 - 10:30; Room: Forum

Title:
Impact of a communication training focused on patients with unexplained physical symptoms on doctor’s capability.

Authors:
Weiland, A (Anne); Tolenaars-den Braber, NA (Nelleke); Arends, LR (Lidia)

Presenter:
Weiland, A (Anne)

Introduction:
In hospital practice medical specialists are not able to find a medical diagnosis for symptoms, presented by at least 40% of the out clinic patients. Doctors find patients without pathology more difficult to deal with and often feel unsatisfied about their professional performance. To improve doctor’s capability, engagement and stress reduction in consultations with patients with medically unexplained physical symptoms (MUPS) we developed a MUPS focused communication skills training programme. Our main study question is: “What is the effect of a MUPS focused communication skills training for medical specialists on doctor’s work stress, engagement and capability in medical encounters with MUPS patients?”

Methods:
Development and assessment of a 14-hour MUPS focused communication training model for medical specialists and residents in a RCT. The Utrechtse Bevlogenheidsschaal (UBES) was used to measure the amount of engagement that the specialists experience in their work. The UBES was completed with questions concerning work stress and capability during consultations with MUPS patients, measured at a 6-point Likert-scale. The included doctors were derived from the 123 hospital doctors participating in the RCT. Before and after the training doctors were asked to fill out a questionnaire on work stress, engagement and capability.

Results:
A raise of feelings of capability was reported by the group of 44 doctors, which participated in the training (p=0.001) and filled out the questionnaire on work stress, engagement and capability. However, no impact was found on engagement and work stress. Doctors not only felt more capable during consultations with MUPS patients, but also in their interactions with patients with a medical diagnosis.

Discussion:
Medical specialists feel more capable during consultations with MUPS patients after their participation in a MUPS focused communication skills training programme. They even feel more capable in their consultations with patients with a clear medical diagnosis, which seem to confirm the transfer of the specific MUPS focused communication skills to other patient groups. More research is needed to know what interventions increases doctor’s capability, work stress and engagement and reduces chronic work stress and burn out.

05A.4 Evaluation of a communication training for medical specialists focused on patients with unexplained physical symptoms.
Tuesday, 30 September 2014: 10:30 - 10:45; Room: Forum

Title:
Evaluation of a communication training for medical specialists focused on patients with unexplained physical symptoms.

Authors:
Weiland, A (Anne); Blankenstein, AH (Nettie); Saase, JLCM Van (Jan);
Molen, HT Van der (Henk); Dulmen, AM Van (Sandra); Arends, LR (Lidia)

Introduction:
To improve medical specialists’ skills for interacting with patients with medically unexplained physical symptoms (MUPS) we developed and evaluated a MUPS-specific communication skills training programme for medical specialists. Our study questions are: 1. What are the effects of a training for medical specialists in MUPS-focused consultation skills on illness worries, course of symptoms and daily functioning of MUPS-patients in comparison with patients of untrained specialists? 2. Do trained medical specialists use more effective communication skills than untrained ones? Is the training cost-effective?

Methods:
In 2008, a pilot study was conducted with 23 neurologists from Erasmus MC Rotterdam. In addition, a systematic literature review was performed to elicit communication skills that improve outcome and health care in patients with MUPS. Both pilot and review provided input for developing a training programme for medical specialists of which the effectiveness and the efficiency has been examined in an RCT. In the 14-hour training programme experiential learning, role-play and feedback are crucial elements for learning the necessary skills. Using techniques from Cognitive Behavioral Therapy, participants are stimulated to search for interrelating factors (patients’ symptoms, cognitions, emotions, behavior, social environment) that reinforce the symptoms. They are taught to reassure patients effectively and offer plausible and understandable explanations for experiencing MUPS. Participating doctors evaluated the training programme by a questionnaire with a 3-point Likert Scale.

Results:
123 doctors from 11 specialism’s and six different hospitals were videotaped and trained during 2011/2013 and together with 479 MUPS patients included in the study. The training model was evaluated as ‘very useful’ by all participants on a 3-point Likert scale with 2.79 (1 as minimum and 3 as maximum score; SD = 0.182). Intervention effects are currently analyzed and full results on all study questions will be presented at the conference.

Discussion:
We created a feasible, useful and promising intervention to improve specialist interaction with MUPS patients. If the RCT demonstrates effectiveness and efficiency of the intervention, the training will be embedded in post-graduate education of medical specialists and residents.

05A.5 Effective Provider-Patient Communication: Improving health literacy in chronic patients
Tuesday, 30 September 2014: 10:45 - 11:00; Room: Forum

Title:
Effective Provider-Patient Communication: Improving health literacy in chronic patients

Authors:
Peyman, PEYMAN (Nooshin); Behzad, Behzad (Fatemeh)

Introduction:
Health communication consists of activities focused on improving the health of individuals and populations. Skills in understanding and applying information about health issues are critical to this process and may have a substantial impact on health outcomes. These skills have recently been conceptualized in terms of health literacy. This study was aimed at determining the promotion level of chronic patients’ health literacy in health centers through instructing health literacy to health workers in Mashhad –Iran.2013.

Methods:
Participants of the study were 25health workers .They were trained to engage in communication with patients with limited HL in order to improve their capacity of screening and self-care. Educational sessions were performed in the form of Focus group discussions, and workshops. Then 240 of their patients with chronic diseases and limited health literacy were selected by multistage random sampling from four health center in Mashhad. They were divided in Two groups [experimental (n=120) and control groups(n=120)].

Instruments were an Adult Primary Care Questionnaire, Chew’s Screening Questions and Health Literacy Assessment. In order to analyze the data, SPSS16 package was employed and independent-sample t-test, Chi-square and ANOVA were utilized.

Results:
The results indicated a significant difference in the health literacy level of the experimental group, before and after the intervention. The results indicated a significant difference in the experimental group but, no difference was observed in the control group. the average health literacy score of patients in the experimental group, increased from 78.08 to 95.42 before and after the intervention but, in the control group the patients’ scores only slightly increased from 80.38 to 80.87. In the experimental group, the results showed a significant difference in patients’ average self-care scores before and after the intervention. Accordingly, their scores rose from 6.47±1.27 to 7.41±0.833 (t=7.57, p&l<0.001). However, in the control group no significant difference was reported (5.91±1.28±0.99±1.22) (t=0.757, p=0.451).

Discussion:
Health workers’ health literacy instruction can lead to an increase in their awareness of patients’ health literacy level. Consequently they can instruct patients based on their understandings. Patients’ better understanding results in an appropriate use of the available health services.

05B.1 Invisible rights: Polish migrants in Norway experience barriers to translation
Tuesday, 30 September 2014: 10:00 - 10:15; Room: E102

Title:
Invisible rights: Polish migrants in Norway experience barriers to translation

Authors:
Czapka, E.A. (Elzbieta); Gerwing, J Jennifer

Presenter:
Czapka, E.A. (Elzbieta)

Introduction:
Lack of competence in the language of their new home is one of the most common barriers to migrants’ access to health care services. A translator can overcome that barrier, facilitating communication
between doctor and patient. In many countries, including Norway, access to translation services is the patient’s right; but it is unclear how doctors and patients decide whether to use a translator. Our primary objective was to describe whether Polish migrant patients in Norway needed and subsequently used translation services and to explore the strategies they used to communicate with their Norwegian-speaking doctors. The main research questions were: 1) How did these patients cope with the language barrier when meeting with health care personnel? 2) Under what circumstances were translation services offered?

Methods:
Data came from 20 transcribed, semi-structured, in-depth interviews and 2 focus groups conducted in Polish with Polish migrants in Oslo and its vicinity. Snow-ball sampling method was employed. Participants were mainly labour migrants, both men and women. The use of qualitative methods enabled in-depth exploration of Polish migrants’ experiences regarding contact with Norwegian health care personnel. Data from the interviews were coded, categorized and interpreted, using the grounded theory approach.

Results:
In many cases, migrants’ experiences suggested that health staff were not familiar with the regulations regarding translator services: migrants were rarely asked whether they needed a translator. Most informants did not know about health personnel’s obligation to provide a translator in case of patient’s lack of Norwegian language competence. Migrants were sometimes asked to cover the cost of translation, or they were actively convinced that they could manage without one. Migrants used various strategies to cope with lack of translation or insufficient communication, from cancellation of the visit to bringing their own Polish-Norwegian medical dictionary.

Discussion:
Effective communication between doctor and patient is a key factor for accurate and successful treatment. Our results demonstrate that migrants’ entitlement to free translation during appointments with health personnel in Norway is barred by limited access to services.
Both migrants and medical staff should be actively informed about their rights and obligations.

058.2 The role of language in end-of-life care for ethnic minority cancer patients.
Tuesday, 30 September 2014: 10:15 - 10:30; Room: E102

Title:
The role of language in end-of-life care for ethnic minority cancer patients.

Authors:
Aelbrecht, K; Pierreux, K; Deveugele, M

Presenter:
Aelbrecht, K

Introduction:
Previous research found strong resemblances in the expectations and perceived experiences between ethnic minority and native patients when confronted with cancer. However, there are some important obstacles while dealing with the illness, such as a language barrier and a need for information. Little is known about how ethnic minority patients experience these obstacles when confronted with an advanced, metastatic cancer. In this study we aim to explore the specific role of language in end-of-life care for ethnic minority cancer patients and the impact this obstacle has on information deprivation.

Methods:
This study is part of a larger study on the perception of the Belgian health care among ethnic minority cancer patients. Ten interviews with terminally ill cancer patients from non-Western origin were selected and coded using thematic analysis.

Results:
The language barrier, i.e. not have a common (spoken) language, between the ethnic minority cancer patients and health care providers has a strong impact on several aspects in end-of-life care, in particular on misunderstanding and deprivation of information.
Ethnic minority cancer patients and health care providers who do not have a common spoken language or lingua franca tend to rely more on non-verbal behavior, for example smiling or friendly hand gestures. Furthermore, the better the language proficiency — but still insufficient — of the patient, the lesser chance of having a formal interpreter present during consultations. These two aspects of ethnic minority patient-provider communication often result in less informed patients and probably less comprehensive medical decisions.

Discussion:
The results implicate that ethnic minority cancer patients are often less informed, due to the language barrier and its impact on several aspect of end-of-life care. Therefore, a more tailored approach is needed when dealing with ethnic minority cancer patients.

058.3 Misunderstandings in chronic pain settings with linguistically diverse patients

Tuesday, 30 September 2014: 10:30 - 10:45; Room: E102

Title:
Misunderstandings in chronic pain settings with linguistically diverse patients

Authors:
Weber, O (Orest); Stiefel, F; Guex, P (Patrice); Singy, P (Pascal)

Presenter:
Weber, O (Orest)

Introduction:
According to existing studies, mutual understanding between patients and clinicians is often problematic in chronic pain settings. In Western countries, first generation immigrants with various sociolinguistic backgrounds represent a growing portion of patients consulting for chronic pain. This study used discourse analysis investigated misunderstandings in non-interpreter-mediated consultations between chronic pain medical specialists and patients with various levels of proficiency in the language of consultation (French).

Methods:
Medical consultations with 15 immigrant and 4 native patients were videotaped, transcribed and screened for interactional misunderstandings. Initial causes, the type of major communicative activity involved, nature and outcome of repair strategies, and relational/clinical impact were documented for each misunderstanding. Comparisons were carried out between groups of patients with different sociolinguistic profiles. Post hoc interviews with physicians and patients completed the analyses.

Results:
Mutual understanding was too frail to enable the identification of distinct interactional misunderstandings in three medical consultations. In patients with medium to native French 114 misunderstandings were identified. Most of them (96) could be solved thanks to discursive strategies of repair. Unsolved misunderstandings (18) occurred only with immigrant patients and most of them were clinically relevant. Patients’ basic linguistic competencies per se (e.g. non-standard grammar or pronunciation, the lack of vocabulary, semantic misgivings, etc.) never explained why misunderstandings could not be solved. Persistence of misunderstandings always involved other factors of complexity, namely (a) physicians’ difficulties in evaluating the patient’s knowledge about medicine and the health system, and (b) specific sociocultural constraints, e.g. patients’ reluctance to challenge clinicians’ authority by pointing out misinterpretations.

Discussion:
This study opens educational perspectives. Clinicians should be trained to deal with the multilayered problems of communication with diverse patients. Flexible and patient centered communication skills are central to avoiding clinically relevant misunderstandings. The study also emphasizes the need for health services to provide staff with adequate access to interpreters.

058.4 Patient participation in general practice: what do Turkish-Dutch patients want, feel and do?
Tuesday, 30 September 2014: 10:45 - 11:00; Room: E102

Title:
Patient participation in general practice: what do Turkish-Dutch patients want, feel and do?

Authors: Schinkel, S (Sanne); Schouten, B.C. (Barbara); Weert, J.C.M. van (Julia); Kerpilicik, F. (Fatmagul); Putte, S.J.H.M. van den (Bas)

Introduction: Previous research has shown that migrant patients display less patient participation during medical encounters than patients belonging to the dominant ethnic group. Results from an observational study corroborated this finding for Turkish-Dutch patients, the largest ethnic minority group in the Netherlands. As there is at present a dearth of research on why migrant patients are less participative, the present study aimed to gain more insight into views and perceptions among Turkish-Dutch patients about patient participation during consultations with general practitioners. In addition, it was investigated whether Turkish-Dutch patients differ from native-Dutch patients in these perceptions.

Methods: The sample consisted of eight focus groups, four with Turkish-Dutch (n = 22) and four with native-Dutch participants (n = 24). Turkish-Dutch participants were recruited via key figures at community centers and a mosque, native-Dutch participants via key figures at a community center, a residence for the elderly and through personal contacts. Native-Dutch participants were matched with Turkish-Dutch participants on age, living area and educational level. Groups were run separately for first- and second-generation Turkish-Dutch migrants. A bilingual researcher facilitated all focus groups.

Interviews were audiotaped, transcribed verbatim, translated and analysed through open coding, using the grounded theory approach.

Results: First-generation Turkish-Dutch participants are mainly hindered to participate actively during GP encounters because of language barriers while second-generation participants mainly reported problems with GPs’ attitudes and behavior. Furthermore, frustration about the Dutch health system is expressed in all migrant groups in relation to their more positive experiences with the Turkish system, especially in terms of communication and medication prescriptions.

Turkish-Dutch participants uttered more comments on passive behavior when discussing patient participation than native-Dutch participants, who used more comments on active behavior. For instance, Turkish-Dutch participants often refer to GPs’ expertise and autonomy, while native-Dutch participants refer more to their own responsibility and making their own decisions.

Discussion: The results of this study indicate that existing models on patient participation are insufficient in explaining patient participation among ethnic minority patients; additional determinants such as perception of GP’s attitude and experiences with the health system in country of origin should be incorporated in these models.

We conducted 28 semi-structured interviews with adult LEP patients, n= 11 Hmong, n= 10 Spanish, and , n= 7 Physician, in a large academic medical system. Patient interviews were conducted in Hmong or Spanish. We interviewed general internal and family practice physicians with varying percentages of LEP patients in their practice. All interviews were audio taped, transcribed verbatim, translated and coded for interpretation. Hmong, Spanish, and provider interviews were coded separately. Themes were developed using content analysis.

Results: Facilitators of care included having a doctor who cares about and respect their patients, gender-concordant doctors, and familial experience with primary care in both Hmong- and Spanish-speaking participants. Physicians identified high quality interpreters, electronic medical record reminders, and educational materials in appropriate language as facilitators to delivering primary care to LEP patients. Two common barrier themes for Hmong- and Spanish-speaking patients were: 1. previous negative health care experiences, which created distrust of health care, and 2.lack of knowledge about primary care, particularly preventive care, and how to access community resources. Additional barriers for Hmong patients included poor quality interpreters and the need for health care decisions to be made by the nuclear family. Spanish-speaking patients uniquely identified lack of money or insurance, not enough time, and machismo in men as additional barriers to receipt of care. Physicians reported that competing social, economic, and health demands of patients, visit time constraints, cultural beliefs of patients, and the nature of the screening tests, e.g. embarrassing, as barriers for LEP patients to seek care.

Discussion: Culturally-tailored community education is a first step to increasing knowledge and acceptability of primary care in Hmong- and Spanish-speaking patients. Helping providers navigate the barriers that they may face when suggesting services to LEP patients may also improve care.

05C.1 The relation between communication-OSCE results and patient-centeredness questionnaire results of general practice trainees

Tuesday, September 2014: 10:00 - 10:15; Room: E103

Title: The relation between communication-OSCE results and patient-centeredness questionnaire results of general practice trainees

Authors: Goedhuys, Jo; Bombeke, Katrien; Van Nuland, Marc; Van Den Noortgate, Wim

Introduction: Patient centeredness (PC) is a key issue in communication in healthcare. There is evidence that it is related to patient health and satisfaction measures. Therefore it is a cornerstone in many healthcare professionals’ educational programmes. To measure PC we developed a questionnaire (Bombeke et al., 2012) that we wanted to validate with behavioural measures of patient centered communication of general practice trainees.

Methods: At the end of the first year of the three years during general practice training programme, we use a 10-station OSCE to measure the quality of the communication of our trainees. Trainees are observed using the Common Ground instrument (Lang et al., 2004; Van Nuland, Goedhuys et al., 2012). Last year we added two stations during which trainees filled in our previously developed questionnaire (39 items, to score 1-6).

Results: We collected complete data of 104 trainees. We used a confirmatory factor analysis to check if the factor structure we found earlier, was confirmed. We used generalisability theory and multi-level analysis to explore the relations between the items, the factorscores and the behavioural measures. Most of the correlations are low but analysis is still ongoing.

05B.5 Language and Cultural Barriers to Effective Communication in Primary Care

Tuesday, September 2014: 11:00 - 11:15; Room: E102

Title: Language and Cultural Barriers to Effective Communication in Primary Care

Authors: Jacobs, Dr. (Elizabeth); Schwei, Ms (Rebecca); Lor, Ms. (Maichou)

Introduction: Language barriers in health care are a large and growing problem in the U.S. Having limited English proficiency (LEP) is a well-recognized risk factor for disparities in health care quality and outcomes. Despite access to high quality interpreter services, LEP patients still experience disparities. We conducted a qualitative study to better understand what factors might contribute to disparities among LEP patients seen in primary care.

Methods: We conducted 28 semi-structured interviews with adult LEP patients, n= 11 Hmong, n= 10 Spanish, and , n= 7 Physician, in a large academic medical system. Patient interviews were conducted in Hmong or Spanish. We interviewed general internal and family practice physicians with varying percentages of LEP patients in their practice. All interviews were audio taped, transcribed verbatim, translated and coded for interpretation. Hmong, Spanish, and provider interviews were coded separately. Themes were developed using content analysis.

Results: Facilitators of care included having a doctor who cares about and respect their patients, gender-concordant doctors, and familial experience with primary care in both Hmong- and Spanish-speaking participants. Physicians identified high quality interpreters, electronic medical record reminders, and educational materials in appropriate language as facilitators to delivering primary care to LEP patients. Two common barrier themes for Hmong- and Spanish-speaking patients were: 1. previous negative health care experiences, which created distrust of health care, and 2.lack of knowledge about primary care, particularly preventive care, and how to access community resources. Additional barriers for Hmong patients included poor quality interpreters and the need for health care decisions to be made by the nuclear family. Spanish-speaking patients uniquely identified lack of money or insurance, not enough time, and machismo in men as additional barriers to receipt of care. Physicians reported that competing social, economic, and health demands of patients, visit time constraints, cultural beliefs of patients, and the nature of the screening tests, e.g. embarrassing, as barriers for LEP patients to seek care.

Discussion: Culturally-tailored community education is a first step to increasing knowledge and acceptability of primary care in Hmong- and Spanish-speaking patients. Helping providers navigate the barriers that they may face when suggesting services to LEP patients may also improve care.

05C.1 The relation between communication-OSCE results and patient-centeredness questionnaire results of general practice trainees

Tuesday, September 2014: 10:00 - 10:15; Room: E103

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Methods: At the end of the first year of the three years during general practice training programme, we use a 10-station OSCE to measure the quality of the communication of our trainees. Trainees are observed using the Common Ground instrument (Lang et al., 2004; Van Nuland, Goedhuys et al., 2012). Last year we added two stations during which trainees filled in our previously developed questionnaire (39 items, to score 1-6).

Results: We collected complete data of 104 trainees. We used a confirmatory factor analysis to check if the factor structure we found earlier, was confirmed. We used generalisability theory and multi-level analysis to explore the relations between the items, the factorscores and the behavioural measures. Most of the correlations are low but analysis is still ongoing.
Discussion: Low correlations between behavioural measures and questionnaire results are a known phenomenon. They make it difficult to explain or predict future communicative behaviour and to evaluate the outcome of training programmes with questionnaires. Our results will add some new evidence to this debate and suggest some new routes to explore.

OSC.2 Communication, Team Dynamics, and Satisfaction with Care: The Parents’ Perspective
Tuesday, 30 September 2014: 10:15 - 10:30; Room: E103

Title: Communication, Team Dynamics, and Satisfaction with Care: The Parents’ Perspective
 Authors: Cholli, P. (Preetam); Meyer, E. C. (Elaine); David, M. (Marge); Zurakowski, D. (David); Bell, S. K. (Sigall)
 Presenter: Cholli, P. (Preetam)
 Introduction: Healthcare organizations increasingly emphasize teamwork and communication, but less is known about these topics from the perspective of the patient and family experience.

Methods: We conducted semi-structured interviews with 29 pediatric families on the inpatient surgical service at an urban academic hospital, exploring: (1) care team dynamics, (2) needs during hospitalization (coded and categorized by theme), and (3) satisfaction with how their needs were met using a Likert scale (1 = not at all well, 5 = very well). Family responses were manually recorded during each interview. Data were analyzed using independent t-tests, z-tests, and multiple regressions.

Results: When asked who was “in charge” of their child’s care, parents most commonly cited doctors (44.5%) followed by nurses (29.7%); some reported “don’t know” (7.8%). In contrast, families overwhelmingly considered nurses their “go-to” person, above doctors (p<0.001) and other staff (p<0.001). No families initially identified themselves as part of their child’s team, but 90% did when specifically asked. Among needs, families commonly identified communication (35.2%), child’s care (31.9%), and personal (17.6%). They reported significantly lower satisfaction with communication than with their child’s care (p<0.001), and communication satisfaction was positively correlated with overall satisfaction (p=0.001). Parents who included the patient/family as “in charge” reported higher overall satisfaction than those who did not (p<0.005). Similarly, parents citing both medical (doctors, nurses) and non-medical (patient/family, “other”) team members as “in charge” had significantly higher overall satisfaction than those listing medical staff alone (p=0.004).

Discussion: Parents of hospitalized children identify communication as one of their most pressing yet least well-met needs. Differences in who families perceive are being “in-charge” and their “go-to” person highlights the importance of interprofessional communication, since the person whom families approach with questions and concerns is likely not the same person primarily making decisions about their child’s care. While most parents consider medical staff to be “in-charge” and “go-to” providers, our exploratory data suggest that having non-medical team members in these roles (including patients/families themselves) significantly improves satisfaction. No families identified themselves as part of the team unless asked.

Pursuing strategies that actively engage patients/family in clinical decision-making may strengthen communication and satisfaction.

OSC.3 The Value of Interprofessional Learning: Mutual Insights and Actions Influencing Practice
Tuesday, 30 September 2014: 10:30 - 10:45; Room: E103

Title: The Value of Interprofessional Learning: Mutual Insights and Actions Influencing Practice
 Authors: Langer, T (Thorsten); Brandano, J (Jessica); Meyer, EC (Elaine); Rider, EA (Elizabeth); Bell, SK (Sigall)
 Presenter: Langer, T (Thorsten)
 Introduction: Strong interprofessional (IP) communication is central to quality of care. Although contemporary care involves complex interactions among IP providers, opportunities to learn together are still relatively few. The Program to Enhance Relational and Communication Skills (PERCS) teaches communication and relational skills through live enactments. We reviewed 3.5 years of IP workshops to assess participants’ views about the educational value of interprofessional learning.

Methods: Between 2010-2013, 783 interprofessional participants were enrolled in 46 PERCS workshops. Participants received pre, post and 3-month follow-up questionnaires with quantitative and qualitative questions. We used SPSS software, V21.0 for statistical analysis, and chi-square test to compare participant groups.

Results: 722 healthcare providers completed surveys (response rate 92%): 70% female; mean medical work experience 12.8 yrs (SD 11.7). Among professions, 40% were physicians, 31% nurses, 15% psychosocial practitioners, 7% medical interpreters (MI) and 8% others. Although prior interprofessional learning was reported by 62% of respondents, the majority (68%) reported IP = 30% of their education included other professions. Physicians and health providers with >6yrs work experience were least likely to have participated in prior interprofessional learning (p=0.001, p=0.004 respectively), while MI and psychosocial practitioners were most likely to report prior IP learning (each p<0.001). Nearly all (93%) participants stated that IP colleagues contributed “quite” or “very much” to their learning. Independent of the learner’s own profession or prior IP learning experience. Asked specifically what they learned from IP colleagues, participants described 1) gaining new insights ["They (the doctors) have more compassion and understanding than I thought," and 2) intent to change behaviors ["Plan to huddle with IP colleagues before family meetings"] After 3 months, 64% of respondents stated that the workshop positively affected their views about, or interactions with, interprofessional colleagues.

Discussion: Interprofessional learning was highly valued by nearly all participants, even those with prior IP learning experience. Enhanced attitudes about IP collaboration were maintained for 3 months following the workshop. Physicians and HPs with >6yrs of experience may more likely lack IP learning opportunities. IP learning experiences may provide health professionals with both new insights as well as specific behavior changes for enhanced interprofessional collaboration and care.

OSC.4 Faults in their stars: Literature for teaching about adolescent illness
Tuesday, 30 September 2014: 10:45 - 11:00; Room: E103

Title: Faults in their stars: Literature for teaching about adolescent illness
Authors: Harvey, PJ (Pamela)
 Presenter: Harvey, PJ (Pamela)
 Introduction: Incorporating humanities into the teaching of health professionals is an educational strategy used to enhance empathy and understanding of illness and injury, and their effects on lives. Although there are many examples of the innovative utilisation of narrative, visual arts and performance in science- and clinically-based programs, its use in teaching about adolescents with illness is limited. Illness narratives, a genre that offers insight into the illness experience, are overwhelmingly those of adult narrators. Adolescent illness
narratives are most often reflections of a now-adult or a carer, leaving fiction as a more easily accessed category of literature for gaining insight into the life of an ill adolescent. This presentation discusses a particular narrative genre—the young adult novel—as a teaching resource for increasing understanding of adolescent illness and its impact on normative developmental frameworks.

Methods:
Award-winning contemporary young adult novels across the United Kingdom, Australia, USA and New Zealand were reviewed for their inclusion of protagonists with an illness. Eight books from forty-nine had main characters with a range of illnesses including depression, anorexia, Creutzfeldt-Jakob disease and asthma. An analysis of the narrative illness identity of the characters revealed various themes associated with the impact of the illness experience.

Results:
There are two main types of novels featuring adolescents with illness: a) formulaic, problem-orientated novels (known as ‘sick-lit’); and b) literary novels with a focus on how illness effects narrative identity. While the former are popular with readers, the latter provide a rich insight into the effect of illness on the agency and identity of young people.

Discussion:
Identifying innovative resources for teaching health professional students about people’s experiences of illness can be challenging when focusing on younger patients. Although many health professional resources exist for adult illness narratives (autobiography and fiction), stories about adolescents are more difficult to find. The award-winning books identified articulate an otherwise-unheard voice, that of the adolescent patient. This presentation directs clinical educators to a genre of literature not widely acknowledged as a resource for teaching.

05D.1 Providing information about late effects after childhood lymphomas: Survivors’ preferences for what, how and when.
Tuesday, 30 September 2014: 10:00 - 10:15; Room: E104

Title:
Providing information about late effects after childhood lymphomas: Survivors’ preferences for what, how and when.

Authors:
Lie, HC (Hanne); Loge, JH (Jon Håvard); Meliblom, A (Anneli); Ruud, E (Ellen); Finset, A (Arnstein)

Presenter:
Lie, HC (Hanne)

Introduction:
Young cancer survivors face elevated risks for often serious health problems, late effects, as a consequence of the disease and its treatment. To enable these survivors to manage their long-term health, they need information about their risks of late effects. Yet, most survivors report limited knowledge about their risks of these. We studied the perspectives of adult survivors on how to best provide information about late effects to young cancer patients.

Methods:
We conducted five focus-groups with adult survivors of childhood and adolescent lymphomas (n=34, 19 females, mean age=39). All had completed scheduled general follow-up care until 18 years old. They had recently received information on their health status and risks through a follow-up study on late effects. We used thematic analysis to identify themes regarding providing information.

Results:
Four themes were identified. First, what information to provide: general and specific information about symptoms, prevention and treatment of late effects, as well as healthy lifestyle, financial issues and social security rights. Information was highly valued by all as “it is better to know than not”. Second, how to provide information: tailored to individual needs, carefully timed, both face-to-face and in writing. Third and fourth, when to provide information: was less clear. Many expressed ambivalence regarding receiving late effect information when still young, as it was “nice not to know about late effects when you felt healthy”. However, it was seen as essential to have information once a late effect occurred. Everybody agreed that a “re-information session about late effects” when reaching early adulthood (around age 25) would be very useful. By that age, the survivors felt more ready and willing to take on board such information and motivated to take responsibility for their own health.

Discussion:
All survivors wanted information on late effects. Yet, many expressed ambivalence about receiving it, particularly at a young age. Providing survivors with information in their mid-twenties could enhance the survivors’ understanding of their health risks and enable them to better manage their own health. Our findings may also be useful for clinicians working with young non-cancer patients facing current or future health risks.

05D.2 “I’m not going to lie - I haven’t taken it” adherence in adolescent endocrine care
Tuesday, 30 September 2014: 10:15 - 10:30; Room: E104

Title:
“I’m not going to lie - I haven’t taken it” adherence in adolescent endocrine care

Authors:
Callery, P (Peter); Downing, J (Jennifer); Clayton, PE (Peter); Davis, J (Julian); Gleeson, H (Helena); Young, B (Bridge); Wales, JKH (Jerry)

Presenter:
Callery, P (Peter)

Introduction:
High rates of medication non-adherence are reported in adolescents with a wide range of long-term conditions. Identification of non-adherence and addressing problems requires communication between young people and clinicians. Medication regimens are important in endocrine conditions and can be a lifelong requirement. As young people transfer from paediatric to adult care they take increasing responsibility for medication and consulting clinicians. The aim of this study was to examine discussion of (non-) adherence in consultations as young people transferred to adult endocrine care, and the perspectives of young people.

Methods:
The combined methods design incorporated qualitative analysis of recordings of consultations and post-consultation interviews. The participants were 11 patients aged 16-21 years (6 female) with lifelong endocrine conditions. Five participants attended consultations alone, 4 with parents and 2 with a friend or relative.

Results:
Medication type and dose was discussed explicitly in all consultations, which provided opportunities to discuss adherence. In interviews young people identified non-adherence as a sensitive topic that could lead to conflict with clinicians. However, disclosures of non-adherence were observed in some consultations following sustained, non-judgemental questioning by clinicians, sometimes prompting parental intervention. Admissions of missing doses preceded disclosures of stopping medication. In interviews young people explained that difficulties integrating medication regimens into daily routines could lead to missed doses. Problems arose with changes in everyday life as they moved through educational and employment pathways. Those discontinuing said they did not feel any difference from medication. Young people valued flexibility from clinicians as an indication of respect. This could include adjusting treatment regimens to young people’s routines and negotiating safe experimental discontinuations to encourage young people’s recognition of treatment benefits.

Discussion:
Non-adherence can be unintentional if medication regimens are not matched to young people’s everyday lives. Intentional non-adherence can be an exploratory behaviour by young people who have limited experience of their untreated condition or understanding of benefits of medication regimens initiated in childhood. Non-adherence is a sensitive topic in consultations but specific, sustained questions and non-judgemental responses can lead to disclosure. Clinician flexibility to match regimens to lifestyles and negotiating trial discontinuations individualises treatment and communicates respect to young people.
05D.3 Transitioning of young people (with longterm illnesses) from child to adult healthcare services

Tuesday, 30 September 2014: 10:30 - 10:45; Room: E104

Title: Transitioning of young people (with longterm illnesses) from child to adult healthcare services

Authors: Coyne, IC; Sheehan, A; While, A

Introduction: Background: Increasing numbers of young people with longterm illnesses are entering adulthood and transitioning from child to adult healthcare services. Abrupt and poorly managed transitions have been associated with poorer health outcomes and health behaviours. Aims: To obtain a comprehensive understanding of the experiences of young people and their families transitioning from child to adult healthcare services in Ireland, and to identify factors associated with smooth and successful transitions.

Methods: Semi-structured interviews were conducted with young people aged 14-25 years with one of three conditions (type 1 diabetes, cystic fibrosis, or congenital heart disease) (n=50), their parents (n=37), and healthcare professionals (n=34). Ethical approval was granted by ethics committees at Trinity College Dublin and the hospital sites. The data were analysed using thematic analysis and managed with Nvivo(version 10).

Results: Findings: Transition was experienced on a continuum from smooth to traumatic. Adjusting to environmental and cultural differences in adult healthcare services was overwhelming for some young people and their families, while others welcomed the young person’s enhanced responsibility and autonomy. The negotiation of healthcare management roles between young people, parents, and new healthcare professionals was a complex and dynamic process. Inadequate communication prior to transition and discordant familial relationships impacted negatively on the transition experience. Smooth transitions were experienced where young people had developed adequate self-care and self-efficacy skills; families had positive attitudes, emotions, and beliefs regarding transition; there was effective information-sharing and communication; and where staff were sensitive to the patient journey and the shared illness ownership felt by young people and their families.

Discussion: Conclusions and implications: The transition from child to adult healthcare services is a complex, dynamic process strongly influenced by information-sharing practices and shared decision-making. Facilitators of smooth transitions should be incorporated into healthcare practices and policies.

05D.4 Discussing non-medical issues during consultations with chronically ill adolescents: Experiences with Individual Transition Plans

Tuesday, 30 September 2014: 10:45 - 11:00; Room: E104

Title: Discussing non-medical issues during consultations with chronically ill adolescents: Experiences with Individual Transition Plans

Authors: Sattoe, J.N.T. (Jane); Strating, M.M.H. (Mathilde); Nieboer, A.P. (Anna); Staa, A.L. van (AnneLoes)

Presenters: Sattoe, J.N.T. (Jane)

Introduction: Discussing non-medical issues during hospital consultations with adolescents with chronic conditions is important in order to support them in their transition into adulthood and to encourage and improve self-management. The use of individual transition plans (ITPs) is advocated as a structured way to do so. This study evaluates the introduction of ITPs in the Dutch Action Program ‘On Your Own Feet Ahead!’ which aimed to improve transitional care in multidisciplinary hospital teams.

Methods: A 2-year longitudinal study with measurement moments before the start, after the program, and one year follow-up. Adolescents treated in 20 hospital teams (T0: n=366, T1: n=404, T2: n=198) and parents (T0: n=465, T1: n=384, T2: n=175) filled out questionnaires assessing the importance of discussing non-medical issues, and the frequency of communication about these topics during consultations. Topics included: future vocation/education, relationships, sexual health, future prospects of the condition and the transition to adult care. Additionally, 39 professionals from 18 teams were interviewed about their experiences with ITPs. Descriptive and Wilcoxon signed rank tests were used for quantitative analyses, while thematic analysis was applied to qualitative data.

Results: After two years, adolescents perceived increased importance of all topics (p<0.05). Parents rated the importance of all topics relatively high at T0 and T1, and this increased for all except relationships and sexual health at T2 (p<0.01). Both adolescents and parents reported more frequent discussion of non-medical topics at follow-up (T2). Professionals perceived increased awareness about non-medical issues for young people, and they valued that using ITPs enabled them to systematically address non-medical issues during consultation. Also, the fact that family interaction was stimulated by the tool was appreciated. However, the paper format and the use of different age-appropriate versions limited the feasibility in daily practice.

Discussion: The Action Program raised awareness about the need to communicate non-medical issues in adolescents, parents, and professionals. ITPs are effective in enhancing systematic communication about such issues. However, for successful implementation in daily practice, adaptations in mode (digital instead of paper and pencil) and format (adapted to developmental stage) are necessary.

05D.5 Towards effective adherence-enhancing interventions in asthmatic adolescents: results from online focus groups

Tuesday, 30 September 2014: 11:00 - 11:15; Room: E104

Title: Towards effective adherence-enhancing interventions in asthmatic adolescents: results from online focus groups

Authors: Koster, E.S. (Ellen); Philibert, D. (Daphne); Dijk, T.W. de (Tjalling); Bouvy, M.L. (Marcel)

Presenters: Koster, E.S. (Ellen)

Introduction: In adolescents, non-adherence is a major issue and leads to uncontrolled disease. It is important to find ways to improve adherence that easily fit into adolescents’ daily life and habits. Adolescents are highly engaged in technology and frequently communicate through new digital media. We aimed to assess adolescents’ needs and preferences regarding medication counseling and support, with special focus on new digital media.

Methods: Adolescents’ needs and preferences regarding adherence support were examined by means of online focus groups. Seven young asthmatic adolescents (aged 12-13 years) and seven older asthmatic adolescents (14-16 years) participated in a moderated asynchronous online focus group over a one week period. Patients were recruited through community pharmacies. Questions concerned adherence behavior in general, and needs and preferences in adherence support, with special focus on new digital media (e.g. mobile technology, social media, health games).

Results: Participants expressed views regarding their needs in adherence support. Forgetting was mentioned as important reason for not using medication as prescribed, and some adolescents mentioned the lack of perceived need, or lack of perceived effect of medicines. Participants described different supportive roles for their parents.
Use of a health games was not perceived as useful, whilst other new digital media such as smartphone applications were suggested as solutions to support correct medication intake behavior. Furthermore, they were generally positive about the online focus group and sharing of online experiences. Older participants were more actively engaged in the online focus group discussion.

Discussion: These findings lay the foundation for future intervention development. In order to develop patient-centered interventions to improve medication adherence in adolescents, it is important to embed these patient perspectives. Another focus group will further elaborate on these first findings in order to develop effective interventions.

05E.1 "Huh": Examining Child and Caregiver Confusion due to Provider Jargon Usage
Tuesday, 30 September 2014: 10:00 - 10:15; Room: E105/6

Title: "Huh": Examining Child and Caregiver Confusion due to Provider Jargon Usage

Authors: Carpenter, DM (Delesha); Nguyen, F (Frances); DeWalt, D (Darren); Sleath, BL (Betsy)

Presenter: Carpenter, DM (Delesha)

Introduction: Medical jargon can be confusing to both children and their caregivers. Often, jargon words are unquestioned by patients and unexplained by providers even though they may be misunderstood, especially in pediatric populations. Our goals were to determine which types of asthma-related jargon were most likely to provoke expressions of confusion by children and caregivers and whether the jargon was explained by the provider.

Methods: Children ages 8-16 with asthma (n=296) were recruited at 5 pediatric practices in North Carolina. Children’s medical visits were audio-tape recorded and transcribed verbatim. Using a qualitative analysis software program, a list of asthma-related jargon words used by providers was identified in the transcripts and divided into six general categories, including asthma devices, asthma medicine names, disease process terms, spirometry terms, asthma medication terms, and general asthma terms. Using a codebook, two independent coders then coded child and caregiver expressions of confusion, defined as instances where a child or caregiver verbally expressed not understanding the asthma jargon word. For each instance of confusion, the coders noted whether a provider subsequently explained the jargon term to the child or caregiver.

Results: Of the 6028 instances in which providers used asthma-related jargon, children and caregivers verbally expressed confusion in 45 instances. Both children and caregivers expressed the most confusion over names of asthma medicines. Of the 19 times confusion was expressed by children, 5 were followed by an explanation of the jargon word by the provider (26%). Of the 26 times confusion was expressed by caregivers, 13 were followed by an explanation of the jargon word by the provider (50%).

Discussion: Caregivers were more likely than children to express confusion about asthma related jargon. Providers were more likely to explain jargon to caregivers than to children. Confusion expressed by either caregiver or child was rare, which may indicate that caregivers and children do not verbally express confusion when providers use asthma-related jargon.

05E.2 The use of signs in medical pictograms targeted at a low-literate audience.
Tuesday, 30 September 2014: 10:15 - 10:30; Room: E105/6

Title: Use of signs in medical pictograms targeted at a low-literate audience.

Authors: Beusekom, M.M. van (Mara); Grootens-Wiegens, P. (Ronella); Bos, M.J.W. (Mark); Guichelaar, H.J. (Henk-Jan); Broek, J.M. van den (Jos)

Presenter: Beusekom, M.M. van (Mara)

Introduction: Images can facilitate interpretation of textual health information for low-literate patients. However, not just any visual will do. Depending on the purpose it has to serve, the form and content of the image will vary. This study discusses the use of (e.g. traffic) signs in a patient information leaflet targeted at a low-literate audience to see if (1) signs are a helpful addition to the text, if (2) they are considered more or less helpful than pictograms, and if (3) they are understood when used as a visual element of a pictogram.

Methods: Individual interviews and focus group discussions were held with low-literate people. Focus group participants were part of a literacy training programme, and had a literacy level below 1F on Muikerinik’s scale. For the other participants (recruited at a food bank in The Hague, The Netherlands), literacy was measured using the Dutch variant of the Rapid Estimate of Adult Literacy in Medicine (REALM-D). Example materials, including a text-only leaflet, symbolic images (signs), and pictograms were shown to make the topic under discussion approachable.

Results: When given the choice between only text and a combination of text and signs, low-literate participants indicated preference for the signs. Pictograms that gave a more direct representation of the corresponding text were preferred over the signs, as long as they were specific to the content of that leaflet’s text. Some participants were not familiar with the meaning of the signs, which led to literal interpretation and to confusion when the same sign returned in another visual.

Discussion: What these results show is that even signs that were expected to be easily recognisable, as they can be encountered in (what the authors consider) day-to-day life, were unfamiliar to a subgroup of the low-literate people. While it was found that signs can play a role in text navigation, it is advisable to use them with caution, and perhaps avoid using them altogether in communication with low-literate patients if alternatives can be found.

05E.3 Usefulness Scale for Patient Information Material (USE) - Development and Psychometric Properties
Tuesday, 30 September 2014: 10:30 - 10:45; Room: E105/6

Title: Usefulness Scale for Patient Information Material (USE) - Development and Psychometric Properties


Presenter: Hölzel, L.P.

Introduction: One economic way to inform patients about their illness and the medical procedures is to provide written health information material. A generic and psychometrically sound scale to evaluate cognitive, emotional, and behavioral aspects of usefulness of patient information material from a patient-centered point of view is missing so far. The aim of our study was the development and psychometric testing of such a scale.

Methods: The Usefulness Scale for Patient Information Material (USE) was developed in a multistep approach. Finally, three items for each subscale (cognitive, emotional, and behavioral) were selected using the following criteria: face validity, discrimination, and difficulty. The final version of the USE was subject to reliability analysis. Structural validity was tested in a confirmative factor analysis. Convergent and divergent validity were tested using correlational analyses. Criterion
validity of the USE was tested in an experimental design: Patients were randomly allocated to one of two groups. One group received a full version of an information brochure on depression or chronic low back pain dependent on the respective primary diagnosis (high usefulness group). Patients in the second group received a reduced version with a lower design quality, smaller font type size and less information (low usefulness group). Patients were recruited in six hospitals in Germany. After reading the brochure they were asked to fill in a questionnaire.

Results:
120 questionnaires provided analyzable data. Local and global goodness of fit indexes largely confirm the structural validity of the scale. Reliability analysis of the total scale and its sub-scales showed Cronbach’s α between .84 and .94. Convergent and divergent validity could be proved. Criterion validity could be confirmed in the experimental condition. Significant differences were found for the total score (p≤.001) and its three subscales (cognitive: p≤.001, emotional: p<.001, and behavioral: p≤.001).

Discussion:
We developed a generic scale to measure the usefulness of written patient information material from a patient-centered point of view. The construct is defined in line with current theoretical models for the evaluation of written patient information material. The USE proved to be short, reliable and valid psychometric scale.

05E.4 Cultural Care Communication and Power Distance: An ethnographic exploration of improved nursing educational experiences

Tuesday, 30 September 2014: 10:45 - 11:00; Room: E105/6

Title: Cultural Care Communication and Power Distance: An ethnographic exploration of improved nursing educational experiences

Authors: Linnard-Palmer, LLP (Luanne); Catolico, Olivia; Ghosh, Jayati

Presenter: Linnard-Palmer, LLP (Luanne)

Introduction:
Shifting demographics, globalization, and immigration have profound implications for the healthcare industry in the United States, which is characterized by culturally diverse patients, healthcare practitioners, and complex systems of care and delivery. It is imperative to have an understanding of cultural concepts and how these influence intercultural communication and negotiation in attaining effective patient outcomes and in reducing medical errors, high costs of care, and healthcare disparities. Cultural care, cultural communication and the actualization of power distance as influencing factors to effective patient care and error reduction have not been widely studied. Are these concepts widely taught throughout nursing education?

Methods:
An interdisciplinary research project was undertaken to investigate how professional nurses utilize culturally sensitive communication and negotiation to prevent or reduce errors, and what specific nursing education components they suggest to improve the educational experience of novice nurses and nursing students. Ethnography was an appropriate methodology in exploring cultural exchanges between nurses and diverse populations across the lifespan. Nurses were recruited from a variety of healthcare settings in the greater San Francisco Bay Area.

Results:
Nurses’ experiences with treatment negotiations, patient education, adherence to complex medical treatments, and building of trust were identified areas of needed improvement. Analysis of participants’ narratives and responses to what they viewed as essential nursing education components and experiences yielded three major themes: (a) teaching the impact of the role of power distance as a directive, (b) teaching how individualism/collectivism influences care and communication, and (c) teaching early identification and the avoidance of potential errors related to strained cultural communication.

Discussion:
The ethnographic study illuminated how important it is to offer novice health care professionals educational experiences in the area of cultural communication. Ideas for complex and challenging simulations, skills preparation and role playing were disclosed by participants as being very important in the holistic preparation toward successful acute care professional practice in highly diverse clinical settings.

05E.5 The needs of vulnerable people with diabetes – patient perspectives on health education format and content

Tuesday, 30 September 2014: 11:00 - 11:15; Room: E105/6

Title: The needs of vulnerable people with diabetes – patient perspectives on health education format and content

Authors: Torenholt, Rikke; Varming, Annemarie; Engelund, Gitte; Vestergaard, Susanne; Lund Møller, Birgitte; Willaing, Ingrid

Presenter: Varming, Annemarie

Introduction:
Vulnerable people living with diabetes, e.g. characterised by low income, low educational level, and low literacy, experience a higher rate of diabetes related complications and premature mortality. Research has repeatedly demonstrated that people living with diabetes need to be empowered and engage in their own situation and everyday life. However, a serious number of vulnerable people with diabetes do not profit from existing patient education offers. In this study we aimed to gain insights into the educational needs, wishes, attitudes and beliefs of this group focusing on the pedagogical approach as well as the content of patient education.

Methods:
We carried out in-depth interviews with nine persons with type 2 diabetes who were recruited and characterised as vulnerable by diabetes educators. During interviews, cultural probes were used in order to facilitate dialogue. Simultaneously the participants were presented to different communication methods. Their reactions were observed and analysed. Interviews were video recorded and later transcribed verbatim. Recordings were also viewed in full length while notes were taken. All data were analysed according to systematic text-condensation 1) reading through the material to get an overall impression and identify preliminary themes; 2) identifying and developing meaning units related to themes and labelling code groups; 3) systematically abstracting meaning units within the thematic codes; and 4) reconceptualising data and developing concepts and descriptions.

Results:
Findings emerged within two predefined main-categories: format and content. Regarding the format, our findings suggested that the informants valued 1) simplicity; meaning that education should be easy to understand, have a clearly stated purpose, and that materials should be easily read, 2) recognition; supportive, confidence-building, humorous, including successful stories, and 3) tangibility; include both visual, tactile, and kinaesthetic elements. Regarding the content, informants requested the following themes; diabetes specific information, mental and physical well-being, motivation and goal-setting, and relationships (personal and healthcare-related).

Discussion:
Insights into needs and wishes of vulnerable people with diabetes can contribute to the development of tailored patient education for vulnerable people with diabetes. This group needs diabetes education which is attractive and profitable to their needs.

05F.1 The influence of the course of illness on chronically ill patients’ self-management support needs

Tuesday, 30 September 2014: 10:00 - 10:15; Room: E107

Title: The influence of the course of illness on chronically ill patients’ self-management support needs

Authors:
Van Houtum, L. (Lieke); Rijken, PM (Mieke); Heijmans, MJWM (Monique); Groenewegen, PP (Peter)
Presenter:
Van Houtum, L. (Lieke)
Introduction:
Self-management has been recognized as an essential part of chronic illness care. However, many patients find it problematic to achieve optimal self-management and need to be supported. A better understanding of the individual course of illness could be helpful in determining the support needs of chronically ill patients. So far, research on chronically ill patients’ needs for self-management support has been scarce. The aim of the present study is to examine chronically ill patients’ needs for self-management support through the course of their illness.
Methods:
Cross-sectional and longitudinal linear regression analyses were conducted using data from 1,300 patients with chronic disease(s) who participated in a nationwide Dutch panel-study. Self-management support needs were assessed by the Patient Assessment of Self-management Tasks questionnaire (PAST). Course of illness was operationalized as: illness duration, patients’ perception of the course of illness and changes in self-rated general health (RAND-36).
Results:
Chronically ill patients’ own perceptions on the course of their illness as well as actual changes in self-rated health are predictive for their needs for support for several self-management activities, whereas illness duration is not. Patients who perceive their illness as episodic and/or progressively deteriorating have greater self-management support needs than patients who perceive their illness as stable. Deterioration of self-rated health is related to increased support needs. The effect of the course of illness on support needs depends on the type of self-management activities involved.
Discussion:
Helping patients to self-manage should not be confined to the first years after diagnosis. Healthcare providers should be alert to patients’ own perceptions of their course of illness and health status. Support should not only include practical help and advice regarding the medical management of chronic disease and lifestyle issues, but also support for effective communication with healthcare providers and patients’ coping with their chronic illness in daily life. The variation in self-management support needs shows that there is an urge for tailored interventions, which take the changeability of patients’ support needs into account.

0SF.2 What support for self-management do chronic patients need? A thematic synthesis of qualitative studies
Tuesday, 30 September 2014: 10:15 - 10:30; Room: E107
Title: What support for self-management do chronic patients need? A thematic synthesis of qualitative studies
Authors:
Dwarswaard, J. (Jolanda); Bakker, E.J.M. (Ellen); van Staa, AL (AnneLoes); Boeije, H. (Hennie)
Presenter:
Dwarswaard, J. (Jolanda)
Introduction:
People living with chronic conditions are faced with several adaptive tasks. Self-management interventions (SMS) are aimed to provide support in dealing with the illness in daily life. In order to be effective and feasible these interventions should take into account the patient perspective. To provide directions for interventions for SMS a review was performed to answer the following research question: “What is known about the support needed by people with selected chronic conditions (rheumatoid arthritis, end-stage renal disease, cancer) when they engage in self-management; and how and by whom is this support preferably provided?” The study is part of a research program focusing on these three selected chronic conditions.
Methods:
Thematic synthesis was used to analyze 34 studies describing the needs for support of people with the selected chronic conditions. Only studies that researched patients’ views were included. Patient needs were extracted from each article and were inductively coded and organized into descriptive themes. These themes were further interpreted to generate analytical themes.
Results:
The review shows that patients need support from three sources to manage their chronic condition effectively: (1) support from health care professionals; (2) support from family/friends and (3) support from fellow patients. Each source of support provides different types of SMS. For example, with respect to information, fellow patients are appreciated for their real-life experiences and for providing personal details. From health care professionals, expert knowledge is expected. The analysis shows that patients’ needs for support are not constant or generalized, but depend on disease stage, psychological factors, life style, gender, ethnicity, and life changes.
Discussion:
The results emphasize the importance of tailored self-management support. There is no ‘one-size-fits-all’ and individual patient needs may change over time. Therefore, health care professionals should assess patients’ needs regularly by communicating about patient experiences and by evaluating their own role in this respect. They should also be aware of the possible contribution of other sources of support that can be provided by family/friends and fellow patients.

0SF.3 Self management goal setting within primary care: Current practice, relevant factors and barriers
Tuesday, 30 September 2014: 10:30 - 10:45; Room: E107
Title: Self management goal setting within primary care: Current practice, relevant factors and barriers
Authors:
Lenzen, SA (Stephanie); Daniëls, R (Ramon); Bokhoven, MA van (Marloes Amanita); Weijden, T van der (Trudy); Beurskens, A (Anna); Dongen, JJ van (Jerome)
Presenter:
Lenzen, SA (Stephanie)
Introduction:
Although goal setting is considered a crucial part of self management guidelines for chronically ill clients, little information is available about how to do self management goal setting. The research project ‘Interdisciplinary self management support for patients with chronic diseases in primary care’ aims to develop methods and interventions to improve the quality of goals cooperatively set with the patient. The project’s first study investigated the current way nurse practitioners set goals in practice, and explored relevant factors and barriers in goal setting.
Methods:
A qualitative research design was adopted. Four focus groups (n=4) were convened with experts, clients and primary care professionals. Additionally four individual interviews (n=4) were conducted with professionals to explore in-depth difficulties. Moreover, nine observations of goal setting consultations (n=9) were done. After the observations, clients and professionals were interviewed about their experiences. Thematic analysis was used to analyse the data derived from the focus groups and interviews. Conversation analysis was used to analyse the observations.
Results:
Observations revealed that self management goals were rarely explicitly set, although nurse practitioners expressed to be satisfied with the goal setting process in the interviews after the observations. Several factors and barriers influencing the goal setting process were identified by focus groups and interviews. These factors were clustered into four themes: (1) Professionals’ competences (2) Clients’ competences (3) Factors associated with the client’s and professional’s context and (4) External preconditions.
Discussion:
The current study indicates that there are several possible directions to follow to support and improve self management goal setting. There is a need for methods, interventions and tools that focus on the professional, as well as on the client and on external preconditions. Examples are a framework for goals and tools for patients to consider their goals before meeting a professional.
Further, findings suggest that attention for professionals’ reflection on and in action is of relevance.

0SF.4 A qualitative evaluation of a goal-setting intervention to enhance patient-centred self-management support among people with asthma
Tuesday, 30 September 2014: 10:45 - 11:00; Room: E107

Title:
A qualitative evaluation of a goal-setting intervention to enhance patient-centred self-management support among people with asthma

Authors:
Abhyankar, PA (Purva); Hoskins, Gaylor; Taylor, Anne; Duncan, Edward; Sheikh, Aziz; Pinnock, Hilary; Donnan, Peter; Pol, Marjon Van der; Williams, Brian

Presenter:
Abhyankar, PA (Purva)

Introduction:
Supporting self-management behaviour is recommended guidance for people with asthma. Patient-centred methods that improve patient involvement, skills and self-efficacy are shown to be effective for enabling self-management. Such methods involve shared agenda setting, collaborative goal-setting and skill and confidence building to help achieve goals. Despite this, current practice remains focussed on medical management of asthma and fails to incorporate the wider context of patients’ lives. This paper reports on the acceptability and perceived utility to patients and health professionals of a patient-centred, goal-setting intervention delivered in the context of a primary care asthma review consultation.

Methods:
A qualitative study embedded within a two-armed cluster randomised controlled feasibility trial. The intervention involved completion of a goal-eliciting tool by patients prior to their asthma review, collaborative goal-setting during the review and action planning to facilitate goal-achievement. Ten practice nurses and 14 patients took part in semi-structured interviews exploring perceived usefulness and feasibility of the intervention. Patients were selected purposively based on age, gender, study arm, GP practice, and asthma severity to obtain maximum variation in views and experiences. Data were analysed using the thematic framework approach.

Results:
Patients were positive about the intervention as reviews normally concentrated on physical check-ups and medication management with little discussion about everyday life and aspirations. Focussing on goals gave patients the chance to become active members of the healthcare team rather than passive recipients of instruction; care was seen to be more holistic and there was a perception of enhanced rapport with the nurse. However, nurses reported time constraints as a major barrier to successful intervention implementation and admitted screening-out patient goals they believed unrelated to asthma.

Discussion:
The goal-eliciting tool holds significant potential to improve the quality of asthma self-management support within primary care. It enabled patients to raise issues that may not otherwise be addressed and take an active part in the management of their asthma. However, delivery of this intervention in the context of a routine asthma review is problematic due to consultation constraints. The intervention is welcomed by patients, but practical difficulties mean that routine implementation may be difficult.

0SF.5 Patients’ openness to integrated self-management support in routine diabetes care
Tuesday, 30 September 2014: 11:00 - 11:15; Room: E107

Title:
Patients’ openness to integrated self-management support in routine diabetes care

Authors:
Van Dijk - de Vries, A.N. (Anneke); Bokhoven, M.A. van (Loes); Weijden, T. van der (Trudy); Eijk, J. Th. M. van (Jacques)

Presenter:
Van Dijk - de Vries, A.N. (Anneke)

Introduction:
Practice nurses (PNs) play an increasing role in routine diabetes care. Current guidelines mainly focus on medical self-management support including lifestyle change. Less attention is paid to emotional and social self-management tasks while the impact of diabetes on patients’ lives can be significant. We therefore implemented integrated self-management support (SMS), carried out by the PN. PNs were trained to put the burden of diabetes in daily functioning on the agenda during a control visit. Patients that were detected as struggling with their emotional and role management tasks were offered self-management support. Patients with a risk of severe mental health problems were referred to the GP. Here we report on patients’ openness to integrated self-management support.

Methods:
A mixed method design was used. In-depth interviews were conducted with type 2 diabetes patients (n=12) with problems regarding their emotional and role management. After qualitative content analysis, themes were generated on which a questionnaire was based to further explore and quantify the findings of the qualitative phase. The questionnaire consisted of 14 Likert type questions and was completed by 205 patients. Principal component analysis was used to find underlying concepts. Associations between demographics and these concepts were investigated.

Results:
Patients viewed a diabetes consultation primarily as a biomedical check-up. They did not expect their PNs to discuss emotional and social well-being during control visits. Although patients did not seem to feel an aversion towards an integrated approach in diabetes consultations, they perceived difficulties with defining the burden of diabetes and discussing it with the PN. In the subsequent quantitative part, we found that patients older than 65 years perceived more barriers against discussing emotional and social problems in daily functioning with the PN than their younger counterparts.

Discussion:
Patients perceive PNs primarily as experts regarding the medical aspects of diabetes management. Discussing emotional and role management seems not to be sufficiently attuned to patients’ expectations of diabetes consultations. For a successful shift from biomedical towards integrated care patients’ expectations of the PNs’ role have to be reshaped to put problems with emotional and role management tasks on the agenda in routine consultations.

0SG: How to use eLearning for teaching communication: Challenges, pitfalls and best-practice samples
Tuesday, 30 September 2014: 10:00 - 11:30; Room: E108

Chair
Karger, André; University Hospital, Düsseldorf, Germany

Discussant
Langewitz, Wolf; University Hospital, Basel, Switzerland

Rational
Even though e-learning has become part of the mainstream in medical education, the benefit for teaching communication remains controversial. The symposium will bring together experts who share their experiences with different tools in e-learning, demonstrate different means of student involvement, present a theoretical framework and discuss the do’s and not-to-do’s for teaching communication.

Presentation 1
Research and Development of resources for medical education, training, and assessment
Daetwyler, Christof (Drexel University College of Medicine (DUCOM), Philadelphia, USA)

DocCom is a modular comprehensive online resource for the blended learning of healthcare communication skills. It was created jointly by the American Academy on Communication in Healthcare AACH and DUCOM. Its framework is based on the Institute of Medicine IOM report (2004) on communication skills at the medical school and
residency levels. The American version has more than 10,000 current active users. We’ll present the didactical concepts and studies on its efficacy.

Presentation 2
DocCom.Deutsch
Langewitz, Wolf (Psychosomatic Medicine, Internal Medicine, University Hospital Basel, Switzerland)
Starting from the original US programme we recently produced a German version that is now available in German speaking countries. All case material was re-written, theoretical models were re-designed to take into account cultural differences between the US and central European countries. Video examples will be demonstrated and examples will be given to show how DocCom can be integrated into a traditional communication skills training for medical students.

Presentation 3
The use of e-learning in palliative care education: When the virtual patient dies
Karger, André (University Hospital, Dusseldorf, Germany Germany)
We report the development and implementation process of a ten modules e-learning program in palliative care for 4th year medical students at Heinrich-Heine University Dusseldorf. Based on a virtual simulation patient contact (VSP) a movie was produced. Relating scenes from the movie were integrated into the cognitive and psycho-motoric learning content. Evaluation data from N=540 medical students will be presented, along with a discussion of pitfalls to consider in developing e-learning programs for palliative care.

Presentation 4
"Nothing is more practical than a good theory — what about e-learning?"
Kiessling, Claudia (Institute for Medical Education, University of Munich, Germany)
Many authors (Street et al., 2009; De Haes & Bensing, 2009) have claimed for a more theory-based approach towards health communication research. The same holds true for teaching communication skills (CS). Based on empirical findings on a student training using role-plays and e-learning, the relevance of three theoretical frameworks - experiential learning theory (Kolb 1984), framework for skills acquisition (Andersons, 1982), script theory (Lubarsky et al., 2013) - for conceptualizing CS trainings will be discussed.

05H: The Effect of Communication on Physical Pain
Tuesday, 30 September 2014: 10:00 - 11:30; Room: Elicium D403

Chair: Mollie A. Ruben, Northeastern University, Boston, MA, USA
This symposium will present research on the effect of provider communication and web-based communication interventions on physical pain perception. Various communication interventions will be discussed along with patient reported outcomes such as perceived pain, anxiety, affect, and satisfaction. Implications for future research on the effect of communication on patient pain outcomes will be discussed.

Presentation 1
The effect of provider communication style on a physical pain experience in the laboratory
Mollie A. Ruben, Northeastern University, Boston, MA, USA
Danielle Blanch-Hartigan, National Cancer Institute, Bethesda, MD, USA
Judith A. Hall, Northeastern University, Boston, MA, USA
The aim of this experiment was to examine the effect of patient centered care on acute physical pain perception utilizing a laboratory pain task. Participants received information and were guided through the pain task by a videotaped physician who provided either patient centered or clinician centered verbal and nonverbal instructions. The mediating roles of self-efficacy, provider support, and stress on the relationship between provider communication and perception of pain, adherence, and satisfaction was examined.

Presentation 2
What do counselors write to support women in handling pain?
Hilde Eide, Buskerud and Vestfold University College, Drammen, Norway

Andrée Nes, Akershus University College, and University of Oslo, Oslo, Norway
Espen Brembo, Buskerud and Vestfold University College, Drammen and University of Oslo, Norway
Oluf Kristiansdottir, Oslo University Hospital, Oslo, Norway
Rikard Wicksell, Karolinska Institutet and Karolinska University Hospital Stockholm, Sweden
Sandra van Dulmen, NIVEL, Utrecht and Radboud University Nijmegen, The Netherlands and Buskerud and Vestfold University College, Drammen, Norway
The aim of this study was to examine the protocol adherence to the theoretical background of Acceptance and Commitment Therapy (ACT) in a RCT of a web-based intervention including edaries and written personalized feedback delivered via smartphone for persons with chronic widespread pain. The coded feedback messages reflected five of the six main ACT processes in addition to communication and motivation strategies. The developed coding scheme can serve as a basis for coding written therapeutic feedback.

Presentation 3
Specifying the non-specific effects of medical visits on patients’ outcomes: An experimental communication study using analogue patients
Mara van Osch, NIVEL (Netherlands institute for health services research), Utrecht, The Netherlands
Sandra van Dulmen, NIVEL, Radboud University Medical Center, Nijmegen, Buskerud University College, Drammen, Norway
Jozien Bensing, NIVEL (Netherlands institute for health services research), Utrecht, The Netherlands
The aim of this study was to experimentally examine the effect of physician affect and expectation for treatment outcome on analogue pain patients’ anxiety, positive and negative affect, personal and treatment control and satisfaction. Four videotaped simulated consultations were used manipulating physicians’ affective and instrumental communication. Warm, empathic communication yielded better outcomes than cold and formal communication, and a positive outcome expectation heightened participants’ self-efficacy beliefs and expected treatment outcomes whereas a negative suggestion decreased these outcomes.

Presentation 4
The effect of patient-provider communication on pain: a systematic review
Patrick Mistiaen, NIVEL (Netherlands institute for health services research), Utrecht, The Netherlands
Mara van Osch, NIVEL (Netherlands institute for health services research), Utrecht, The Netherlands
Zelda di Blasi, School of Applied Psychology, University College Cork, Ireland
Jozien Bensing, NIVEL, Utrecht University, The Netherlands
Sandra van Dulmen, NIVEL, Radboud University Medical Center, Nijmegen, The Netherlands, Buskerud University College, Drammen, Norway
The aim of this review is to assess the effects of practitioners’ communication on clinical patients’ pain. Only (quasi-) randomized controlled interventions were included in which communication with a practitioner was manipulated and compared to usual care or contrasted against active control interventions. The results show that communication has a positive but small effect on reducing pain. Emotional care had no direct impact on pain while procedural preparation had a weak to moderate effect on reducing pain.

05I: Integrating the Electronic Health Record and Patient-Centered clinical encounter: A Skills-Based Approach
Tuesday, 30 September 2014: 10:00 - 11:30; Room: Elicium D404
Shmuel P Reis, Bar Ilan University Faculty of Medicine in the Galilee, Safed, Israel. Medicine
Rationale
Implementation of the electronic health record (EHR) has changed the dynamics of doctor–patient communication. Physicians train to use EHRs from a technical standpoint, giving only minimal attention to integrating the human dimensions of the doctor–patient
relationship into the computer-accompanied medical visit. The facilitators have developed and tested a literature–informed model and an instructional module to enhance physicians EHR related skills. The model and module are currently implemented and evaluated in an experimental design study.

**Objectives**

As a result of the session participants will know the skills-based model that helps clinicians, residents, and students improve physician–patient communication while using the EHR.

Participants will improve their EHR related communication skills.

Participants will be able to assess the utility of the model and module for their respective settings.

**Session format/activities**

The session will start by introduction of the facilitator and participants, followed by a brief statement of participants' background and expectations of the session (15 min). Subsequently, triads will practice a short patient interview using personal computers, debrief and share with the large group (15 minutes). Fifteen minutes didactic will follow delineating the model and skills, including a short demo video (15 minutes). Subsequently the triads will practice an additional encounter, and debrief (15 minutes).

Finally, the experiences will be shared in the large group (15 minutes), a discussion will follow (10 minutes) and a brief session evaluation administered (5 minutes).

Number of participants limited to 30

Participants are required to bring laptops with them, if possible with their institutional EHR uploaded or accessible. Mock EHR (for those unable to bring their own) and scenarios for practice will be available. Participants are invited to read the paper that will be provided to them prior to the workshop:


**05K: “Now, let’s assess communication skills!” – How to integrate assessment into your communication skills curriculum**

**Tuesday, 30 September 2014: 10:00 - 11:30; Room: Elicium D408**

Presenters details: Marc Van Nuland, Belgium; Claudia Kiessling, Germany; Geurt Essers, The Netherlands; Zoi Tsimtsiou, Greece; Katarzyna Jankowa, Poland; Rute F. Meneses, Portugal; Ragnar Joakimsen, Norway. All are members of the TEACH assessment subcommittee.

**Rationale**

Communication skills training has become increasingly integrated into the education of health care professionals (e.g. physicians, nurses, physiotherapists, pharmacists, etc.). In addition to teaching communication skills, there are important reasons to assess the extent to which students and vocational trainees have acquired these skills. Research evidence supports the need to integrate assessment longitudinally within the whole curriculum. The purpose of this workshop is to explore the factors that must be taken into consideration in order to effectively integrate assessment of communication skills within health professional curricula.

**Objectives**

After this session participants will be (more) able to:

1) Evaluate their communication curriculum according to the pyramid of maturity of communication curricula (Silverman, 2009) and clarify the objectives and the outline of their teaching;
2) Reflect on the integration of assessments into their communication curricula;
3) Consider opportunities for improvement to achieve an integrated longitudinal communication curriculum;

**Session format/activities**

The workshop starts with clarifying the workshop objectives and participants’ expectations. Then, participants are asked to evaluate in pairs where their curriculum would be in the pyramid of maturity of communication curricula and to discuss the relevance of assessment in their curriculum. For each of the steps in the pyramid the role of assessment can be clarified, making curriculum development goals more evident. Then small groups are formed according to the steps in the pyramid. Participants will discuss why they put themselves there, what their teaching looks like, and what and how they assess. In a next step they are asked to make an inventory of the most important issues and bottlenecks concerning the integration of assessments into communication curricula. Further small group discussions will look at what each needs to proceed to the next step in the pyramid, which are their priorities and which are their realistic goals taking participants’ specific context into regard. In a final plenary session ideas and solutions will be shared and synthesized into take-home messages.
06A.1 IMPLEMENTING TARGETED COLORECTAL AND CERVICAL CANCER SCREENING VIDEOS AT THE POINT OF CARE  
Tuesday, 30 September 2014: 12:00 - 12:15; Room: Forum

Title: IMPLEMENTING TARGETED COLORECTAL AND CERVICAL CANCER SCREENING VIDEOS AT THE POINT OF CARE  
Authors: Jibaja-Weiss, Maria; Monteagle, Jane; Rustveld, Luis; Chenier, Roshanda; Chauca, Giori; Gossey, J Travis  
Presenter: Jibaja-Weiss, Maria

Introduction: Despite the availability of effective screening tools for colorectal (CRC) and cervical cancer (CxC), screening underutilization remains high among ethnic minorities and the medically underserved. As part of a comprehensive cancer prevention project aimed at improving CRC and CxC screening and follow-up among medically underserved patients in Houston, Texas, we developed and implemented videos designed to increase utilization of fecal immunochemical test (FIT) and Pap test. The videos were designed for viewing in exam rooms at the point-of-care. Here we describe the deployment of the videos at Community Health Centers (CHC) within a safety net healthcare system.

Methods: Eight FIT and four Pap videos were adapted from existing videos or created anew and tailored to ethnic and linguistic subgroups (English, Spanish, Vietnamese). A testimonial-type format was employed with messaging to encourage patients to obtain a FIT/PAP screening test and discuss the test with their physicians. Video viewing was integrated into the patient flow at participating CHCs. Specifically, electronic medical records (EMR) were used to identify patients who were due or past due for either test. Videos were played on a computer screen while patients waited in the exam room. As direct tracking was not possible, the number of videos viewed was estimated based on the number of FIT/Pap tests ordered/completed (conservatively assuming that 60% of patients who obtained/completed the tests viewed the videos).

Results: Videos were deployed in 458 exam room computers at 13 CHCs. Over the three-year project period, an estimated 50,022 patients viewed the FIT video and 59,048 patients viewed the Pap test video. Over this time period, CRC screening completion (FIT) increased from 24% at baseline to 58.7% (total n = 118,318). CxC screening (PAP Test) completion increased from 29% at baseline to 38.4% (total n = 147,614). Clinic staff demonstrated positive attitudes toward the integration of the videos within clinic flow.

Discussion: Utilizing targeted videos as a point-of-care communication channel is an integral aspect of a highly successful cancer prevention program. The videos may have contributed to improved CRC and CxC screening possibly by increasing awareness about the tests and enhancing patient-provider conversations.

Colorectal cancer (CRC) remains a leading cause of death in the United States; yet screening rates remain suboptimal. Most interventions to increase CRC screening target either physicians or patients, with limited success. We implemented both physician-only and combined physician-patient strategies and assessed their effectiveness on CRC screening completion. The physician strategy (MD) involved multiple physician training sessions and continuous quality improvement feedback; patients in the combined physician-patient (MD + DVD) strategy arm were also shown a patient education DVD. We report here on changes in knowledge related to CRC and CRC screening from baseline to post test.

Methods: We conducted a three-arm randomized-controlled trial [MD, MD+DVD, usual care (UC)] among patients at eight health centers in an urban area. Participants were English- or Spanish-speaking, age 50 – 75, who were not up to date with CRC screening. Clinics were randomized to physician intervention; patients at intervention clinics were randomized to the DVD. Knowledge was measured via face-to-face interviews at baseline (immediately prior to MD visit) and at post-test (immediately following MD visit) using 8 items. Differences in knowledge change (post-test – pre-test) among arms and across literacy levels were assessed using linear model analysis accounting for health center differences. Bonferroni corrected post hoc analyses were conducted with p<0.017.

Results: Among 437 participants, the mean age was 57.68 (SD= 6.00); 74.8% female; 46.0% Hispanic/Latino and 50.1% Non-Hispanic Black; 30.7% reported being uninsured. Mean knowledge change (increase) was 1.63 (SEM = 0.09), 0.54 (SEM = 0.10) and 0.17 (SEM = 0.10) among the MD+DVD, MD, and UC, respectively. Knowledge change was significant for MD+DVD and MD (p<0.0001). There was no effect of literacy on knowledge change for any of the arms. Knowledge change among participants in the MD+DVD arm was significantly higher than in the MD and UC arms (p<0.0001), with the MD arm significantly higher than the UC arm (p=0.007).

Discussion: Providing patients a point-of-care educational DVD on CRC and CRC screening resulted in the greatest amount of knowledge change. Providing patients with foundational information has the potential to increase discussions with providers and may translate into increased screening completion.

06A.2 Pairing Physician-Directed and Point-of-Care Patient Education Strategies to Increase Knowledge about Colorectal Cancer  
Tuesday, 30 September 2014: 12:15 - 12:30; Room: Forum

Title: Pairing Physician-Directed and Point-of-Care Patient Education Strategies to Increase Knowledge about Colorectal Cancer  
Authors: Cameron, KAC (Kenzie); Ramirez-Zohfeld, V (Vanessa); Ferreira, M (Rosario); Dolan, N (Nancy); Radosta, J (Jonathan); Galanter, WL (William); Eder, M (Milton); Rademaker, AW (Alfred)  
Presenter: Cameron, KAC (Kenzie)

Introduction: From the time of diagnosis to survivorship or death, having cancer is most often accompanied by serious physical, psychological and social concerns. Seeking assistance to cope with the consequences of cancer can positively affect a patient’s quality of life. Peer support programs are examples of providing such assistance. In Norway, peer support programs for cancer victims were traditionally run by separate patient organizations. To promote contact and collaboration between patient organizations, the hospitals and The Norwegian Cancer Society, centres for peer support have been established in major hospitals treating cancer patients. These centres are known as “Vardenent“. Little is known about the characteristics of a “good” peer, and what training would be beneficial. In addition, we know little about what motivates peers, and how peers’ and patients’ trust relationships are established. Aims: 1) what it entails to be a “good” peer 2) how trust is established between patients and peers 3) what limitations exist in the trust relationship

Methods:
We conducted focus group interviews with peers and in-depth interviews with patients and relatives, and made observations of the daily activities in a “Vardesenter”. Qualitative content analyses have been applied to identify important experiences of peer supporters and users.

Results:

Peer supporters pointed out how their role as peers brought great meaning to their lives. However, many said that it could be a challenge to handle the role of a “professional unprofessional”, thus emphasizing the importance of education and supervision. We also found that trust relationships were negotiated implicitly. Peer supporters and patients met in common rooms, drinking coffee and smoothies, perhaps eating cake, and chatting about normal, non-invasive topics. Difficult topics and questions about life with cancer were rarely mentioned. Some patients indicated that they used these conversations as a way of “testing” which peer supporters they liked and trusted.

Discussion:

Mandates of trust categorize the degree of openness in the trust relationship. Conversations and cake paved the way for what we call open mandates of trust, enabling discussions on sensitive issues one-on-one.

06A.4 Communication of individualized colorectal cancer risk information does not affect interest in colorectal cancer screening

Tuesday, 30 September 2014: 12:45 - 01:00; Room: Forum

Title: Communication of individualized colorectal cancer risk information does not affect interest in colorectal cancer screening

Authors: Han, Paul; Siewers, Andrea; Lucas, Lee; Smith, Kahsi; Killam, Bill

Introduction: Individualized cancer risk information has become increasingly common, but the behavioral effects of communicating this information to patients are not completely understood. The optimal methods for communicating individualized cancer risk information and its associated uncertainties to patients are also unknown. This study examined the effects of communicating individualized colorectal cancer risk information, and its associated uncertainty, on people’s interest in colorectal cancer screening.

Methods: An online factorial experiment was conducted, in which a self-referred, convenience sample of 313 adults was provided with estimates of their individualized colorectal cancer risk calculated by the National Cancer Institute Colorectal Cancer Risk Assessment Tool. Point estimates of risk were presented either alone (conventional condition) or together with a previously developed representation designed to communicate uncertainty due to randomness (uncertainty condition). Interest in screening, the primary outcome, was assessed before and after provision of individualized risk estimates, along with perceived risk and worry about colorectal cancer, all of which were assessed using single-item, 5-category Likert-scale measures. Repeated-measures factorial MANOVA adjusting for sociodemographic characteristics and prior screening history was used to assess the main effects of the provision of individualized risk information, and the independent effects of communicating uncertainty due to randomness.

Results:

The provision of individualized colorectal cancer risk information had no significant main effects on interest in colorectal cancer screening (p= .47), perceived colorectal cancer risk (p= .94), or colorectal cancer worry (p= .91). Communication of uncertainty also had no significant effects; mean screening interest scores for the conventional and uncertainty conditions, respectively, were 3.61 and 3.67 at baseline, and 3.68 and 3.78 after provision of individualized risk information (p=.77 for condition*time interaction).

Discussion:

In this convenience sample of laypersons, individualized colorectal cancer risk information did not affect colorectal cancer screening interest or risk perceptions, and the communication of uncertainty due to randomness had no additional effects. Further research assessing actual screening uptake in defined clinical populations and settings is needed to confirm these findings, but this study suggests that the provision of individualized colorectal cancer risk information in patient education and counseling efforts will have neither deleterious nor beneficial effects on colorectal cancer screening behavior.

06A.5 Participation of breast cancer patients in multidisciplinary tumor conferences

Tuesday, 30 September 2014: 01:00 - 01:15; Room: Forum

Title: Participation of breast cancer patients in multidisciplinary tumor conferences

Authors: Ansmann, L; Kowalski, C (Christoph); Pfaff, H (Holger); Ernstmann, N (Nicole)

Presenter: Ansmann, L

Introduction: According to the accreditation program for breast cancer centers in North-Rhine Westphalia, Germany, 95% of the breast cancer patients should be discussed in postoperative multidisciplinary tumor conferences (MTCs). By request, patients can take part in the MTC. Studies show that MTCs can improve patient management and survival. So far, very few studies investigate the possibility of patient participation in MTCs and the resulting harms and benefits for patients and the organization of MTCs. Our study identifies which breast cancer patients are offered to take part in MTCs and make use of the offer.

Methods: Survey data from 4146 patients in 86 breast cancer center hospitals in North Rhine-Westphalia, Germany, are analyzed. Newly-diagnosed breast cancer patients, who underwent surgery in a breast cancer center hospital between 1st of February and 31st of July 2013, have been surveyed postoperatively with a mail survey (response rate 85%). In regression and multilevel models we analyze whether the offer to participate and the actual participation in the MTC differs by patient characteristics.

Results:

13% of the patients were offered to participate. 52% of those took part in the MTC. Patients with less severe staging, younger age, mastectomy and patients in a partnership were more frequently invited to take part. Patients with a native language other than German and patients with lower school education participated in the MTC less frequently. Moreover, being offered to participate in the MTC is to 33% dependent on the hospital. In addition, patients in MTCs reported higher psychosocial information needs.

Discussion:

The offer to participate in MTCs differs by the patients’ sociodemographic, disease and treatment characteristics. Moreover, patients with higher education and German as the native language more likely decide to take part in the MTC. Furthermore, the results suggest that patients in MTCs have more psychosocial information needs. However, causality is unclear. The patients’ role in the MTC and perceived harms as well as benefits are planned to be addressed in subsequent studies.

06B.1 Negotiating role boundaries in interpreter-mediated consultations: processes and perceptions

Tuesday, 30 September 2014: 12:00 - 12:15; Room: E102

Title: Negotiating role boundaries in interpreter-mediated consultations: processes and perceptions

Authors: Stubbe, M (Maria); Macdonald, L (Lindsay); Gray, B (Ben); Hilder, J (Jo); Toster, R (Rachel); Dowell, A (Anthony)

Presenter:
Stubbe, M (Maria)

Introduction:
As New Zealand becomes more culturally and linguistically diverse, cross-cultural health encounters where the patient has limited proficiency in English are also becoming increasingly common. Interpreters are often needed to ensure adequate communication and clinical care in such cases. However, use of informal/untrained interpreters (or no interpreter) remains very common, in part due to resourcing constraints. Our previous research has shown that many clinicians also have limited knowledge or training to support their practice in this area. The overall aim of the study reported on here was to explore the interactional processes and perceptions of communication in New Zealand general practice consultations where an interpreter is used. Relatively few studies internationally have used direct observation to investigate the finer detail of how interpreted consultations unfold. Similarly, few studies address the issue of how effective and satisfactory such health interactions are from the perspectives of all participants. This paper will present findings relating to one analytic theme from this study, namely how the role of ‘interpreter’ is perceived and negotiated interactationally by all three parties to the interaction.

Methods:
This was an observational study of interpreted general practice consultations in NZ. Using a novel methodology, the research team collected, transcribed and analysed video-recordings of 17 interpreted general practice consultations and post-consultation interviews with all participants using interactional and thematic analysis. This data set includes a variety of interpreting ‘models’, including professional interpreters, bilingual health professionals, and informal interpreters (family or community members).

Results:
Even where individual participants clearly articulate what they see as the role of the interpreter, these perceptions are not always concordant. When we closely observe the unfolding interaction, role boundaries are in fact continually being negotiated and re-negotiated along with sometimes competing interactional, interpersonal, cultural and clinical agendas. Participants can be observed to use a range of discursive strategies to manage such shifts in footing and alignment.

Discussion:
The interactional complexity of interpreter-mediated consultations is easily underestimated, and merits further consideration by health professionals. Findings from studies such as this one provide an evidence base for health practitioners, patients and interpreters to reflect on effective strategies to improve interpreter-mediated consultation.

068.2 Managing patient-centred communication in interpreter-mediated consultations through gaze and body orientation

Tuesday, 30 September 2014: 12:15 - 12:30; Room: E102

Title:
Managing patient-centred communication in interpreter-mediated consultations through gaze and body orientation

Authors:
Krystallidou, D.K. (Demi)
Krystallidou, D.K. (Demi)

Introduction:
Doctors’ and patients’ gaze and body orientation has received significant interest in the relevant literature. Yet, it has not attracted the same interest in the teaching of clinical communication skills, nor has it been investigated in interpreter-mediated consultations with an explicit reference to patient-centred communication.

Methods:
Coded instances of interaction selected from 19 video-recorded interpreter-mediated consultations between Dutch-speaking doctors, Russian-, Turkish-speak patients and professional interpreters were systematically analyzed for participants’ gaze and body orientation by relying on aspects of multimodal analysis and by drawing on key aspects of patient-centred communication, such as i) the relationship of trust between the patient and the doctor, ii) the patient’s inclusion in the patient-centred framework of communication, iii) the doctor’s patient-centred invitations to the patient for participation in interaction, iv) the patient’s responses (disclosures) to the doctors’ patient-centred invitations, v) the doctor’s responses to the patient’s ‘offers’, etc.

Results:
From the first level of analysis it emerged that i) the interpreter’s presence in the doctor-patient interaction seems to affect the dynamics of the doctor’s and patient’s gaze and body orientation toward each other; ii) both doctors and patients tend to project more often engagement in the interpreter’s than in each other’s talk. Yet, a second layer of analysis revealed that the interpreters’ presence seems to create the conditions for the patient’s inclusion in patient-centred frameworks of communication on condition that doctors are mindful of a set of requirements that apply to patient-centred communication strategies that are inherent in multicultural communication settings.

Discussion:
The findings that emerged from this study provide innovative insights into mediated doctor-patient communication. At the same time they pave the way for new trajectories in the teaching of clinical communication skills in patient-centred frameworks of communication within a highly multicultural setting of doctor-patient interaction.

068.3 What does it take for an efficient collaboration in mental health interpreting?

Tuesday, 30 September 2014: 12:30 - 12:45; Room: E102

Title:
What does it take for an efficient collaboration in mental health interpreting?

Authors:
Brisset, Camille; Leanza, Yvan; Bollard, Alexandra; Rosenberg, Ellen; Vissandjée, Biklis; Kirmayer, Laurence J.; Muckle, Gina; Xenocostas, Spyridoula; Lafore, Hugues

Presenter:
Leanza, Yvan

Introduction:
Many migrants do not speak the official language of their host country. This linguistic gap has been found to be an important contributor to disparities in access to services and health outcomes. One way to overcome these difficulties is to work with interpreters. Such practice is particularly relevant in mental health, as psychological assessment and treatment may be compromised without interpreters. However, few studies on the issues entailed in interpreting in mental health exist (Bauer & Alegria, 2010) and most used a deficiency focused approach discussing the difficulties and communication mishaps (Brisset, Leanza, & Laforest, 2013). The aim of this study was to take a more positive approach, and to uncover the elements needed for an efficient collaboration with an interpreter.

Methods:
A qualitative approach with thematic analysis of 23 individual interviews in Quebec-City and Montreal was chosen to explore primary care mental health practitioners’ experience of interpreted consultations. They were asked among others to relate examples of an efficient collaboration.

Results:
Thirty of such examples were collected and analyzed. Narratives were organized around four main themes: the general characteristics of the system, the consultation, the interpreter and the client. Practitioners stressed the importance of continuity and trust, and the advantages of integrating the interpreter in the clinical team. In their view, the interpreter has to be professional, to own humane qualities and to have knowledge in mental health and about the client’s culture. His presence is specially appreciated when the client has a major mental health issue. Results did not indicate a consensus on the linguistics issues. Some practitioners favored word-for-word or simultaneous translation and neutrality, others were more flexible about the linguistic roles of the interpreter.

Discussion:
**EACH International Conference on Communication in Healthcare Amsterdam September 28 to October 1, 2014**

An efficient interpreter appeared as a flexible bilingual helping professional, in the sense that he needs to adjust the way he interprets to the practitioners. Including the interpreter in the care team promoted such adjustments.

**06B.4 Experiences of informal interpreters in medical care**  
**Tuesday, 30 September 2014: 12:45 - 01:00; Room: E102**

**Title:** Experiences of informal interpreters in medical care  
**Authors:** Meeuwesen, L. (Ludwien); Zendedel, R (Rena)  
**Presenter:** Meeuwesen, L. (Ludwien)

**Introduction:**
- A substantial part of migrant patients encounters language barriers when communicating with their doctor. This makes access to health care more difficult, resulting in poorer quality of care, compared to patients with a good language proficiency. In most immigrant societies an official policy of professional interpreting is adhered to. The reality, however, is that for the larger part informal interpreters are used, mostly family members and even young children.

Knowledge about the quality of informal interpreting is poor and mixed. Apart from that, how do informal interpreters themselves experience the interpreting work performing for their relatives?

**Methods:**
- Fifteen in-depth interviews were conducted in the Netherlands with informal interpreters having their roots in Mediterranean countries, aged 19-30 years. The topics covered in the interviews included the technical, communicative and emotional aspects of interpreting and their role as informal interpreters in medical consultations. Both their current experiences with informal interpreting, and their experiences with interpreting as a child were assessed. All interviews were transcribed and (double) coded by the main and a second researcher to elicit the prevailing themes from the interviews.

**Results:**
- Respondents reported three times more negative (51) than positive (17) experiences regarding informal interpreting. They felt a heavy emotional burden when interpreting for family members, were embarrassed when discussing sexual and/or taboo issues and were often irritated by the demanding behaviour of family members. Although they tried their best (and felt proud about helping their relatives) they could often not interpret properly, often encountered language problems (poor knowledge of the medical jargon and difficulties to translate precisely). When asked about their experiences with interpreting as a child, they mentioned a total lack of responsibility and interpreting skills; they often (purposely) omitted information and felt burdened when interpreting for their parents.

**Discussion:**
- Health care providers should be very cautious with using informal interpreters. Especially the use of young children as interpreters is ethically not done. Health care policy makers should create adequate facilities for tackling language barriers in health care in a professional way.

**06C.2 Community nurses’ perceptions of inter-professional communication and collaboration in palliative home care**  
**Tuesday, 30 September 2014: 12:15 - 12:30; Room: E103**

**Title:** Community nurses’ perceptions of inter-professional communication and collaboration in palliative home care  
**Authors:** Mertens, Fien; Pype, Peter; Deveugele, Myriam

**Introduction:**
In palliative home care situations in Belgium, general practitioners [GPs] collaborate closely with community nurses. In some cases, additional assistance of a palliative home care nurse may be required. As such, every member of this care team has his own responsibilities. Moreover, this trio of involved health care providers is an “ad-hoc” team, which means that the composition may change with every patient. Aims of the study: - To explore how the community nurse perceives the communicative aspects in this “ad-hoc” team. - To investigate the own role perception of the community nurse in this team.

**Methods:**
- Semi-structured interviews with 20 community nurses. Data are analysed, based on thematic analysis principles.

**Results:**
Communication happens mainly in pairs. As a result, meetings between all the involved health care providers are rare. Furthermore communication happens opportunistic rather than formal. The
community nurse decides who to contact: for lacks of information this is mostly the GP. For treatment advice concerning symptoms this will rather be the palliative home care nurse. The community nurse perceives a strong sense of hierarchy: the nurse perceives to be the executive while the GP owns final responsibility. Moreover the community nurse conducts as “the eyes and the ears” of the GP. The community nurse acts as go-between in the team: if needs or symptoms change, the nurse will take initiative to inform the GP and coordinate care. On the other hand the palliative home care nurse will be contacted for change of therapy.

Discussion:
Ad hoc communication between two members of a team can be useful in urgent situations. Nevertheless, formal team meetings have shown their additional value in dealing with complex situations and anticipation of problems, as palliative care requires. The ambiguity of the hierarchical position (executive and coordinative) may have an influence on the efficiency and as a result on the quality of patient care. Future research is recommended to investigate which team characteristics optimise inter-professional communication and collaboration and enhance quality of patient care.

06C.3 Using complexity science to frame inter-professional communication

Title: Using complexity science to frame inter-professional communication
Authors: Pype, P; Mertens, F; Deveugele, M
Presenter: Pype, P
Introduction: Good communication is a prerequisite for good teamwork. As such ‘communication’ is one of the most assessed dimensions in teamwork survey instruments. Unclear communication and misunderstanding are main reasons for team conflicts. It is however difficult to define ‘good’ and ‘bad’ communication with reference to inter-professional communication. Health care literature suggests complexity science as a new way of looking at healthcare teams. Features of healthcare teams as complex adaptive systems (CAS) are: team members act autonomously guided by internalised basic rules; team members’ interactions are non-linear; a team has a history and its functioning is sensitive to initial conditions; interactions between team members can produce unpredictable behaviour; interactions between team members can generate new behaviour; a team is an open system which interacts and is influenced by its environment; attractors shape the team functioning. Describing inter-professional communication according to the principles of complexity science might provide a framework for better understanding ‘good’ and ‘bad’ communication. This study was conducted in primary healthcare teams in palliative care. The aim of the study was to describe team-communication according to the principles of CAS.
Methods: Semi-structured interviews with general practitioners (n=21), community nurses (n=20) and palliative home care nurses (n=21).
Results: Participants from all three professional groups describe CAS-features. Communication strategies are linked to internalized basic rules (sense of professional identity), non-linearity (small error can lead to major conflict), sensitivity to initial conditions (previous collaborative experiences), unpredictable behaviour (task refusal), generation of new behaviour (workplace learning), influence of environment (input from external professionals), attractors (team driving forces).
Discussion: Looking through the lens of complexity science offers a new way of understanding inter-professional communication. Analysis reveals points of interest to enhance communication effectiveness: Expressing personal care views and negotiating shared care goals at the beginning of the collaboration prevents misunderstandings; Clinical incident analysis prevents escalation of conflicts after errors; Negotiating task assignment according to competences and preferences prevents malpractice and leads to acquisition of shared competences. Using complexity science to frame inter-professional communication may shape training and education of healthcare teams.

06C.4 Can nurses be trained as facilitators for physicians’ learning? 

Tuesday, 30 September 2014: 12:45 - 01:00; Room: E103
Title: Can nurses be trained as facilitators for physicians’ learning?
Authors: Pype, P; Mertens, F; Deveugele, M
Presenter: Pype, P
Introduction: General practitioners (GPs) in Belgium collaborate with specialized palliative home care teams (PHCTs) in caring for palliative patients. GPs state to learn from this collaboration. Literature indicates that this learning process (workplace learning) is indirect, unintentional and with unknown efficiency. Training PHCT nurses to recognise and address GPs’ learning opportunities might facilitate GPs’ learning. We found no publications on a training program for nurses to act as facilitator for physicians’ learning. This study aims to fill this gap.
Aim: To describe the development and evaluation of a training program to train PHCT nurses as facilitator of GPs’ learning.
Methods: The program content was based on literature of preceptor- and mentorship. The program consisted of a full day training and a half day booster session three months later. Between training and booster session, homework assignments and progress reports were written, and individual feedback was provided. Content analysis was done of the assignments and reports. A summative assessment was conducted using a videotaped conversation. During semi-structured interviews personal experiences were discussed.
Results: Thirty-five nurses participated. The training was overall experienced as useful. The homework assignments helped translating theory into practice but interfered with the daily clinical workload. Progress reports and individual feedback were experienced as fundamental in mentoring the PHCT nurses in their new role. Some program items were more difficult to implement (e.g. clinical incident analysis), others were assimilated easily (e.g. providing feedback). The new facilitator-role sometimes conflicted with team-workplace procedures or with personal preferences of professional role (patient care as core business). Twenty-five nurses took part in the summative assessment; fourteen passed (14/25=56%).
Discussion: PHCT nurses can be trained as facilitator to enhance GPs’ workplace learning. Protected time is needed to complete all training parts. Personal characteristics (professional identity) and workplace organization should be taken into account during implementation into practice. Individualized and persistent mentoring during transition from the clinical expert role to the new facilitator role is fundamental.

06C.5 Views of case managers on interdisciplinary communication in three dementia care networks

Tuesday, 30 September 2014: 01:00 - 01:15; Room: E103
Title: Views of case managers on interdisciplinary communication in three dementia care networks
Authors: Ketelaar, NABM (Nicole); Lukema, JS (Jan); Bemmels, M van (Marlies); Adriaansen, M (Marian); Smits, CHM (Caroline)
Presenter: Ketelaar, NABM (Nicole)
Introduction: Two out of three people suffering from dementia in the Netherlands live at home. People with dementia and their caregivers receive help by a variety of professionals, who are all part of a regional dementia care chain. Case management contributes to coordinated and
personalized care. For successful dementia care optimal supportive interdisciplinary communication between case managers and other professionals in a network is necessary, yet, this is often not the case. The objective of this study is to identify both successes and difficulties of interdisciplinary communication from a case manager’s point of view.

Methods:
We have used a multi-site action learning research design, with three Dutch Dementia Networks as Community of Practices (COP). This study is based on individual interviews with case managers (n=18), team meetings with case managers in every COP, and multidisciplinary team meetings bringing together case managers working in three COPS running for 24 months (November 2012 – November 2014).

Results:
The most important successes of good communication noted by case managers are frequent personal contacts with cooperating professionals. The difficulties case managers reported for interdisciplinary communication are: a lack of communication services (ICT system) to simultaneously share patient records; diversity in professional disciplines, each expressing their own set of terminology; an extended professional network with case managers working in multiple region’s each with various GP’s, nurse practitioners, residential organisations and other services, and a weak professional position in the Dementia Network. Also, case managers have experienced difficulties with verbalising their added value both for themselves, and their professional partners.

Discussion:
Given the context of an increasing competition between healthcare organisations, and the current healthcare reforms in Dutch elderly care difficulties on interdisciplinary communication weigh heavily on and as such on the provision of good quality of care. These findings have implications for the way case managers should be empowered and trained in their communication skills, verbalizing their added value in the dementia care chain.

06D.1 The Setting and Quality of Communication at End of Life in the Pediatric Intensive Care Unit
Tuesday, 30 September 2014: 12:00 - 12:15; Room: E104

Title: The Setting and Quality of Communication at End of Life in the Pediatric Intensive Care Unit
Authors: Meyer, Elaine C.; Sellers, Deborah; Burns, Jeffrey P.; Truog, Robert D.
Presenter: Meyer, Elaine C.
Introduction: Families highly value honest, empathic and timely communication, considering these qualities among the most important abilities and virtues of health care practitioners. To better understand the communicative landscape at end of life in the pediatric intensive care unit, we compared the frequency and quality of communication across family conferences, discussions during rounds, bedside conversations, over the telephone, and in non-private locations.
Methods: Interprofessional practitioners across five geographically diverse American pediatric intensive care units (PICUs) completed retrospective surveys about the frequency and quality of communication that occurred during the three days prior to deaths of pediatric patients. Practitioners completed an adapted version of the Kalamazoo Essential Elements Communication Checklist to rate the quality of communication. All five Institutional Review Boards approved the study and participants completed informed consents.
Results: 287 interprofessional practitioners completed the surveys. Private conversations at the bedside were perceived by all disciplines as the most common setting for end of life communication in the pediatric intensive care unit, with nearly two-thirds reporting that either most or more than half of communication had occurred there. Family conferences and discussions during rounds accounted for only 17% and 16%, respectively, of the end of life communication in the pediatric intensive care unit. Very little communication was reported to have occurred by telephone or in non-private settings. With the exception of non-private locations, regression analyses showed the quality of end of life communication was not associated with the setting.
Discussion: Substantially more end of life communication occurred at the child’s bedside in the pediatric intensive care unit than during family conferences or daily rounds. With the exception of non-private locations, setting was not associated with the quality of communication as perceived by practitioners. These findings have educational implications in that practitioners need to be prepared to hold end of life conversations not only during formal family meetings as a team, but also to communicate independently across multiple settings. In particular, PICU practitioners need to be capable and confident when holding intimate, naturally occurring end of life conversations at the bedside since this is where most family-staff conversations occur.

06D.2 Parent intervention for resilience and communication during high risk cancer treatment: A mixed methods approach
Tuesday, 30 September 2014: 12:15 - 12:30; Room: E104

Title: Parent intervention for resilience and communication during high risk cancer treatment: A mixed methods approach
Authors: Haase, Joan; Robb, SLR (Sheri)
Presenter: Haase, Joan
Introduction: Parents of adolescents/young adults (AYA) who received a Therapeutic Music Video (TMV) intervention reported indirect benefits, including better awareness of AYA needs and perspectives about treatment. Data from our initial AYA-directed intervention study suggested that adding a parent intervention component to the already efficacious TMV may positively influence parent-AYA communication outcomes, while further strengthening AYA outcomes. Family interventions that emerge out of ongoing research targeting one member of the family system requires integration of information from multiple sources. Mixed methods help investigators amassulate information to develop broader-based interventions to address multi-faceted needs of families. The purpose of this presentation is to describe our use of mixed methods to develop a parent intervention aimed at improving resilience and family communication outcomes for parents and further improving adolescent/young adult (AYA) outcomes during high risk cancer treatment.
Methods: Mixed methods used to design the parent intervention included: 1) merging of two theoretical perspectives to guide intervention outcomes and content - Resilience in Illness Model (RIM) and Contextual Support Model of Music Therapy (CSM-MT); 2) thematic content analysis of AYA-generated music videos; 3) qualitative analysis of multi-stage parent interviews, and 4) AYA responses to family adaptability, cohesion, and communication measures.
Results: The outcome of our analysis was a 3-session, tailored parent intervention that aims to improve RIM related parent and AYA outcomes during cancer treatment. The resulting intervention is currently being tested through a Children’s Oncology Group/National Cancer Institute sponsored randomized clinical trial; The parent-focused intervention parallels 3 components of the CSM-MT, which guided design of the AYA-directed TMV intervention: 1) Managing the Chaos: Self Care as the First Step to Caring for Your AYA; 2) Strategies for AYA Autonomy Support: Understanding AYA’s Ways of Coping; and 3) Relationship Support: Choosing the Right Parenting Role for the Moment and Strategies for Open Dialogue and Communication.
Discussion: Processes for developing family-based interventions that are theoretically sound, significant, and innovative are rarely described.
Developing interventions using mixed methods, as described here, may be useful to investigators developing communication interventions for a range of healthcare populations.

**06D.3 Children in a Day Hospital: The waiting room as a relational space**
*Tuesday, 30 September 2014: 12:30 - 12:45; Room: E104*

**Title:**
Children in a Day Hospital: The waiting room as a relational space

**Authors:**
Corsano, Paola; Majorano, Marinella; Guidotti, Laura; Izzo, Glanarco; Vignola, Valentina

**Presenter:**
Majorano, Marinella

**Introduction:**
Waiting in hospital is a condition of high stress for patients and their families, especially in childhood. The literature has investigated the emotional experiences of patients and their families, recognizing the need for a comfortable environment, attention from the staff, information and sharing emotions with others (Bournes & Mitchell, 2002; Kutash & Northrop, 2007). Pedro da Silva and colleagues (2007) have pointed out that playing in the waiting room is an opportunity for small patients to express and elaborate negative emotions, such as anxiety and fear. This exploratory study investigates the experience of waiting children and their families go through during treatment in a Day Hospital. First, it aims to examine the young patients' emotional state and the families' representations of waiting; the study also intends to explore whether the waiting time spent in a Day Hospital can be used as an opportunity to express and elaborate emotions, and to relate with others.

**Methods:**
Fifty children, aged between 7 and 15 years, who were admitted to a Day Hospital of a Pediatric Hematology and Oncology ward of an Italian Hospital, completed the Emotional Reaction Instrument (Kim et al., 2012) and the Child Drawing: Hospital (Clatworth, Simon & Tiedeman, 1999). Their parents completed a demographic questionnaire (Kim et al., 2012) and a semi-structured interview on waiting (Kutash & Northrop, 2007).

**Results:**
The qualitative analysis showed that parents experience waiting in the Day Hospital as a moment of boredom, anxiety and concern for the emotional state of their children. This condition is alleviated by good relationships with the healthcare professionals, who are welcoming and a source of emotional support. They would like more entertainment activities. The patients showed a low level of anxiety and negative emotions; children (aged 7-10) experienced high anxiety.

**Discussion:**
The data confirmed the literature on children's and parents' needs in the waiting room and emphasized the role of the relationships and communication with health professionals in order to improve the perception of the quality of care service (Corsano et al., 2013).

**06E.1 Introducing an investigative framework for older patients' processing of information and recall of health information**
*Tuesday, 30 September 2014: 12:00 - 12:15; Room: E105/6*

**Title:**
Introducing an investigative framework for older patients' processing of information and recall of health information

**Authors:**
Weert, J.C.M. van (Julia); Bol, N. (Nadine); Smets, E.M. (Ellen); Jansen, J. (Jesse)

**Presenter:**
Weert, J.C.M. van (Julia)

**Introduction:**
In this paper a new perspective on the linkages between health communication, aging and information recall will be provided. Information recall is considered a key outcome of health communication, because it largely determines whether patients follow the health advice given. Although older patients are a population group that is highly at risk for poor communication, there is no structured overview of factors that influence their information processing and, consequently, information recall. We therefore introduce a conceptual framework for older adults’ processing and recall of health information that may inform current and future developments in the health communication landscape.

**Methods:**
This framework has been developed by (a) using an interdisciplinary theoretical approach, drawing on theories from communication science, health psychology and gerontology, (b) theorizing how tailored communication, applied in interpersonal communication as well as in media sources (e.g. Internet) can predict information processing, resulting in optimal information recall and; (c) identifying specific factors that affect information processing (e.g., age and age-related factors in ability and motivation, anxiety, characteristics of interpersonal communication during consultations and communication evaluation).

**Results:**
The conceptual framework suggests positive effects of using mode tailored information provision in media sources. By means of mode tailoring, the presentation of information (e.g., audiovisual) on, for
instance, the Internet is in line with individual preferences regarding mode of information. Furthermore, it also suggests both positive and negative effects of age and age-related factors in ability and motivation on anxiety, communication characteristics and information recall. Older patients’ ability to elaborate on information is influenced by, for instance, the patients’ biological age (frailty) and health literacy. The motivation to deal with information is reflected by coping style and future time perspective.

Discussion: This summary of the relevant literature highlights challenging areas for future research on the effects of information provision to older cancer patients. There is a continuous need for theoretical development and there is a need for empirical evidence on the impact of mode tailoring. The results point to areas in which future research is headed and give direction to novel developments in studying health communication in an aging society.

06E.2 The role of personalization and age congruency in online narrative health communication

Tuesday, 30 September 2014: 12:15 - 12:30; Room: E105/6

Title: The role of personalization and age congruency in online narrative health communication

Authors: Bol, N (Nadine); Weert, J. C. M. van (Julia); Haes, J. C. J. M. de (Hanneke); Loos, E. F. (Eugène); Smets, E. M. A. (Ellen)

Presenter: Bol, N (Nadine)

Introduction: The Internet offers a viable source for disseminating cancer information and is a frequently used information source by cancer patients. However, online cancer information is often presented in a too high reading level and is therefore not fully understandable for lay persons. Little research has focused on what ingredients make e-health messages especially effective. One way to facilitate comprehension of health information is to present health information in a personalized form. Personalized messages, in which information is presented in an informal and narrated manner, are found to be effective in enhancing satisfaction and recall of information. Age congruency, i.e., age similarity between narrator and receiver, could also play a role in the effectiveness of narrative e-health messages. This research examines whether personalization and age congruency explain the effects in narrative communication on website satisfaction and recall of online information.

Methods: The effect of personalization and age congruency on website satisfaction and recall of information was tested in a 2 (personalization: personalized vs. nonpersonalized video) × 2 (age congruency: congruent vs. incongruent) experimental design (n = 275). Younger and older participants were exposed to audiovisual cancer information presented by either a younger or older patient (personalized) or a younger or older doctor (nonpersonalized). ANOVAs were conducted with personalization and age congruency as the independent variables and website satisfaction and recall as the dependent variables. Recall of information was assessed by 11 open-ended questions about the cancer information presented in the videos.

Results: Personalization was found to be an effective communication tool to predict recall of information. Furthermore, age congruency had an effect on satisfaction with the emotional support from the website. It was shown that older adults were more satisfied with the emotional support from the website when an older narrator presented the information than when a younger narrator was used to present the information.

Discussion: This study revealed the importance of personalization and age congruency in cancer communication. When presenting information in a personalized format, age similarity between narrator and receiver should be taken into account. These findings offer practical implications for developing online audiovisual health information targeted at older adults.

06E.3 The communication of online information about the quality of healthcare providers

Tuesday, 30 September 2014: 12:30 - 12:45; Room: E105/6

Title: The communication of online information about the quality of healthcare providers

Authors: Damman, O.C. (Olga); Hibbard, JH (Judith); Jong, A de (Anco); Timmermans, DRM (Danielle)

Presenter: Damman, O.C. (Olga)

Introduction: Previous studies have shown that online information about the quality of different healthcare providers (so called comparative healthcare information) is not effectively used by consumers. It is known that this information is complex. While studies have demonstrated presentation formats that facilitate information comprehension and use, it remains largely unclear how this differs for consumers with limited skills as compared to consumers with higher skills. Our objective was to investigate the effects of different presentation formats - aimed to highlight the meaning of information and to reduce cognitive effort - on information comprehension and use by both consumers with limited and consumers with higher skills.

Methods: Consumers - recruited through an online access panel - received online comparative healthcare information and completed questions about interpretation (e.g. “which provider performs best?”) and information use (e.g. “which provider would you choose?”). People with low educational level were oversampled. Between subjects we tested: (1) displaying an overall performance score; (2) displaying a small number of quality indicators (5 instead of 9); and (3) displaying of different types of symbols (bar graphs, star ratings, coloured dots, and word icons). Within-subjects we tested the effect of the number of healthcare providers (5 versus 20). We investigated how the effects of the presentation formats varied for people with different skills (educational level, subjective health literacy, health numeracy, patient activation).

Results: Both displaying an overall performance score and displaying a small number of indicators had positive significant effects on consumers’ information comprehension and use. We also found that the use of coloured dots and word icons supported consumers best in their comprehension, especially when no overall score was provided and when more indicators were shown. The presentation formats had relatively strong effects when 20 providers were shown, whereas for 5 provides, most effects were no longer significant. Some effects differed for people with low educational level compared to people with higher educational level.

Discussion: As we demonstrated effects of our presentation formats, research should continue to focus on ways to reduce the complexity of this information. Information providers should adopt the presentation formats shown to be effective.

06E.4 Improving patient recall of information – the book metaphor

Tuesday, 30 September 2014: 12:45 - 01:00; Room: E105/6

Title: Improving patient recall of information – the book metaphor

Authors: Langewitz, WA (Wolf); Ackermann, Selina; Heierle, Anette; Bingisser, Roland

Presenter: Langewitz, WA (Wolf)

Introduction: The informed patient is a prerequisite for shared decision making, a central element of patient-centred communication. However, incomplete and inaccurate recall of information is common.
Interventions to improve patient recall have not proved consistently successful. 

Methods:
We investigated whether a new technique called “book metaphor” improves patient recall. Books present their content in a highly structured way: title, table of contents, chapter headings, and text. The same elements could be used if health care providers present information orally by dividing information into similar segments. We prepared two video clips, in which the same physician informs a patient with unstable angina pectoris who is discharged from the emergency department. A total of 28 bits of information that had previously been selected by the majority of 32 specialists as being absolutely essential was presented either in an unstructured way, or by means of the book metaphor, dividing the information into 5 “chapters”. We randomised 98 first year psychology students serving as proxy patients to receive either mode of information and asked them to write down the elements of information on an empty sheet of paper immediately after the video had been shown. No further instruction was given.

Results:
Students exposed to unstructured information (N=48) recalled 5.71 ± 1.8 elements, students exposed to the book metaphor (N=50) recalled 8.1 ± 1.9 elements (p<0.01; ES: 1.2). Inspection of the protocols showed that 29 students from the book metaphor group used chapter headings to structure their memory, recalling 3.65 ± 2.2 (out of 5) chapter headings in addition to the single items.

Discussion:
This study has two major outcomes: If we are aiming at the informed patient who is able to base decisions upon knowledge, the amount of information has to be drastically reduced. Furthermore, structuring information according to the book metaphor improves information recall significantly.

06F.5 The impact of watching simulated consultations with cancer patients on psychological stress response and recall

Tuesday, 30 September 2014: 01:00 - 01:15; Room: E105/6

Title: The impact of watching simulated consultations with cancer patients on psychological stress response and recall

Authors: Van Bruinissen, I.R. (Inge)

Presenter: Van Bruinissen, I.R. (Inge)

Introduction:
Cancer patients access many barriers in communication to their own attributes (e.g., lack of communication skills, interfering emotions and beliefs). A computer tailored, patient education program was developed to support these patients handling their perceived barriers. Video clips demonstrating fragments of medical consultations in cancer care were used as the central tool to teach patients different communication strategies. However, the emotional context of simulated consultations and identification with the characters can evoke emotional arousal, which may influence the focus on the intended central information. Emotional arousal promotes the psychological mechanism called “attentional narrowing”, which is expected to influence recall of information. In an experiment was investigated if video clips of the developed communication program evoked emotional arousal and if the recall of the intended information was influenced.

Methods:
A total of 80 participants were recruited to watch three video clips from the patient education program. To assess emotional arousal, both self-reported and physiological measures were used. Self-reported anxiety was assessed with the State-Trait Anxiety Inventory (STAI) before and after the video sequence. Skin conductance and heart rate were measured continuously, indexing physiological measures. After each clip participants were asked to complete an open and a prompted recall question. To counterbalance the order effect, participants were randomly assigned to a different order of video clips.

Results:
The video clips did influence the emotional arousal of the viewers, but it did not significantly influence the recall of the intended central information (the communication strategies). The intended information of the least emotional video clip was remembered best.

Discussion:
With the rise of online interventions, modelling communication behaviour with simulated consultations seems a promising tool to support patients in medical communication. A realistic representation of a consultation and identification with the main character might help to remember the demonstrated communication strategies. However, the (emotional) context of the video clips also influences what is remembered. In the development of educational videos, a realistic setting and story on the one hand, versus the (emotional) context on the other hand, may need to be well balanced.

06F.1 Perceived parents’ and peers‘ approval and middle school students’ intention to smoke.

Tuesday, 30 September 2014: 12:00 - 12:15; Room: E107

Title: Perceived parents’ and peers’ approval and middle school students’ intention to smoke.

Authors: Scalici, F (Francesca); Schulz, P (Peter)

Presenter: Scalici, F (Francesca)

Introduction:
In adolescence, parents’ and peers‘ injunctive norms play a key role in decision making regarding engaging in smoking behavior, and have effects on adolescents‘ smoking intention. The aim of the study is to investigate how adolescents‘ perception of parents’ and peers‘ smoking approval influences adolescents‘ smoking intention across different age groups in a Swiss sample of adolescents.

Methods:
In a cross sectional survey, smoking habits, parents’ and peers‘ smoking approval and intention of smoke were assessed. Students aged 11 to 16 answered a standardized self-administered questionnaire which was distributed in 38 public and private middle schools in the Italian-speaking region of Switzerland (Ticino). Out of a total of 598 classes, 285 were randomly selected to participate in the survey, namely 69 classes for the first grade, 69 for the second grade, 73 for the third grade and 74 for the fourth grade. We received 5657 questionnaires correctly completed, that represents 96.0% of the sample and 46.3% of the total population of Ticino middle school students (Total N: 12210). Between-group ANOVA, a hierarchical multiple regression as well as an interaction effect analysis were conducted to test the effect of parents’ and peers‘ smoking approval on the intention to smoke.

Results:
By accounting for 12.9% of the variance (R2 change= 0.129), peers’ and parents’ smoking approval and students’ age have a medium-sized effect on the intention to smoke. Peers’ and parents’ approval significantly influence students’ smoking intention, and students’ age significantly moderates this relation in a way that the effect of parents’ approval decreases for older adolescents, while the effect of peer approval increases with age. No difference is found between girls and boys, while non-Swiss are more likely to smoke than Swiss students.

Discussion:
Results evidence the role that parents play during early adolescence. These findings are discussed in the context of the role that injunctive roles may play in smoking inhibition. Furthermore, the results will be interpreted with respect to prevention programs targeting parent-child communication in early adolescence for preventing adolescent’s tobacco consumption.

06F.2 Profiling healthy eaters: determining factors which predict healthy eating practices amongst Dutch adults

Tuesday, 30 September 2014: 12:15 - 12:30; Room: E107

Title: Profiling healthy eaters: determining factors which predict healthy eating practices amongst Dutch adults

Authors: Dijkstra, P (Peter); Wijnen, K (Kees); van den Hoogen, A (Annie); Van der Wal, H. (Heleen)

Presenter: Dijkstra, P (Peter)

Introduction:
Healthy eating is one of the most crucial factors for the maintenance of good health and well-being. The ability of dietary behavior to promote good health is well recognized in the scientific community. However, the effectiveness of interventions may depend on the characteristics of the target population. Moreover, the efficacy of interventions may differ between different subgroups of the population. Therefore, the identification of subgroups of the population that are more or less susceptible to dietary behavior may help to develop more specific interventions.

Methods:
A total of 4000 adolescents (aged 12 to 18 years) were recruited from schools in the Netherlands. A questionnaire was conducted to assess dietary behavior and socio-demographic characteristics. The dietary behavior included the frequency of consumption of fruits, vegetables, and other dairy products. The socio-demographic characteristics included gender, age, and parental educational level.

Results:
The results showed that the frequency of consumption of fruits, vegetables, and other dairy products differed significantly across the subgroups of the population. The subgroup of adolescents with the highest frequency of consumption of fruits, vegetables, and other dairy products were the ones with high parental educational level. Moreover, the frequency of consumption of fruits, vegetables, and other dairy products was found to be higher among girls than boys. The age of the adolescents was also found to be a significant predictor of dietary behavior, with the adolescents aged 12 to 14 years showing the highest frequency of consumption of fruits, vegetables, and other dairy products.

Discussion:
The results suggest that dietary behavior is influenced by socio-demographic characteristics. Therefore, interventions to promote healthy eating should be tailored to specific subgroups of the population. Furthermore, the results highlight the importance of parental education in promoting healthy eating. The results also suggest that interventions aimed at promoting healthy eating should target girls and adolescents aged 12 to 14 years. Finally, the results emphasize the need for further research to identify other factors that may influence dietary behavior.
Title: Profiling healthy eaters: determining factors which predict healthy eating practices amongst Dutch adults

Authors: Swan, EC; Bouwman, L; Hiddink, G; Aarts, N; Koelen, M

Presenter: Swan, EC

Introduction: Much research has identified a sea of factors related to unhealthy diets to make sense of why people struggle to eat healthy. However, little is known of factors which empower healthy eating. Antonovsky’s salutogenic framework for health development provides an innovative framework to study these factors and identify resources and mechanisms underlying healthy eating practices. By applying the salutogenic framework, this study aimed to determine a set of factors which represents a profile of healthy eaters.

Methods: This research examines socio-demographic, intrapersonal, social-environmental, and physical-environmental factors which predict healthy eating in a cross-sectional study of Dutch adults. Participants (n = 703) aged 18 years and older completed the study’s survey in January 2013. Logistic regression analysis was performed to test the association of survey factors on the outcome variable high dietary score.

Results: In the multivariate model, 5 factors showed to be significant predictors (p<0.05) of high dietary score. These variables were: being female; strong sense of coherence (construct from salutogenesis); living with a partner; self-efficacy for healthy eating; and cognitive restraint of eating. The factors age, employment, income, nutrition knowledge and social discouragement for healthy eating did not contribute significantly to the likelihood of having a high dietary score in the full multivariate model.

Discussion: The findings provide new insights into a combined, multifaceted set of factors which support healthy eating practices. Our findings support previous studies which found associations between healthier eating practices and a strong sense of coherence. Previously identified predictors of food practices including amongst others income; education level; employment; and nutrition knowledge were not significant factors in our overall model. These findings support the further application of the salutogenic framework within nutrition promotion research by informing the development of new questions and methodologies which search for answers to what creates healthy eating. This can provide an important basis for designing novel nutrition communication strategies that empower healthy eating.

06F.3 Making health communication more effective: The role of regulatory fit. A systematic review.

Tuesday, 30 September 2014: 12:30 - 12:45; Room: E107

Title: Making health communication more effective: The role of regulatory fit. A systematic review.

Authors: Ludolph, R. (Ramona); Schulz, P.J. (Peter)

Presenter: Ludolph, R. (Ramona)

Introduction: Many of today’s threats to public health arise from people’s lifestyle. Hence, the public’s compliance with measures of health promotion and disease prevention has to be enhanced. Health communication offers possibilities to induce behavioral change through delivering the ‘right message’. Regulatory fit theory accounts for inter-individual differences regarding the motivational orientation. If individuals’ goal pursuit strategies match their regulatory orientation, they experience regulatory fit. This fit effect increases the persuasiveness of health messages and thus makes them more effective. To assess whether regulatory fit really contributes to the effectiveness of health communication, this systematic review was conducted.

Methods: An extensive literature search and the consultation of experts led to the inclusion of 30 studies. For those, data extraction and quality appraisal were undertaken. Findings were summarized using narrative synthesis.

Results: Most of the studies (n = 23) were conducted in the USA and assessed the effects of regulatory fit on behavioral intention (n = 21). In sum, five RCTs, 18 randomized and seven non-randomized intervention studies without a control group were identified. Nineteen experiments used university students as their sample and the primarily chosen health context was a healthy diet (n = 7), followed by smoking cessation and physical activity (each n = 5). Sixteen experiments manipulated regulatory orientation whereas chronic regulatory focus was measured ten times. Both techniques were applied in one experiment. Further three studies renounced the direct measurement or priming. The majority of studies confirmed the enhanced effectiveness of health messages induced by regulatory fit. Thereby, most studies (n = 18) focused on the match between regulatory focus and message frame.

Discussion: In future, it may be fruitful to further examine and improve priming techniques to manipulate a regulatory focus orientation within a health message. So, a regulatory fit could be generated by the stimulus itself. This might be the first time that “one size fits all” as the health message is created to fit the induced regulatory focus. Regulatory fit is a promising approach for tailoring health messages. The synergy effects of a fit between a person’s regulatory focus and a message frame or other variables can increase the effectiveness of health communication.

06F.4 Does doctor shopping that results from negative weight-related clinical experiences influence current patient-provider relationships?

Tuesday, 30 September 2014: 12:45 - 01:00; Room: E107

Title: Does doctor shopping that results from negative weight-related clinical experiences influence current patient-provider relationships?

Authors: Gudzune, KG (Kimberly); Bennett, WB; Cooper, LA; Clark, JM; Bleich, SN

Presenter: Gudzune, KG (Kimberly)

Introduction: A recent study using claims data demonstrated that overweight patients engage in doctor shopping more often than normal weight patients; however, the motivations for this shopping remain unclear. We suspect that this behavior may be due to overweight patients’ negative experiences with healthcare providers. Our objective was to determine the prevalence of doctor shopping resulting from negative weight-related clinical experiences and examine the association of this shopping with patient attributes and characteristics of current primary care relationships.

Methods: We conducted a national, internet-administered survey of 600 adults with BMI ≥25 kg/m2 who visited their primary care provider (PCP) within the last 12 months. Our independent variable was self-report of “ever switching doctors because I felt I was treated differently because of my weight,” dichotomized as “main reason or part of the reason I switched” vs. “never switched for this reason.” Using survey weights, we calculated the prevalence of previous doctor shopping due to weight bias. We compared characteristics of shoppers and non-shoppers using bivariate analyses and examined the association between shopping status and current patient-provider relationship characteristics using multivariate logistic regression adjusted for patient age, sex, and BMI.

Results: Mean age was 47.4 years, mean BMI was 31.5 kg/m2, 48% were female, and 13% reported previously doctor shopping due to weight bias. Doctor shoppers were more likely to be younger (mean age 38.5 versus 48.8 for non-shoppers; p<0.01); however, shoppers and non-shoppers did not differ significantly by sex, race, BMI, insurance
status, or education. With respect to their current patient-provider relationships, shoppers were more likely to have established care with their PCP less than 5 years ago (OR 2.80; p<0.01), have a younger PCP aged 16-44 years (OR 2.22; p=0.01) and an obese PCP (OR 2.16; p=0.01). Shoppers and non-shoppers did not differ significantly in reporting high trust (score28/10) in their current PCP (OR 0.92; p=0.79).

Discussion:
Negative weight-related clinical experiences prompt some patients (13%) to switch healthcare providers; however, these prior experiences do not appear harm the trust in patient-provider relationships with current PCPs.

065.5 Weight-related goals set by Dutch practice nurses in consultations with overweight and obese patients
Tuesday, 30 September 2014: 01:00 - 01:15; Room: E107

Title:
Weight-related goals set by Dutch practice nurses in consultations with overweight and obese patients

Authors:
Van Dillen, S.M.E. (Sonja); Noorderman, J.; Dulmen, S. van; Hiddink, G.J.

Presenter:
Van Dillen, S.M.E. (Sonja)

Introduction:
In western societies obesity is on the rise. This topic is increasingly discussed in general practice. General practitioners delegate certain tasks, such as lifestyle counselling, to practice nurses. Practice nurses meet many patients who are overweight or obese, and provide counselling about weight, nutrition and/or physical activity. However, quality of lifestyle counselling is unknown. Goal setting can be considered as an established quality indicator for lifestyle counselling. The aim of the present study is therefore to explore the desired behavioural goals set by practice nurses in consultations with overweight and obese patients.

Methods:
The Netherlands Institute for Health Services Research (NIVEL) videotaped real-life practice nurse-patient consultations. For the present study, 100 consultations between practice nurses and overweight and obese patients were selected. These consultations were observed using a specially developed observation checklist. To assess the quality of lifestyle counselling, desired behavioural goals set during the consultation with respect to weight, nutrition and/or physical activity were recorded on the observational checklist. Moreover, the SA’s Model for behavioural counselling in primary care was scored, including the step Agree and collaboratively set goals. On the basis of a pilot study, adjustments were made in the observational checklist. Furthermore, 10 consultations were scored by a second observer to determine inter-rater reliability. In addition, the overall objective of the consultation was recorded by the practice nurse on a post-visit questionnaire.

Results:
In half of the consultations practice nurses used the step Agree of the SA’s Model and were actually setting desired behavioural goals, mainly about nutrition. How to achieve the desired behaviour was not always addressed. Healthy weight loss was less often mentioned by practice nurses as an overall objective of the consultation than lifestyle change. If healthy weight loss was indeed the overall objective, then desired behavioural goals were more often formulated.

Discussion:
Quality of lifestyle counselling might be improved by making more use of Agree. Practice nurses should be encouraged to formulate solid implementation intentions regarding healthy weight loss in close cooperation with overweight and obese patients, including the when, where, AND how element.

066: Measurement of dimensions of patient-centered care – current state and implications for research and practice
Tuesday, 30 September 2014: 12:00 - 12:30; Room: E108

Chair details: Isabelle Scholl(a) & Paul Barr(b)
Discussant details: Jördis M. Zill(a), Paul Barr(b), Isabelle Scholl(a)

Title:
Measurement of physician-patient communication - a systematic review

Authors:
Jördis M. Zill, Eva Christalle, Evamaria Müller, Martin Härter, Jörg Dirmayer, Isabelle Scholl

Department of Medical Psychology, University Medical Center Hamburg-Eppendorf, Martinistr. 52, 20246 Hamburg, Germany;
j.zill@uke.de

This study provides a systematic review of measures of physician-patient communication and evaluates the quality of psychometric properties of the identified measures. The primary search strategy led to the inclusion of 24 studies on 21 measures of physician-patient communication. The results reveal that further psychometric evaluation of measures of physician-patient communication is strongly needed in order to increase the validity of findings of studies assessing physician-patient communication.

Presentation 2
Assessment of trust in the physician - a systematic review of measures
Evamaria Müller, Jördis Zill, Jörg Dirmayer, Martin Härter, Isabelle Scholl
Department of Medical Psychology, University Medical Center Hamburg-Eppendorf, Martinistr. 52, 20246 Hamburg, Germany;

The aim of this review was to provide overview of studies that assess psychometric properties of measures of trust in physician. We evaluated the methodological quality of the studies and assessed the psychometric properties of the identified measures. Fourteen studies on seven measures were included. Quality assessments revealed flaws in the methodological quality of studies. The overall quality of measures’ properties was intermediate. Further psychometric evaluation of existing measures is needed and reporting must be improved.

Presentation 3
Assessment of patient empowerment - A systematic review of measures
Isabelle Scholl(a), Paul Barr(b), Paulina Bravo(c), Marian Faber(d), Glyn Elwyn(b), Marion McAllister(e)

a Department of Medical Psychology, University Medical Center Hamburg-Eppendorf, Martinistr. 52, 20246 Hamburg, Germany;

b The Dartmouth Center for Health Care Delivery Science, Dartmouth College, USA
c School of Nursing, Pontificia Universidad Católica de Chile
d Scientific Institute for Quality of Healthcare, Radboudumc, Nijmegen, the Netherlands
e Institute of Cancer & Genetics, Cardiff University, UK

This review aimed to provide overview of studies that assess psychometric properties of patient-reported measures of patient empowerment. Both the methodological quality of the studies and the quality of psychometric properties were assessed. 30 studies on 19 measures were included. Assessments revealed flaws in the methodological quality of studies and intermediate psychometric properties. A range of different definitions of patient empowerment was operationalized across the measures, which indicates the need for more conceptual work.

Presentation 4
Putting the ‘patient’ back into patient reported measures of shared decision making - measurement and implementation challenges
Paul J. Barr(1), Rachel Thompson(1), Glyn Elwyn(1,2)

1The Dartmouth Center for Health Care Delivery Science, Dartmouth College, Hanover, NH 03755, USA; Paul.J.Barr@dartmouth.edu
The challenge of measuring clinical performance of shared decision making (SDM) is increasingly relevant to health professionals. In this review, we provide an overview of patient reported measures in SDM and assess their development. We find that patients are rarely involved in the development of survey items. The consequences of this are challenges to content validity with implications for both research and implementation efforts. We offer a way forward to improve measure development and implementation.

**06H: Communicating overdiagnosis: issues, ethics and challenges for effective communication**
Tuesday, 30 September 2014: 12:00 - 01:30; Room: Elicium D403

Chair: Associate Professor Kirsten J McCaffery, Screening and Test Evaluation Program, Centre for Medical Psychology and Evidence-based Decision making (CeMPED), School of Public Health, University of Sydney

Discussant: Professor Vikki Entwistle; Health Services Research Unit, University of Aberdeen

**Symposium overview**
Overdiagnosis and overtreatment are increasingly recognised as important problems causing harm to individuals and waste in healthcare systems. There has been little discussion with the general public and clinicians about overdiagnosis and its implications. How to effectively communicate the complex, counter-intuitive risks of overdiagnosis presents both practical and ethical challenges.

**Presentation 1**
Communicating overdiagnosis in breast cancer screening
Joly Hersh; School of Public Health, University of Sydney; Sydney NSW, Australia, 2000; joly.hersh@sydney.edu.au

Joly Hersh will present results from a randomised trial evaluating the impact of information about overdiagnosis on informed choice in breast screening. Women (n=10000) aged 48-50 were randomised to 1 of 2 information booklets. Both booklets present key screening outcomes (breast cancer mortality benefit and false positives); 1 booklet also includes overdiagnosis. Implications for the effective communication of overdiagnosis in screening and the development of optimal strategies for future information delivery will be discussed.

**Presentation 2**
Communicating reducing or stopping medication in older adults
Dr Jesse Jansen; School of Public Health, University of Sydney; Sydney NSW, Australia, 2000; jesse.jansen@sydney.edu.au

Dr Jesse Jansen will present results from qualitative studies exploring GPs’ (n=25) and older patients’ (n=30) views on stopping and (not) starting preventive medication for cardiovascular disease. Polypharmacy is a major problem in older populations, and stopping unnecessary medication has the potential to improve overall health and cognition. Although guidelines/tools exist to support informed decisions about initiating treatment, there is little guidance about how to discuss stopping or reducing interventions in older adults.

**Presentation 3**
Cognitive and affective influences on overutilization
Associate Professor Angie Fagerlin; Center for Bioethics and Social Sciences in Medicine, University of Michigan; VA Ann Arbor Center for Clinical Management Research, 2800 Plymouth Road, Ann Arbor, MI 48109-2800; fagerlin@med.umich.edu

Associate Professor Angie Fagerlin will present findings from a series of experimental studies testing different methods of information provisioncision/support for patients considering whether to accept treatment that is not shown to be beneficial. In the US, patients often receive screening or treatment that has little benefit and that may actually be harmful. This presentation addresses cognitive and affective strategies to decrease patient overutilization of unnecessary treatment/screening.

**Presentation 4**
The influence of medical terminology (labelling) on treatment preferences
Associate Professor Kirsten McCaffery; School of Public Health, University of Sydney; Sydney NSW, Australia 2000; kirsten.mccaffery@sydney.edu.au

Associate Professor Kirsten McCaffery will present findings from two studies (qualitative (n=30) and quantitative (n=500)) examining the impact of medical terminology as a potential driver of overutilization. The research examines the impact of different terminology for Ductal Carcinoma in Situ on affective responses and treatment preferences in a randomly selected community sample.

**Presentation 5**
Communication and ethical issues: summary and analysis.
Professor Vikki Entwistle; Health Services Research Unit, University of Aberdeen, Health Sciences Building, Foresterhill, Aberdeen, AB25 2ZD; vikki.entwistle@abdn.ac.uk

Professor Vikki Entwistle will summarise and discuss the communication and ethical challenges of communicating overdiagnosis to the public and healthcare providers.

**06J: ‘Coming out’: three simple steps for reflection on medical students’ stereotypes, taboos and cultural values**
Tuesday, 30 September 2014: 12:00 - 01:30; Room: Elicium D404

Veronica Selleger, VU University Medical Center, Amsterdam
Jeanine Saurmond, AMC/ University of Amsterdam
Naomi Ehrlich, VUMc

**Rationale**
Cultural competencies are indispensable for doctors who practise in an ethnically and culturally diverse society. The first step in the acquisition of these competencies is reflection on one’s own prejudices and on one’s own cultural embeddedness. Research in the U.S.A. has shown that all doctors have unconscious biases about their patients, influencing their diagnoses, treatment and physician-patient relationships.

At the teaching hospital AMC/UvA, Amsterdam, and at the Hogeschool Inholland (training Physician Assistants), a workshop was developed addressing students’ prejudices, taboos and cultural background. This workshop consists of three simple steps leading to more awareness of bias and to mutual understanding.

Teaching about stereotypes is often judgmental. In contrast, our workshop has a ‘playful’, step by step, approach, allowing students to express opinions and prejudices that might otherwise stay concealed.

**Objectives**
Participants of the EACH workshop will get acquainted with three simple tools for reflection on culture, taboos and prejudices.

They will learn about essential conditions and safety rules for reflection on diversity.

They will discuss options for using these tools in their own educational practice.

They will receive a handout with practical and theoretical information, including information on how to access the ‘Cultural card game’, the third tool of this workshop.

**Session activities**
Participants will take part in a compact version of the AMC-medical-student workshop:

Step 1: becoming aware of how you make a quick estimate of a person at first glance.

Step 2: a dynamic exercise in categorising yourself (Which groups do I belong to and do I dare to show this?).

Step 3: discussing one’s own cultural background and values, focussing on mutual respect and understanding. (During this step we use the ‘Cultural card game’, designed by Bonke and Selleger and available to participants).

During the workshop participants will discuss pros and cons of the three steps, relevance for medical students, and options for implementation within their own educational setting.

Maximum number of participants: 24

**06K: Promoting Mindful Clinical Interaction while using Electronic Technologies: A group training intervention for medical education**
Tuesday, 30 September 2014: 12:00 - 01:30; Room: Elicium D407

Colleen T. Fogarty, MD, MSc., Associate Professor; University of Rochester Department of Family Medicine, Rochester, New York,
Kathy Cole-Kelly, MS, MSSW, Professor; Case Western Reserve University

Rationale
This workshop was developed with funding from the Arnold P. Gold Foundation to address the fast-paced training and increasingly technical environment in healthcare that seems to encourage more interface with computers and monitors than with patients and families. The stressors and time demands of residency provide additional incentives to become data-focused to the potential or actual exclusion of relationship-focused activity. This focus on technology and data can interfere with patients’ and physicians’ experience of relationship-centered care. Using techniques from the literature on patient-centered EHR use combined with mindfulness techniques and self-reflection, the presenter worked with faculty and resident trainees at the University of Rochester Medical Center to address the “hidden curriculum” that may appear to value the technical over the relational.

Objectives
After participating in this workshop, participants will:
• Recognize the importance of dialogue and training to promote the patient-centered use of electronic health records in clinical encounters.
• List recommended clinician behaviors that promote patient-centeredness while using an electronic health record.
• Discuss the use of 55 word stories as a self-reflective activity in medical education.

Session format/activities: This is a highly interactive session consisting of the following:
• 00:00 - 00:05 Introduction, overview of the session, introduction of topic
• 00:05 - 00:15 Mindful practice—Body Scan
• 00:15-00:35 Group dialogue—challenges, opportunities with E.H.R.
• 00:35 - 01:05 Appreciative inquiry exercise and 55 word story writing, including small group breakout to discuss and share reflections
• 01:05 - 01:20 Sharing stories aloud
• 01:20 - 01:25 Mindful practice
• 01:25 - 01:30 Home practice—Stop, Breathe, and Be; final questions

Much of the work will be done in small groups, so larger number of participants will have a chance to share their ideas.

06K: Crafting and Communicating Ones Message: The Elevator Speech, the Tweet and Beyond
Tuesday, 30 September 2014: 12:00 - 01:30; Room: Elicium D408

Rebecca Rainer Pauly and Mark Hoffman, University of Missouri-Kansas City

Rationale
It is critical to be intentional about ones message in person and through social media. This encompasses multiple health communications scenarios (for example: formal introductions before presentations, elevator pitches, negotiating treatment options with patients, networking with colleagues, and promoting new research observations, and job interviews). If one does not craft the message with clarity, the result could be confusion, disruption, or an audience or individual who feels spammed and has likely not heard the intended message. In healthcare communication, these results have high risks and should be recognized and avoided. For this workshop we will explore developing the core message of content using several scenarios and venues mentioned above so that it is intentional and concise (elevator speech or Tweet).

Objectives
Our objectives are to create a core message with supporting points in a manner that can be effective in multiple contexts. Personal branding is one aspect of how a core message can be utilized and this requires clarity, consistency, and constancy. Promise plus experience equals relationship, and brands are all about developing relationships over time. By the end of the workshop attendees will have crafted and refined their core messages, practiced articulating their message, received direct and group feedback, reflected on the effectiveness of the message and gained knowledge and skills in the strategic use of social media to market the message.

Session format/activities
Attendees will be instructed in how to craft core messages around their greatest area of interest/need; whether launching a new concept, networking with colleagues, or helping a patient to tackle a difficult problem such as lifestyle modifications. Attendees will practice in pairs, receiving feedback on the message perceived by their peer and then debrief with the larger group to receive valuable feedback. Additional practice at articulating will occur by rotating to different pairings. We will compare and contrast high and low clarity Tweets and discuss cross-platform consistency. We will demonstrate concepts and resources that are important for effective social network messaging and approaches to measuring the impact of one’s social media efforts through Klout and biobliometrics.

07A.1 Topics that need to be discussed in the initial follow-up consultation after esophageal cancer surgery
Tuesday, 30 September 2014: 02:30 - 02:45; Room: Forum

Title:
Topics that need to be discussed in the initial follow-up consultation after esophageal cancer surgery

Authors:
Jacobs, M (Marc); Hjeselskams, I (Inge); Macefield, R.C (Rhiannon); Blencowe, N.S (Natalie); Smets, E.M.A.; de Haes, J.C.M (Hanneke); Sprangers, M.A.G (Mirjam); Blazey, J.M (Jane); van Berge Henegouwen, M.I (Mark)

Presenter:
Jacobs, M (Marc)

Introduction:
Given the poor prognosis and long-lasting deterioration in health-related quality of life (HRQL), surgeons need to systematically inform patients about important topics after esophageal cancer surgery. The aim is to identify these topics, using a two-round Delphi survey.

Methods:
We preselected 49 topics and invited patients and health-care professionals (HCPs - surgeons, dieticians, nurses) to rate the importance of each topic on a scale of 1 (not important) to 9 (absolutely important) by either a postal or web-based questionnaire. We then calculated, for both groups separately, the proportion of panelists that considered a topic to be of low (1-3), moderate (4-6), or high importance (7-9). Based on these proportions, we categorized topics into: ‘consensus to be included’ (≥70% rated an outcome as 7-9 and ≤15% rated an outcome as 1-3), ‘consensus to be excluded’ (≥70% scored an outcome as 1-3 AND ≤15% scored an outcome as 7-9), and ‘no consensus’ (any other combination). We only included topics of the first category in the second round. In round 2, we provided panelists with individual and group feedback (median score of the patient group and HCP group). The final list of important topics was based on the highest rate of consensus in a single group (either patients or HCPs).

Results:
We included 108 patients and 77 HCPs in the round 2 analyses. After two rounds, we identified twenty-six (49%) topics considered important by at least one group, and seventeen topics (32%) considered important by both groups. The final list of important topics revealed that it was most important to discuss the removal of the cancer, the new esophagus, eating / drinking, any complications during surgery, alarming complaints, and the recovery period.

Discussion:
This Delphi study provides surgeons with a list of topics that needs to be systematically discussed in the initial follow-up consultation after esophageal cancer surgery. Our list may also guide the selection of outcomes for randomized controlled trials and observational studies.

07A.2 Interventions to improve provider-patient communication during cancer care: Current knowledge and future directions
Tuesday, 30 September 2014: 02:45 - 03:00; Room: Forum

Title:
Interventions to improve provider-patient communication during cancer care: Current knowledge and future directions

Authors:
Gagliò, BG (Bridge); Alexander, GA (Gwen); Hartigan, DBH (Danielle); Kee, KFK (Kerk); Kulchak-Rahm, AKR (Alanna); Street, Jr., RLS (Richard); Tai-Seale, MTS (Ming); Mazor, KMM (Kathleen)

Presenter:
Gagliò, BG (Bridge)

Introduction:
Patient-centered communication is an essential component of patient-centered care and the cornerstone of comprehensive cancer care. We present what is currently known about interventions to improve provider-patient communication in the context of cancer care, identify key gaps in the research to date, and propose what research is needed to have meaningful impact on communication practice to advance the field.

Methods:
The Knowledge to Action evidence summary approach was used. This approach includes a needs assessment, question development and refinement, proposal development and approval, systematic literature search, screening and selection of studies, narrative synthesis of included studies, report preparation, and ongoing follow-up and dialogue with knowledge users. The first three steps of this approach were conducted within meetings and email exchanges of the Cancer Research Network Communication and Dissemination Scientific Working Group. The systematic literature search, screening and selection of articles, narrative synthesis, and report production were conducted by the authors. This systematic literature review summarizes evidence identified in Medline and published through 1 December, 2013. We used the RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) Framework to organize information gaps identified and to categorize areas of future need.

Results:
A total of 12 systematic review articles were included in the analyses. Wide variation in measurement, study design, interventions, and outcomes impedes the ability to draw substantiated conclusions about whether or not communication can directly impact cancer patients’ health outcomes. There was also a notable lack of communication interventions focused on health systems. To ensure research questions about communication practices have meaningful impact on patient outcomes, future interventions need to: (1) expand the diversity of patients and practice settings; (2) target outcomes that have practical importance for key stakeholders; (3) invest in improvement efforts that are sustainable; (4) explore contributions that can be made by information technology; and (5) assess the quality of communication over time.

Discussion:
While the growing attention to patient-centered communication during cancer care is promising, further research focused on effective provider-patient communication interventions across contexts as defined by this review are critical for further advancement of patient-centered communication and patient health outcomes.

07A.3 Patient-physician-relationship and health related quality of life of colon cancer patients

Tuesday, 30 September 2014: 03:00 - 03:15; Room: Forum

Title:
Patient-physician-relationship and health related quality of life of colon cancer patients

Authors:
Ernstmann, N (Nicole); Wirtz, M (Markus); Nitzschke, A (Anika); Gross, SE (Sophie Elizabeth); Ansmann, L (Lena); Gloede, TD (Tristan Daniel); Pfaff, H (Holger); Baumann, W (Walter); Neumann, M (Melanie)

Presenter:
Ernstmann, N (Nicole)

Introduction:
In cancer care, where patients and their families experience significant emotional distress and patients have to deal with complex medical information, patient-centeredness is an important aspect of quality of care. The aim of this study is to examine the impact of patients' trust in their oncologists and patients' enablement on changes in health related quality of life of colon cancer patients after hospital treatment.

Methods:
This was a prospective study in a representative sample of private practices of German oncologists (N=44). Patients (N=131) filled out a standardized questionnaire prior to their first consultation (T0), directly after the first consultation (T1), after two months (T2), and after six months (T3). Oncologists filled out a standardized questionnaire after the first consultation with each patient included in the study. In order to test the hypotheses, structural equation modeling was employed.

Results:
Measures of global fit are acceptable ($\chi^2$(470)=674.58; CFI=0.93, TLI=0.91, RMSEA=0.06). Significant associations were found between trust in physician and changes in physical functioning between T1 and T2 ($\beta$=.50; p&l;t;0.01), and between trust in physician and patient enablement ($\beta$=.61; p&l;t;0.01). Patient enablement is significantly associated with changes in physical functioning between T1 and T2 ($\beta$=.54; p&l;t;0.01). Oncologists’ satisfaction with the initial encounter significantly predicts changes in patients’ emotional functioning between T1 and T2 ($\beta$=.31; p&l;t;0.02).

Discussion:
Our results underline the importance of building a close and trustful patient-physician-relationship in the oncology encounter. In accordance with theoretical models, a central mechanism of the association between the quality of the relationship and health outcomes seems to be patient enablement. To enable patients to cope with their situation by making them understand their diagnosis, treatments, and side-effects can impact health-related quality of life in physical domains.

07A.4 Observing Patient-Provider Communication about Complementary and Alternative Medicine in Routine Oncology Visits

Tuesday, 30 September 2014: 03:15 - 03:30; Room: Forum

Title:
Observing Patient-Provider Communication about Complementary and Alternative Medicine in Routine Oncology Visits

Authors:
Ho, EVELYN; Koenig, Christopher; Trupin, Laura; Dohan, Daniel

Presenter:
Ho, EVELYN

Introduction:
Surveys and interview studies show that cancer patients frequently use complementary and alternative medicine (CAM). Patients with advanced cancer are frequent users of CAM modalities, some of which raise patient safety concerns due to contamination or adulteration with potentially toxic ingredients. Prior research typically documents patients’ reasons for use and barriers to talking about CAM with their providers. However, limited evidence exists about how patients and providers negotiate treatment options and preferences that are adjunct to standard biomedical treatments. In this study, we use direct observation to characterize how provider communication behavior encourages or discourages conversation about CAM with patients during routine oncology visits.

Methods:
Direct observational methods were used ethnographically over a 3-year period with a cohort of 80 advanced cancer patients and their oncology providers. Fieldnotes of visits were analyzed using standardized techniques to characterize discussion about CAM between patients, caregivers, and providers.

Results:
CAM was mentioned in 78/229 (34.1%) of the total observed visits. Patients or caregivers generally initiated talk about CAM (75.6%) compared to providers (24.4%). The manner in which a provider responded determined whether CAM was subsequently discussed. Talk that discouraged further discussion occurred in 44.1% of visits and was characterized by unexpanded acknowledgment or disattention that curtailed further CAM talk. Talk that encouraged
further discussion occurred in 55.9% of visits and was characterized by positive, neutral, or negative provider responses.

Discussion:
How providers respond to patient or caregiver talk about CAM can either encourage or discourage further discussion about CAM treatment, which may prevent advanced cancer patients from discussing non-biomedical treatment forms with their providers. Interpersonal work to encourage CAM discussion does not necessarily require providers to have extensive knowledge about CAM, nor did discussion compel providers to agree with or even support adjunctive CAM therapies in addition to standard treatments. Additionally, encouraging discussion did not significantly increase overall visit time. While providers demonstrated a full range of recommendations, providers may most usefully encourage responses that helped monitor patient safety and therapy effectiveness. Overall, the study helps raise provider awareness about how their communication behavior can influence talk about commonly used adjunctive treatments.

07A.5 A personal electronic health record in cross-sectoral cancer care: Meeting the needs of patients with colorectal cancer and their health care providers

Tuesday, 30 September 2014: 03:45 - 04:00; Room: E102

Title:
A personal electronic health record in cross-sectoral cancer care: Meeting the needs of patients with colorectal cancer and their health care providers

Authors:
Baudendistel, I (Ines); Eckrich, F (Felicitas); Winkler, E (Eva); Heinze, O (Oliver); Bergh, B (Bjoern); Szecsenyi, J (Joachim); Ose, D (Dominik)

Presenters:
Baudendistel, I (Ines)

Introduction:
In the course of complex treatment of patients with chronic conditions e.g. colorectal cancer, personal health data is collected in different health care settings. As part of the project "Health Regions of the Future (INFOPAT)" funded by the German Federal Ministry of Education and Research (BMBF), a web-based personal electronic health record (PEPA) is being developed with the aim of improving the regional, cross-sectoral health care especially for chronically ill patients. This patient-owned tool provides the opportunity for health information exchange between patients and their health care providers (HCPs), as well as among HCPs within and across health care sectors. By inviting patients to take an active role in this process, patients' participation could be strengthened. This qualitative study explored the key needs from the perspective of both patients and HCPs related to functions and contents of a PEPA.

Methods:
Overall 10 focus groups were performed collecting views from 3 user perspectives. The first user group had both patients (n=12; mean age 62.9 (SD 6.1) and patient advocacy representatives (n=2), the second medical doctors (n=17), and the third other health care professionals (n=16). All data were audio- and videotaped, fully transcribed and thematically analysed using qualitative content analysis.

Results:
Our results indicate that patients and their HCPs have complex needs and high expectations regarding the functions and contents of a PEPA. For both patients and HCPs, it is important to have a tool representing the chronology of illness and health care processes, e.g. patients would like to track their long-term laboratory findings (e.g. tumor markers). Functions like electronic communication with HCPs (e.g. via email) were discussed. The most important contents of a PEPA from all user perspectives were explored. Both patients and HCPs expressed the need for presenting medical results in a patient accessible way. HCPs emphasized the importance of adequate patient support and technical advice in dealing with the PEPA.

Discussion:
In order to develop a user-centered tool for patients that is tailored to the users' needs, it is essential to address these perspectives. An arising challenge for implementation will be how to design PEPA's health data in a patient accessible way.

07B.1 Provider cultural competence and racial disparity in doctor-patient relationships

Tuesday, 30 September 2014: 02:30 - 02:45; Room: E102

Title:
Provider cultural competence and racial disparity in doctor-patient relationships

Authors:
Saha, S (Somnath); Gatchell, MS (Melissa); Gerrity, MS (Gerrity)

Presenter:
Saha, S (Somnath)

Introduction:
Provider cultural competence (CC) has been widely endorsed as a means to improve the quality of doctor-patient relationships for minority patients and reduce racial disparities in healthcare quality. Few studies, however, have empirically examined which dimensions, if any, are associated with better relationships and greater equity across racial/ethnic groups.

Methods:
We previously developed a self-administered instrument for primary care providers (PCPs), consisting of 6 scales representing different CC dimensions: Perceived Cultural Aptitude, Perceived Cross-Cultural Efficacy, Awareness of Racial Disparities, Valuing Diverse Perspectives, Support for Accommodating Patient Diversity, and Patient-Centered Orientation. In the current study, PCPs at 4 geographically diverse VA Medical Centers completed our CC instrument. We surveyed white and African American patients from participating PCPs' panels, and administered validated instruments to measure patients' global ratings of PCPs, their experience with PCPs' communication and interpersonal style, and their trust in the PCP.

We tested associations to determine which CC dimensions were associated with higher minority patient ratings of PCPs. We also tested interactions between provider CC and patient race, to determine whether CC dimensions were associated with reduced disparity in outcome measures.

Results:
We recruited 96 PCPs and 998 of their patients. PCPs were predominantly white (49%) and Asian (27%), while patients identified mainly as African American (62%) and white (31%), reflecting our sampling strategy. The CC dimension most consistently associated with higher minority patient ratings was Valuing Diverse Perspectives. PCPs scoring above the median on this scale received higher ratings from African American patients on communication quality and interpersonal style. Higher VDP was not associated with white patients' ratings. We found significant provider VDP-patient race interactions for all outcome measures; racial disparities were present among PCPs with lower VDP scores but not among those with higher VDP scores.

Discussion:
Providers rating themselves higher on Valuing Diverse Perspectives—a construct similar to cultural humility—received higher ratings from African American patients and had less racial disparity in the quality of their relationships with patients. VDP may be an important target, and intermediate outcome measure, for CC interventions aimed at reducing racial disparities in health care quality.

07B.2 Comprehensiveness and clarity in formulation of tasks, do patient's language skills make a difference?

Tuesday, 30 September 2014: 02:45 - 03:00; Room: E102

Title:
Comprehensiveness and clarity in formulation of tasks, do patient's language skills make a difference?

Authors:
Indseth, TI (Thor); Gerwing, JG (Jennifer)

Presenter:
Indseth, TI (Thor)

Introduction:
To adhere to a treatment plan, patients and physicians must secure mutual understanding of what tasks must be done, when, and by
whom. Studies have shown that a language barrier between patient and physician is a major risk factor for low adherence. Our primary objective was to explore how physicians formulate tasks and whether their formulations were affected by patients’ Norwegian language skills. We defined a measure of formulation comprehensiveness and clarity. Our main research questions were: (1) how many treatment-related activities were presented and discussed? (2) Are physician formulations comprehensive and clear? Our aim is to develop an analysis that can make direct contributions to development of training programs.

Methods:
were 12 videotaped clinical interactions selected from a corpus of 497 from a hospital in Norway. Using a within-subjects design, we identified and compared formulated tasks expressed by 6 physicians when speaking with native Norwegian Speakers (L1-patients) and patients limited Norwegian proficiency (L2-patients). Using microanalysis of communication, analysts located sequences that included proposed tasks and analyzed them for topic. Tasks were analyzed further for content and clarity, including both physician and patient contributions.

Results:
There were 90 proposed tasks. In interactions with both L1- or L2-patients, physicians often formulated tasks with crucial information missing (e.g. who should perform the task and when should it be performed), or inconsistently (e.g. who was responsible changed from one formulation to the next). L2-patients with poor Norwegian language skills contributed less information and asked fewer follow up questions, which was associated with fewer physician contributions of information and fewer opportunities to clear up inconsistencies or contribute crucial information.

Discussion: Health care professionals likely know the importance of explaining what the patient should do, but analysis of task instructions demonstrates the need for ensuring they contribute information clearly and consistently. When L2 patients are minimally responsive, we hypothesize that physicians lose the opportunity to make instructions clearer and more complete, suggesting a need for physician techniques for increasing active patient involvement in discussions, despite a language barrier. Developing a method for analyzing tasks is seen as groundwork for future development of communication training modules.

078.3 Determining visual content for a patient leaflet using a participatory approach with low-literate people. Tuesday, 30 September 2014: 03:00 - 03:15; Room: E102

Title: Determining visual content for a patient leaflet using a participatory approach with low-literate people.

Authors: Beusekom, M.M. van (Mara); Bos, M.J.W. (Mark); Grootens-Wiegers, P. (Ronella); Guchelaar, H.J. (Henk-Jan); Broek, J.M. van den (Jos)

Introduction: Patient information leaflets (PILs) are poorly understood, especially by those with inadequate reading skills. This leads to health risks for a group that is already vulnerable when it comes to managing their health. To encourage understanding and to empower the low-literate patient, images can be used to support textual information. However, irrelevant or redundant visual stimuli can distract from interpretation of the message, which asks for careful selection of visual content. The aim of this study was to map the preferences of low-literate people for images in a PIL.

Methods: Through a mixed-methods approach consisting of individual interviews and focus group discussions, low-literate participants were asked about their visual information needs. Of those who were interviewed individually, literacy levels were assessed using the Dutch version of the Rapid Estimate of Adult Literacy in Medicine (REALM-D). Focus group participants were adult students "Dutch for native speakers", with literacy levels below the standard primary school end-level (1F on Meijerink’s scale). Following open questions, participants were asked to label on a PIL the topics that they would want to see visualised.

Results: Topics that were considered helpful to present as an image in the leaflet included the medicine's purpose, instructions on how to take the medicine, and warnings. People indicated that they want to be able to see what the medicine is for, to check if they have received the correct medication. Also, personal examples of incorrect administration of medication were shared by the participants; events they feel can be avoided by a clear and step-wise visual instruction.

Discussion: The contribution of this study is twofold. First, the study has provided insight in visual information needs of low-literate people, and has generated concrete directions for the design of images that should make medication information more accessible for this audience. Second, it presents a participatory method with low-literate people to research preferences for visual communication. The fact that individual assistance in going through the leaflet is a prerequisite for this method’s success underlines the need to develop an alternative information source to empower low-literate medication-users.
functional health literacy for further research.

**07B.5 Utilizing Eye-Tracking and EKG Methods to Test Health Messages: A Case-Study with Low-Literacy Populations**

**Tuesday, 30 September 2014: 03:30 - 03:45; Room: E103**

**Title:** Utilizing Eye-Tracking and EKG Methods to Test Health Messages: A Case-Study with Low-Literacy Populations

**Authors:** Bass, SB (Sarah); Gordon, TF (Thomas); Gordon, RG (Ryan); Parvanta, CP (Claudia)

**Presenter:** Bass, SB (Sarah)

**Introduction:**
Eye tracking and EKGs are common marketing evaluation methods for monitoring physiological and psychological experiences. They have not been extensively used in public health or with low literacy populations to evaluate reactions to health communication messages. The purpose of this NIH funded study was to assess whether this approach is a feasible and valid method to test effectiveness of risk communication messages with limited literacy adults.

**Methods:**
Limited literacy adults were tested in a pilot randomized controlled trial to understand eye-tracking and EKG responses to a “Dirty Bomb” preparedness guide. Participants were randomized to receive either a CDC “factsheet” (control, n=22) or a decision aid (intervention, n=28) written at a sixth-grade reading level. Subjects were shown the materials on a computer screen as their gaze pattern, pupil diameter, heart rate and pulse were measured.

**Results:**
Bioinfinity and Eyenal software programs were then used to assess if there were differences between gaze patterns and bio-physical responses. Gaze pattern analysis revealed specific strategies for reading densely written material. On similar slides on what to do with family if a “dirty bomb” explodes, intervention (decision aid) participants took more time to read slide details written at their reading level, compared to control participants whose gaze patterns indicated a large amount of unread text. This indicates intervention participants were able to understand material and received key messages about preparedness which did not occur in the controls.

EKG data showed that both groups’ heart rates remained relatively constant throughout the duration of the session, however they were slightly slower in the intervention group, suggesting they felt more relaxed and comfortable while processing material they were able to read.

**Discussion:**
Using physiological responses is a novel method that has potential benefits for analyzing and understanding complex responses to educational material in those with limited literacy, allowing for richer understanding of the effects of targeted health communication.

Populations with limited literacy are vulnerable to negative health events and in the case of a “dirty bomb”, may not be able to understand how to respond based on currently available information.

**07C.2 Review dialogues – a chance for better care for patients with chronic illness [BILANZ]**

**Tuesday, 30 September 2014: 02:45 - 03:00; Room: E103**

**Title:** Review dialogues – a chance for better care for patients with chronic illness [BILANZ]

**Authors:**
Bahrs, O (Ottomar); Henze, KH (Karl-Heinz); Heim, S (Susanne); Abholz, HH (Heinz-Harald); Ilse, K (Katharina); Wilm, S (Stefan); Bureick, G (Gertrud)

**Presenter:**
Bahrs, O (Ottomar)

**Introduction:**
Oln long-term care of chronically ill patients, the treatment process is rarely in the focus of GP-patient interactions. Information with preventive impact may get lost; the risk of further chronification may be under-estimated. A specific interaction tool, the Review Dialogue (RD), has been developed for finding an ‘overall diagnosis’ (Balint). RDs help to integrate patients’ health-related problems and risks as well as coping strategies and resources and to agree upon shared treatment objectives. RDs should help GPs to offer chronically ill patients individualised support and promotion of their own resources. Patient autonomy and GPs’ work satisfaction should increase. Our research question is: Do regular RDs contribute to a better achievement of treatment objectives and to arrive to an overall diagnosis?

**Methods:**
An ongoing study with mix-method design, GPs were randomized into either an intervention group (extra training and regular RD with chronically ill patients) or control group (usual care). Videos of a sub-sample of patients (n=105) analyzed using a semi-standardised procedure (RLI – rating inventory challenges, as it requires, in particular, doctors’ skills in argumentation, i.e. the communication process of exchanging views over a difference of opinions with the aim to reach agreement. By drawing from the Aristotelian tradition of classical rhetoric, we developed a training course in argumentation theory. The objective of this paper is to present the content of this course and the results of its pilot evaluation with doctors active in the field of chronic pain.

**Methods:**
The course was organized as an 8-hour training session, and delivered to a convenient sample of 17 doctors active in the main Italian network of rheumatologists. Participants were administered a pre-course questionnaire to gather their satisfaction, difficulties and confidence in communicating with patients, and a post-course questionnaire to evaluate the perceived value of the course. Semi-structured interviews were conducted two months after the course to reflect on doctors’ reasons for (not) applying the contents of the course.

**Results:**
Argumentation theory appears as relevant and acceptable to doctors, because it fits into the reality of the medical consultation and provides ways to deal with it. It is perceived as a natural process of interaction that fits their professional experience with chronic pain patients. Skills in argumentation theory seem to be particularly important when patients have points of view that are wrong or considered to be suboptimal, and when rational discussion is needed to disentangle complex issues. Knowledge of argumentation theory is also important to identify instances of potentially misleading types of arguments that risk to negatively impact patient’s decision making.

**Discussion:**
This paper contributes to enrich the offer for training in communication skills targeted to health professionals. It focuses on the topic of argumentation that is still largely unexplored in the field of health. The development of argumentation skills is important to enhance patients’ participation in the medical consultation, although it is still unclear how patients, alongside doctors, can be instructed on how to best perform in argumentative exchanges.
of a solution-oriented therapeutic approach). Additionally, an in-depth analysis of a maximum variation sample of 5 GPs’ videotapes across four time points (n=20 consultations) was made using structural hermeneutics to identify professional interaction strategies.

**Results:**
First video-analyses show that the implementation of the RD and the creating of an overall diagnosis are both case-specific; GPs differ from each other, but also the same GP can implement the RD differently with different patients. Without being representative, typical patterns can be identified in the individual approach of each GP. Most GPs as well as patients report that RD improve the doctor-patient-relationship and enable more specific and tailored professional support.

**Discussion:**
Review: Dialogues facilitate the GP-patient communication process about diagnostics and therapy helping to make the implied overall diagnosis explicit. Further research is needed to prove which patients will benefit from a RD and which setting is necessary to conduct successfully RDs in general practice.

**07C.3 Patient-provider discussion of survivorship care plans with cancer survivors: Results of a nationally representative survey**

**Tuesday, 30 September 2014: 03:00 - 03:15; Room: E103**

**Title:** Patient-provider discussion of survivorship care plans with cancer survivors: Results of a nationally representative survey

**Authors:**
Blanch Hartigan, DBH (Danielle); Forsythe, LP (Laural); Alfano, CM (Catherine); Smith, T (Tenbroeck); Nekhlyudov, L (Larissa); Ganz, PA (Patricia); Rowland, JH (Julia)

**Presenter:**
Blanch Hartigan, DBH (Danielle)

**Introduction:** As they transition from active treatment to survivorship, cancer survivors have unique follow-up needs. However, survivors report feeling abandoned by the healthcare system during this transition and may not experience patient-centered survivorship care. The Institute of Medicine report From Cancer Patient to Cancer Survivor: Lost in Transition, recommends use of Survivorship Care Plans (SCPs), which include a written treatment summary and an individualized follow-up plan, to meet survivors’ needs. Engaging patients may be a crucial element in the efficacy of SCPs. Survivorship care planning should involve discussions with cancer survivors to address their needs and optimize long term follow up.

**Methods:**
We examined frequency and factors associated with oncologists’ and primary care physicians’ (PCPs) provision of written survivorship care plans (SCPs) and discussion of survivorship recommendations with survivors. A nationally representative sample of 1,130 oncologists and 1,020 PCPs currently practicing in the United States reported their survivorship care practices. Logistic regression models predicted multi-level factors associated with providing SCPs or discussing recommendations with survivors.

**Results:**
Although a majority of oncologists (64%) reported always/almost always discussing recommendations with survivors, fewer also discussed who survivors should see for follow-up care (32%); fewer still also provided a SCP to the survivor (4%); and fewer still also provided a SCP to the survivor (5%). Survivorship care recommendations and provider responsibility were not regularly discussed by PCPs and survivors (12%). Oncologists who reported detailed training about late and long-term effects of cancer were more likely to provide SCPs (OR=2.02, 95%CI=1.73-2.32) and to discuss survivorship care with survivors (OR=2.02, 95%CI=1.73-2.32), and to provide SCPs. PCPs who received SCPs from oncologists were twice as likely to report survivorship discussions with survivors.

**Discussion:**
Training specific to survivorship care and coordinated care between PCPs and oncologists were associated with increased survivorship discussions with survivors. These nationally representative data provide a benchmark for implementation of new mandates and efforts to improve survivorship care.

**07C.4 Empathy, Burnout and Secondary Traumatic Stress in emergency physicians**

**Tuesday, 30 September 2014: 03:15 - 03:30; Room: E103**

**Title:** Empathy, Burnout and Secondary Traumatic Stress in emergency physicians

**Authors:**
Schulze Carneiro, IM (Maria Isabel); Pereira, MG (Maria Graça);
Figueiredo-Braga, M (Margarida)

**Presenters:**
Figueiredo-Braga, M (Margarida)

**Introduction:** Secondary Traumatic Stress (STS) is defined as a process of secondary traumatization resulting from the exposure to traumatized persons. Physicians working in the emergency departments are particularly exposed to physical and emotional suffering. Daily care for patients in severe situations and victims of trauma can have a cumulative effect predisposing to burnout. Empathy is an important resource that enables professionals to provide support to traumatized patients who feel valued, supported and understood, but health professionals with greater capacity for feeling and expressing empathy could be more vulnerable to symptoms of STS. On the other hand the highest satisfaction and professional fulfillment referred by more empathetic professionals may indicate a protective effect in relation to stress triggered by the distress observed in patients. Empathy can have a particular role in stress reactions, influencing both burnout and STS.

**Methods:**
Physicians working in emergency services participated in the study (n=115). Assessment included: socio demographic and professional characterization, the Jefferson Scale of Physician Empathy (JSPE), the Secondary Traumatic Stress Scale (STS) and the Maslach Burnout Inventory (MBI). The statistical analysis of data was undertaken using SPSS version 18.0. Pearson correlations, linear regression (stepwise method), moderation analysis (Baron and Kenny’s method) and mediation analysis (bootstrapping method) were performed.

**Results:**
Empathy and Burnout were significantly related to STS. A significant negative correlation was found between STS and empathy (p<.005), with similar values in the total scores and in the subscales of STS and JSPE. Empathy moderated the relationship between burnout and STS and was a negative predictor of secondary traumatic stress. Burnout level mediated the relationship between STS and empathy.

**Discussion:**
Physicians serving on emergency services regularly face emotional demands and are exposed to patients with physical and psychological trauma sequelae. Professionals who have a higher capacity to feel and express empathy could tend to suffer from compassion fatigue, but studies have shown the importance of empathy to emotionally support patients and to enhance physicians professional fulfilment. We confirmed that more empathic physicians showed fewer symptoms of STS. Attention must be paid however to identify physicians at risk and develop prevention programs to mitigate the impact of STS.
Epilepsy is a common, largely invisible, chronic neurological condition, with an estimated childhood prevalence of approximately 3.6/1,000 population. On receiving a diagnosis of childhood epilepsy, families must not only contend with the medical aspects of the condition but also with the impact the condition has on psychosocial wellbeing and with remnants of epilepsy-related stigma that still persists today. Despite the fact that epilepsy is a stigmatised condition, little is known about the disclosure experiences of children living with epilepsy and their parents. This study, therefore, aimed to explore the challenges faced by children living with epilepsy and their parents when communicating the condition to others. This paper will focus on parental disclosure of their child’s epilepsy to others. 

Methods: This first phase, of a two-phased exploratory mixed-method study, consisted of qualitative interviews with 30 parents of children (aged 6-16 years) living with epilepsy to investigate their experiences of epilepsy disclosure. Parents were recruited purposively via a paediatric neurology unit and voluntarily through Epilepsy Ireland. 

Interview data were thematically analysed.

Results: Parents adopted a variety of disclosure strategies when communicating their child’s epilepsy to others; ranging from total concealment to preventative disclosure (i.e. telling others in the hope of forestalling stigmatisation and/or avoiding any anticipatory risk of detection). Specific challenges to disclosure for parents were: 1) the reactions of others; 2) a parental desire for normality for their child; 3) others’ perceptions of epilepsy; and 4) the invisibility of the condition.

Discussion: Communication concealment strategies can contribute to the silence around epilepsy and further exacerbate epilepsy-related stigma. 


07D.4 Diagnosis related (mis)conceptions among siblings of children with rare disorders

Title: Diagnosis related (mis)conceptions among siblings of children with rare disorders

Authors: Vatne, TM (Torun Marie); Østbog Helmen, I (Ingerid); Bahr, D (David); Kanavin, Ø (Øivind); Nyhus, L (Liv) 

Presenter: Vatne, TM (Torun Marie)

Introduction: A rare disorder is defined as less than 100 affected per million inhabitants. But even though the prevalence is low for each diagnosis, many children live with a rare disorder altogether. These children often have siblings. Previous research finds siblings to have little knowledge about the diagnosis of their brother or sister. This study aims to describe diagnosis related misunderstandings and uncertainties of siblings of children with rare disorders. 

Methods: Directed and conventional content analysis was applied to videotapes of 11 support group sessions with 56 children aged six to 17. The participants’ communicative turns were first coded into five categories; identity, cause, cure and control, timeline, and consequences, and further categorized as “correct”, “misunderstood” or “uncertain”. Next, turns involving misunderstandings or uncertainties were analyzed to explore prominent themes. The association between sibling age, type of diagnosis, and the frequency of misunderstandings or uncertainties were analyzed statistically. 

Results: The analysis revealed that 22.3 % of the children’s turns involved misunderstandings or uncertainty about the diagnosis, most commonly related to the identity or cause of the diagnosis. Prominent themes in misunderstandings were “using accessible information”, “generalizing lay statements”, “misunderstanding complex medical”, and “beliefs about the future”. Regarding uncertainty the themes “reasons for everyday experiences”, “uncertainty and hope for the future”, and “lack of information” were central. Misunderstandings and uncertainties were found to be unrelated to child age or type of sibling’s diagnosis. 

Discussion: If parents or health personnel do not provide proper information about the diagnosis of siblings children tend to create their own answers based on personal experiences and deductive reasoning. The information need of siblings with rare disorders should be attended to in genetic and medical counseling to prevent
The new format shows effects of a given immunotherapy regarding disease progression as absolute numbers referring to a total of 100 patients within two years. Groups of patients with and without treatment benefit are indicated using newly developed icons and colored proportions on a bar chart. During a sequence of 58 qualitative pre-tests with patients with MS, feasibility and comprehensibility were studied and continuously optimized. In a four-arm web-based randomized controlled trial, the new format was compared to the reference standard (RS) i.e. stick figure pictographs regarding comprehension and processing time. The new format as well as the pictographs were presented both as static and as animated versions. Patients were recruited via the homepage of the German MS society. Demographic and disease related data as well as generic numeracy competences were surveyed.

Results:
658 patients completed the study (72% female, mean age 40 years, 65% with relapsing remitting MS). The two formats did not yield differing frequencies of comprehension, neither static nor animated (static: RS=46%, new=44%; p<.59; animated: RS=23%, new=30%; p=.134). The new format showed advantages in processing time only in the animated version (static: RS=162sec., new=155sec.; p=.653; animated: RS=286sec., new=189sec.; p=.01). However, the animated formats caused more wrong answers and longer processing time (RS: p&l<.001/ .001, new: p=.027/0.17).

Discussion:
Comprehension of the new format is comparable to common pictographs. However, the new format is space-saving and advantageous to compare different treatment options. Further studies are needed to prove these advantages of the method in more complex contexts such as patient decision aids presenting information on various treatment options in parallel and in other medical domains.

07E.2 No relation between the way risks are mentioned and rectal cancer patients’ interpretation of risks

Tuesday, 30 September 2014: 02:45 - 03:00; Room: E105/6

Title:
No relation between the way risks are mentioned and rectal cancer patients’ interpretation of risks

Authors:
Kunnen, M. (Marleen); Baas-Thijssen, M.C.M (Monique); Marijnen, C.A.M. (Corrie); Stiggelbout, A.M. (Anne); Pieterse, A.H. (Arwen)

Presenter:
Kunnen, M. (Marleen)

Introduction:
Risks that are relevant to the decision about adjunct cancer treatment are complex but essential, as they often are the foundation of treatment recommendations. This study aimed to examine the influence of way of verbal risk communication on patients’ knowledge of risks of major outcomes (local recurrence, incontinence and sexual dysfunction) of surgery and preoperative radiotherapy in rectal cancer.

Methods:
Consecutive all first consultations (N=59) of radiation-oncologists and rectal cancer patients eligible for short course radiotherapy were audio taped. These tapes were transcribed and analysed using the ACEPP (Assessing Communication about Evidence and Patient Preferences) coding scheme. Additionally, patients filled in a questionnaire in the week following the consultation on their interpretation of risks. Communicated risks were categorized in ‘words only’, ‘numbers only’ and ‘both words and numbers’. Clinicians’ information provision and patients’ interpretations were categorized in correct and incorrect view of the effect of treatment.

Results:
We have coded and analysed 59 consultations. Verbal risk of local recurrence was mentioned in all consultations. If incontinence or sexual functioning were mentioned, the related risks were mentioned in respectively 75%, 74% (males) and 50% (females) of the consultations. Clinicians always mentioned the correct effect of radiotherapy. Patients’ interpretations were correct in 85% (local
recurrence), 14% (incontinence) and 38/53% (sexual functioning in males/females). The use of either words, numbers, or both had no effect on patients’ interpretation. We found no effect of patient age, gender or educational level either. Patients informed by senior clinicians significantly more often interpreted risks of local recurrence correctly, compared to patients of junior clinicians.

**Discussion:**
For local recurrence, risks are always mentioned. However, if bowel or sexual dysfunction is discussed, risks are often left out. Most, though not all, patients interpret risk of local recurrence correctly. In contrast, risks of harms of radiotherapy are often interpreted incorrectly. No relation was found between the way risks had been presented and patients’ interpretation. Senior clinicians appear to connect better to patients’ level of understanding, as their patients more often interpreted risks correctly. In treatment decision-making, clinicians should be aware of patients’ misunderstanding of risks.

**07E.3 ‘Am I at risk?: Understanding how health risk information is (mis)understood**

**Title:**
‘Am I at risk?: Understanding how health risk information is (mis)understood

**Authors:**
Bogaerts, NMM (Nina); Damman, OC (Olga); Haak, MJ van den (Maaike); Timmermans, DRM (Danielle)

**Presentation:**
Bogaerts, NMM (Nina)

**Introduction:**
Online risk tests calculate personal disease risks and are widely available for the lay public. In the Netherlands, a risk test is available for cardiovascular diseases, type 2 diabetes, and chronic kidney disease. After answering seven questions, people’s risk is calculated and communicated in both a numerical and a graphical way (bar chart). When individuals have an elevated risk, they can decide to visit their GP for further examinations. Although effort has been done to present the risk information in a comprehensible way, people may still have difficulties in understanding and using it, because the lay perspective has not been taken into account. In this qualitative study, we examined lay people’s understanding, interpretation and usage of this personalized risk information.

**Methods:**
We conducted 16 semi-structured interviews with individuals from the target group, i.e. people between 45 and 65 without medical history of the cardio-metabolic syndrome. Participants completed the risk test while an eye-tracker registered their visual attention. After a short recall task, they were interviewed for thirty minutes about the risk information they received. The data were analysed following the five phases of qualitative thematic analysis and by comparing eye-gaze patterns.

**Results:**
We identified several problems related to people’s understanding, interpretation and information usage. One important problem was that people perceived relatively high risks (e.g. 25%) as low. They felt that only extreme risks were reason for worry. People seemed to compare their individual risk to a maximum risk of 100%, possibly because the bar chart range was between 0 and 100. They were also interested to compare their risk to that of other people, which seems to indicate that the numerical information does not provide sufficient meaning. The test does provide comparison information, but both eye-tracking patterns and people’s verbalizations showed that this information was not used optimally.

**Discussion:**
This study showed that information in an online disease risk test –as developed from an epidemiological perspective– is not interpreted and used by lay people in the way thought out by experts. The risk information can be adapted to more closely match the information processing of lay people.

**07E.4 Heart age versus percentage risk: The psychological and behavioural outcomes of communicating cardiovascular disease risk in different formats**

**Title:**
Heart age versus percentage risk: The psychological and behavioural outcomes of communicating cardiovascular disease risk in different formats

**Authors:**
Bonner, CB (Carissa); Jansen, J (Jesse); Irwig, L (Les); Newell, B (Ben); Doust, J (Jenny); Glassiou, P (Paul); Texeira-Pinto, A (Armando); McKinn, S (Shannon); Dhillon, H (Haryana); McCaffery, K (Kirsten)

**Presenter:**
Jansen, J (Jesse)

**Introduction:**
Most cardiovascular disease (CVD) prevention guidelines are now based on the percentage risk of a CVD event (e.g. heart attack) over 5 or 10 years. Converting this percentage risk into ‘heart age’ may be a more effective way to communicate CVD risk, where a heart age older than current age indicates elevated but modifiable risk. Study 1 investigated patient perceptions of online CVD risk calculators that present heart age in different ways. Study 2 experimentally tested the effect of heart age versus 5 year percentage risk on psychological and behavioural outcomes.

**Methods:**
Study 1: GPs recruited 26 patients with lifestyle/CVD risk factors who were not already known to be high risk. Participants were asked to ‘think aloud’ while using two heart age calculators, with semi-structured interviews before and after. Transcribed audio-recordings were coded using Framework Analysis. Study 2: 605 people in the target population for CVD risk assessment (aged 45-64, not known to be at high risk) completed an online risk calculator. Participants were randomised to receive different CVD risk formats (percentage; heart age) and graphical formats (text only; text + bar graph; text + projected risk). After receiving their risk results, psychological outcomes were assessed and analysed using logistic regression. Behavioural outcomes will be assessed at 2 week follow-up.

**Results:**
Study 1: Risk factor questions were often misinterpreted, reducing the accuracy of the calculators. Participants perceived older heart as confronting, and younger heart age than current age as positive but unrealistic. Participants often questioned the credibility of the calculators, especially if the result was unexpected, but were still prompted to consider lifestyle changes. Study 2: Compared to percentage CVD risk, heart age decreased positive affect (Odds Ratio (OR)=0.49, p=0.001), decreased credibility when combined with a bar graph (OR=0.28, p&lt;0.001), and was interpreted as higher risk in text format (OR=3.4, p=0.009) or when combined with a bar graph (OR=13.0, p&lt;0.001). Behavioural outcomes at 2 weeks will be presented.

**Discussion:**
Heart age has emotional impact and may motivate lifestyle change, but online calculators can be misunderstood or dismissed if they produce unexpected results. A percentage risk format may be more credible and avoid inflating risk perception.

**07E.5 Doctors’ perspectives of informed consent for non-emergency surgical procedures: a qualitative interview study**

**Title:**
Doctors’ perspectives of informed consent for non-emergency surgical procedures: a qualitative interview study.

**Authors:**
Wood, F C; Martin, S M; Carson-Stevens, A; Elwyn, G; Kinnersley, P R

**Presenter:**
Wood, F C

**Introduction:**
Information-sharing is core to the informed consent process. Guidance recommends that consent be gained by the person undertaking procedure at least on the day before surgery, however the consent process is often completed just hours before the patient
is taken to theatre. Many doctors view the consent process as a ‘perfunctory chore’; standardised consent forms may make the consultation feel repetitive, reducing doctors’ regard for patients’ concerns. We therefore set out to explore the process by which doctors achieve informed consent for non-emergency surgical procedures. Specifically we were interested in doctors’ experiences of the consent process; elicit how doctors communicate risk; identify barriers doctors face in gaining informed consent; and explore how the current informed consent process can be improved.

Methods:
Qualitative semi-structured interview study with 20 doctors from one hospital in South Wales, UK. Participants were selected by purposive sampling ensuring a representation of clinical grade and clinical specialties. Interviews were audio-recorded, transcribed, and analysed thematically. This involved examination and comparison of participant responses, to create a classification of themes that recurred across the data set.

Results:
While consent could be taken over a series of consultations, it was not infrequent for consent to be taken immediately prior to surgery. Juniors were often tasked with taking consent while sometimes being unfamiliar with the procedure and often felt the consent process was impaired as a result. Doctors used a range of communication techniques to inform patients about the procedure and its risks including; quantifying risks, personalising risk, and the use of drawings. Barriers to effective consent taking were reported to be: time, clinician inexperience, and patients’ reluctance to be involved.

Discussion:
Current consent processes do not appear to be ideal for many doctors. Last-minute consenting for non-emergency surgery is common, and responsibility for gaining informed consent for surgical procedures often falls to junior doctors who have never undertaken the procedure. Junior doctors should be provided with more support to take informed consent from patients considering surgical procedures. This might include written information for junior staff, observation by senior colleagues when undertaking the task, and ward based communication skills teaching on consent taking.

07F.2 Network processes and properties and how they impact on patient participation in diabetes self-management in six European countries
Tuesday, 30 September 2014: 02:45 - 03:00; Room: E107

Title:
Network processes and properties and how they impact on patient participation in diabetes self-management in six European countries
Authors:
Todorova, ENT (Elka); Kennedy, APK (Anne); Roukova, PNR (Poli); Foss, CF (Christina); Rogers, AER (Anne); Knutsen, IRK (Ingrid)

Introduction:
Studies suggest that social networks (for example involving, families, friends, the workplace and the local community) are an important factor in self-management. The European research programme EUWISE set out to study how patients’ networks affect diabetes management. We wanted to compare whether the same network processes operate in the six partner countries. The network properties of interest were taken from a literature review previously undertaken.

Methods:
Each country undertook 25 biographical interviews with a sample of patients living in deprived urban and rural areas. Analysis was sensitised to the network properties of: navigation (the management work patients do to find out who or what can provide them with support (eg on sharing knowledge, as role models or in access to resources), negotiating (the work that patients and their network members do to ensure diabetes is acknowledged, managed or monitored appropriately) and collective efficacy (where a network, place, habitus or broader environment enables a synergistic support or control greater than one individual can manage). Key quotes to illustrate this were then translated into English and incorporated into a final analysis where we did not take the position of the individual but foregrounded the network’s role and relationships in discussions about diabetes management.

Results:
The analysis of each biographical narrative identified how the participant navigated and negotiated their network and to what degree there was collective efficacy. Findings show that these network properties are found in the transcripts from each country. However, not all patients use similar processes within their networks and this impacts on how diabetes management is engaged with by individuals.

Discussion:
These findings have implications for how patients and health professionals can engage networks in self-management. Awareness of people’s networks and how they utilise support could assist health
**07F.3 EFFECT OF FLEXIBLE GUIDED SELF-DETERMINATION INTERVENTION IN YOUNG ADULTS WITH POORLY CONTROLLED TYPE 1 DIABETES**

*Tuesday, 30 September 2014: 03:00 - 03:15; Room: E107*

**Title:**
EFFECT OF FLEXIBLE GUIDED SELF-DETERMINATION INTERVENTION IN YOUNG ADULTS WITH POORLY CONTROLLED TYPE 1 DIABETES

**Authors:**
Zoffmann, VZ (Vibeke); Vistisen, Dorte; Due-Christensen, Mette

**Presenter:**
Zoffmann, VZ (Vibeke)

**Introduction:**
The group of young adults with type 1 diabetes is under-researched due to their busy life and frequent non-attendance. As a high prevalence of poor glycaemic control and high psychosocial distress is found among them, there is a need for effective health-promoting and preventive interventions which are tailored the young adults and possible to integrate into clinical practice.

**Methods:**
January 2010 - February 2012 we randomized 18-35 year old patients with T1D duration ≥1 year and Hemoglobin-A1c (HbA1c) ≥64 mmol/mol (8.0%) ≥2:1 to GSDD immediately [intervention] or ≥18 months delayed [control]. Seven group-based or individual GSDD-sessions were offered freely drawing on reflection sheets for patients and advanced professional communication. The intervention was provided by nurses GSDD-trained 40 hours. Effect was measured after 18 months. Primary outcome was HbA1c measured every three months. Secondary outcomes were changes in psychosocial functioning self-reported in electronic questionnaires at baseline and after 9 and 18 months including Problem Areas in Diabetes (PAID), the WHO-S well-being index (WHO-S), Rosenberg's self-esteem scale (RSSES), Health Care Climate Questionnaire (HCCQ), Treatment Self-Regulation Questionnaire (TSRQ) and Perceived Competence in Diabetes Scale (PCD). In addition, the questionnaire entailed questions on treatment regimen (pen or Continuous Analyses included linear regression and repeated measurement following intention to treat.

**Results:**
200 (50% men) were randomized to intervention (n=134) or control-group (n=66), mean age 25.7(5.1), diabetes duration 13.7(6.8) years. A borderline significant decrease in HbA1c in the intervention group compared to the control group (-4.1 vs. -1.2 mmol/mol, p=0.073) was driven by a significantly higher reduction in GSD-women (-5.2 vs. +0.7, p=0.017) whereas significant decreases (p<0.001), yet parallel, were observed in GSD-men and control-men (-3.1 vs. -3.2, p=0.995). Significantly higher improvements in the GSD-group’s psychosocial functioning were again driven by improvements in GSD-women relative to the control-women. Improvements in men could not be related to the intervention.

**Discussion:**
The intervention can be provided by nurses after a limited amount of training. In women, 5.9 mmol/mol lower HbA1c represents a statistically and clinically significant outcome which together with the significant improvements of psychosocial functioning makes reasons to seriously consider implementing GSD among young adult women with poorly controlled T1D.

**07F.4 Active involvement and communication about self-management in diabetes**

*Tuesday, 30 September 2014: 03:15 - 03:30; Room: E107*

**Title:**
Active involvement and communication about self-management in diabetes

**Authors:**
Willaing, Ingrid; Nicolucci, Antonio; Skovlund, Søren Eik; Peyrot, Mark

**Presentation:**
Willaing, Ingrid

**Introduction:**
The second Diabetes Attitudes Wishes and Needs (DAWN2) study aimed to assess the active involvement and communication about self-management support of people with diabetes in a large cross-national study of patient and health professional experiences.

**Methods:**
In total 8596 adults with type 1 or 2 diabetes, and 4785 diabetes care providers (HCP) from 17 countries across four continents participated in questionnaire surveys during 2012. Surveys included new and adapted questions from validated questionnaires, was conducted online, by telephone or in person.

**Results:**
Perceived involvement in self-care was significantly associated with enhanced adherence to healthy diet, exercise, self-monitoring of glucose (all p<0.001), and foot check (p<0.01). Self-involvement in care was positively associated with empowerment, well-being, and perceived support for both types of diabetes (all p<0.001). Self-involvement in care was associated with a higher score on the Problem Areas in Diabetes scale (p<0.001). Receipt of diabetes education was significantly associated with higher diabetes empowerment and perceived involvement in care (p<0.001), more support (p<0.001) and better well-being (p<0.0001) compared to no participation. Regarding interaction with their HCP, 29% of people with diabetes reported being asked by HCP for ideas when making their diabetes care plan while 56% of HCP reported doing so. 37% of people with diabetes felt listened to regarding how they would like to do things while 77% of HCP reported doing so. 38% of people with diabetes felt that HCP conveyed confidence in their ability to make changes while 72% of HCP reported doing so. Perceived support from family, friends, colleagues, healthcare team and other people in the community was positively correlated with diabetes empowerment (0.24, p<0.001); well-being (0.19, p<0.001) and perceived self-involvement in care (0.35, p<0.001). Perceived support was also significantly associated with enhanced adherence to healthy diet, exercise, SMBG (all p<0.001) and foot check (p<0.01) Support was positively associated with empowerment and well-being and negatively associated with Problem Areas in Diabetes (PAID) (p<0.001).

**Discussion:**
Active involvement enhances empowerment, well-being and health promoting behaviours. Diabetes education seems a promising method to improve involvement. However, a substantial communication gap seems to exist between HCP and people with diabetes regarding involvement in care.

**07F.5 EMPOWERMENT OF NEWLY-ARRIVED PERSONS TO A DIABETES CLINIC**

*Tuesday, 30 September 2014: 03:30 - 03:45; Room: E107*

**Title:**
EMPOWERMENT OF NEWLY-ARRIVED PERSONS TO A DIABETES CLINIC

**Authors:**
Paiva, MRS (Ana-Cristina); Afonso, Maria-Joao; Raposo, Joao-Filipe; Serrarbulho, Lurdes; Susano, Joao

**Presentation:**
Paiva, MRS (Ana-Cristina)

**Introduction:**
APDP introduced last February a structured program of type 2 Diabetes self-management education (DSME). It’s addressed to newly-arrived patients and covers a wide range of Diabetes Care in an integrated way. A comprehensive program of patient-centered care designed to increase autonomy, promote better adherence to treatment, and thus better metabolic control, was applied. We aim to perceive the program’s practical feasibility and people’s adherence.

**Methods:**
This welcome program lasts for three months, divided in three group education sessions, before the diabetes individual consultation at APDP. Group sessions are guided by a facilitator using an IDF approved education tool, which provides an interactive verbal and visual learning experience, allowing groups engagement in an open and meaningful debate about diabetes. Sessions are divided by themes in which the first leads one to reflect on their role in disease’s...
self-management, the second covers general concepts for healthy eating, and the last is a physical activity session with a gym teacher. Patients are selected based on their age (60-80 years) and HbA1c (≤10%).

Results:
For the present analysis we have a sample of 231 people, with 67.5 ±1.7 years of age, an initial mean HbA1c of 8.4 ± 0.1, and BMI mean of 30.8 ± 1.9 kg/m². Of all participants, 25 persons (10.8%) only attended the initial session, 169 (73.1%) dropped out before the exercise session, and 37 (16%) completed the program. No consistent changes were observed in terms of BMI between the various groups. In terms of HbA1c was observed a tendency of decrease directly related to the number of sessions attended (V1Δ - 0.27 ± 0.1; V1-2 ± 0.59 % ± 0.4; V1-3 ± 0.85 % ± 0.7).

Discussion:
It is well known that active methods are a fundamental tool in group training. Here, the consistent decrease in HbA1c, achieved independently of weight loss, hints to the impact of sharing solutions among peers by boosting diabetes acceptance, well-being and development of autonomy with DSME. However, the high drop-out before the exercise session advises us to consider alterations on program implementation, further encouraging patients participation.

076: OSCEology- unresolved questions and major challenges
Tuesday, 30 September 2014: 02:30 - 04:00; Room: E108

Chair: Zoë Tsitsiou, Department of Hygiene, School of Medicine, Aristotle University of Thessaloniki, Greece
Discussant: Geurt Essers; Leiden University Medical Centre, the Netherlands.

Rationale:
The OSCE has become one of the most important assessment methods of health professionals' communication. Although the format has been used for almost forty years, there are still unsolved questions. This symposium will enable five key challenges to be explored from a variety of perspectives.

Presentations:
Each presentation will address a selection of the following:
1) Should communication skills be assessed together with other clinical skills or separately?
2) Are detailed checklists better than global ratings?
3) How can feedback be improved?
4) What is adequate in examiner training?
5) Is the money spent worth the effort and impact on students’ learning?

Presentation 1:
Jonathan Silverman; University of Cambridge School of Clinical Medicine; Cambridge Biomedical Campus, Hills Road, Cambridge CB2 0SP; js355@medschl.cam.ac.uk
The Simulated Clinical Encounter Examination is a high stakes finals 10-station 100 minute OSCE which integrates content, process and clinical reasoning in simulated patient encounters. Experiences with integration, rating scales and particularly major issues with feedback will be highlighted. Comparisons will be made with other UK OSCEs visited as an external examiner to demonstrate the importance of station and circuit design and length

Presentation 2:
Marc van Nuland; Department of General Practice, University of Leuven, Belgium; marc.vannuland@med.kuleuven.be
The 10-station communication skills OSCE is a high stakes final exam in the 4th master for students having chosen to start General Practice vocational training. Experiences with global versus checklist rating scales, provision of narrative feedback and cost issues related to this OSCE will be discussed in the light of optimizing the utility of the OSCE.

Presentation 3:
Sabine Feller; Institute of Medial Education, University of Bern, Faculty of Medicine; Konsumstrasse 13, CH-3010 Bern; sabine.feller@iml.unibe.ch
The Swiss national licencing exam for candidates entering postgraduate training is a 12-station OSCE which integrates clinical and communication skills in simulated patient encounters.
Experiences with assessment of communication skills together with other clinical skills, with generic rating scales, length of examiner training and the impact on students’ learning will be presented.

Presentation 4:
Claudia Kiessling, Institute for Medical Education, University of Munich; Ziemsensstr. 1; D-80336 München, Germany; claudia.kiessling@med.uni-muenchen.de
A cross-sectional online-survey investigated the use of different assessment methods for communication skills in undergraduate medical education in Germany, Austria, and Switzerland. Results indicate that OSCEs are widely used. Approaches concerning the separation or integration with clinical skills, average number of stations, use of rating schemes, and different outlines of examiner trainings will be presented.

077: IMPLICATIONS OF A SCIENTIFIC BIOPSYCHOSOCIAL MODEL
Tuesday, 30 September 2014: 02:30 - 04:00; Room: Elicium D403

Chairs: Robert C. Smith and Francesca Dwamena, Michigan State University
Speakers:
1. Auguste Fortin VI, Yale University
2. Arnett Finset, University of Oslo
3. Richard Frankel, Indiana University
4. Richard Street Jr, Texas A&M University

Discussants:
1. Robert Smith, Michigan State University
2. Francesca Dwamena, Michigan State University

Rationale:
Recently published in PEC, an evidence-based patient-centered method exists that makes the biopsychosocial (BPS) model scientific for the first time. The authors propose that this is critical to better integrating patient-centered communication into the mainstream of teaching and, especially, research. We seek to review this paper critically, discuss its ramifications for advancing the field, and explore the new directions it implies.

Speaker Role
(15 minutes) Auguste Fortin VI, Yale University Dept. of Medicine will provide an overview of the paper and address scientific concerns the paper raises in recommending the field adopt this patient-centered method; e.g., are the data sufficient to warrant this recommendation, are there other methods that should be considered, and what the criteria were for making such a strong recommendation. He also will focus on the sensitive topic of the political ramifications of recommending this method over many other existing, effective methods.

(15 minutes) Richard Frankel, Indiana University Dept. of Medicine will review the only two evidence based patient-centered methods and comment on their interchangeability. He next will comment on the similarity to these of many other non-evidence-based methods and propose the general compatibility of most patient-centered methods. He will then review that the reason for recommending the evidence based methods is that they provide greater behavioral detail and, thus, repeatability, making the patient-centered method all espouse effective for systematic teaching and for systematic research.

(15 minutes) Arnett Finset, University of Oslo Dept. of Behavioral Sciences will review the Finset/Mjaaland theory that affect regulation is central to basic doctor-patient communication and that that is a key feature of the evidence-based patient-centered method. He will also review how affect fits with general system theory and its BPS model by being the basis for providing “meaning” and understanding between the doctor and patient. He also will comment on other communication theories that complement or disagree with the general system theory.

(15 minutes) Richard Street, Texas A&M University Dept. of Communication will review the research attributes of an evidence-based patient-centered method, in particular being now able to perform interventional research. He will also review that this is no
nirvana or panacea but, rather, is simply the necessary next step the field must take to advance its research agenda. He then will review these next steps and how the evidence-based patient-centered method does and does not fit that.

(30 minutes) Robert Smith and Francesca Dwamena, Michigan State University Dept. of Medicine will comment briefly and facilitate what is expected to be a lively interaction between the audience and the four speakers.

07I: Identifying and providing appropriate support for students struggling with clinical communication skills

Tuesday, 30 September 2014: 02:30 - 04:00; Room: Elicium D404

Convener details:
Mandy Williams: Senior Tutor in Clinical Communication Skills, University of Cambridge.
Sally Quilligan: Lecturer, University of Cambridge.
Rationale:
Most UK medical schools have systems in place for managing students communication difficulties and provide some form of remediation programme. Currently there is no clear agreement about what is deemed best practice (Wiskin et al 2013).
This workshop will enable participants from a wider community to share, explore and experience some of the strategies used and consider whether these contribute towards best practice.

Objectives:
After participating in this workshop, participants will be able to:
• List the most common reasons why students are struggling
• Describe how student needs might be assessed
• Identify what strategies can be used with available resources
• Consider what might be used in the future
• Consider the evidence to support strategies

Session format/activities:
This workshop will demonstrate participant directed learning. After brief introductions, participants will be asked to work in pairs and small groups to reflect on how struggling students are identified and list common challenges in providing appropriate support. The workshop will explore these common challenges through a range of activities such as: reviewing current literature, analysing the audience to identify appropriate strategies and experiential activities such as reviewing trigger tapes and role play.

Wiskin et al, BMC Medical Education 2013,13:95
(http://www.biomedcentral.com/1472-6920/13/95)

07J: What Can We Learn From Ninjas and Neuroscience? Empathy: Let’s Practice

Tuesday, 30 September 2014: 02:30 - 04:00; Room: Elicium D407

What Can We Learn From Ninjas and Neuroscience? Empathy: Let’s Practice
1. Richard Frankel, Indiana University School of Medicine, USA
2. Elizabeth Kachur, Medical Education Development, NY, USA
3. Monica Broome, University of Miami, USA
4. Elizabete Loureiro, University of Porto, Portugal
5. Rob Lane, University of Lead, UK
6. Shakaib Rehman, Phoenix VA Healthcare Systems/University of Arizona, USA

Rationale:
Empathy can improve care, enhances patient satisfaction, makes clinical visits more efficient and helps clinicians gain greater satisfaction in their work. There is compelling evidence that clinicians frequently miss opportunities to express empathy with patients. An intriguing line of neuroscience research suggests that specialized brain cells may be partially or substantially responsible for humans’ ability to understand others’ actions and feelings. Individuals with low innate capacities for empathy need to work harder to acquire and express empathy, just as people endowed with less-than-perfect hand-eye coordination must work to master eating with chopsticks or playing tennis. The training that ninjas endure provides a good example.

The workshop is designed to improve skills in using and teaching empathy. Facilitators will share a variety of interactive techniques to help learners develop and sustain skills in rehearsing empathy. Empathy has cognitive, emotional and behavioral components. The cognitive ability is to understand the situation/perspective/feelings/motives. The affective component is the emotional reaction. The behavioral component is the capability to communicate this understanding to the other person through verbal and non-verbal expression.

Objectives:
1. Explore the power of empathy in making the clinician-patient encounter more productive/efficient and enhancing mutual satisfaction.
2. Discover how empathy reduces malpractice risk.
3. Practice the use of empathic techniques.

Format/Activities:
5 min: Introduction/literature review.
10 min: Needs assessment: Identify difficulties/challenges faced by clinician/educators regarding the use and teaching of empathy.
10 min: Key concepts, available models and techniques.
5 min: Video vignette/case study.
20 min: Large group interactive session: Participants will answer a questionnaire related to video vignette to aid in the recognition of the patient and their own emotions and how to use empathy as a clinical tool. The audience will complete several exercises.
25 min: Small group according to the needs assessment /Participants will work with the facilitators on following scenarios:
a. How to handle learners who are difficult to teach
b. How to handle angry/demanding.
c. Others as identified by participants (narcotic seeking etc.)
15 min: Reflection/feedback: Leaders from small groups will report to the large group about what strategies/solutions they have devised/learnt.
Maximum number of participants: 30

07K: Communication in Trouble: Patients with “PERSONALITY DISORDERS” in your practice

Tuesday, 30 September 2014: 02:30 - 04:00; Room: Elicium D408

1. Rob Lane, University of Leads, UK
2. Monica Broome, University of Miami, USA
3. Richard Frankel, Indiana University School of Medicine, USA
4. Elizabeth Kachur, Medical Education Development, NY, USA
5. Elizabete Loureiro, University of Porto, Portugal
6. Shakaib Rehman, Phoenix VA Healthcare Systems/University of Arizona, USA

Rationale:
In many healthcare settings, PD are associated with frequent consultations for physical symptoms without a clear diagnosis and many instances of self harm, harm to others or difficult doctor-patient relationships. PDs often complicate the diagnosis, management and outcome of co-occurring medical and psychiatric conditions. There is evidence that PD can be causal factors for other psychiatric diagnosis such as anxiety, depression and substance abuse.

Patients with PDs are often mishandled in medical practice, because of a lack of knowledge and a generally “negative” attitude that can be evoked in their doctors. Clinicians’ encounters with patients with PD may be longer and unproductive. This is understandable, as PDs patients often have difficult-to-manage behavior such as excessive dependence on others, repeated complaints, problems in sustaining relationships and difficulties in many aspect of social functioning. This workshop will discuss how to identify and manage patients with PD with emphasis on communication techniques and skills required to deal with such patient population.

Objectives: Participants will
1. Discuss and practice communication skills needed while taking care of patients with personality disorders (PD).
2. Learn how to make encounter more productive and time efficient
3. Explore when consultation is most likely to be helpful

Format: 2 min: Introduction
08A.1 UTILIZING COMMUNITY THEATER TO IMPACT CANCER SCREENING AND PREVENTION

Tuesday, 30 September 2014: 05:00 - 05:15; Room: Forum

Title: UTILIZING COMMUNITY THEATER TO IMPACT CANCER SCREENING AND PREVENTION

Authors: Jibaja-Weiss, Maria; Rustveld, Luis; Valverde, Ivan; Chenier, Roshanda; Chauca, Glori; Laubscher, Anedny

Presenter: Jibaja-Weiss, Maria

Introduction: Despite being preventable, Colorectal Cancer (CRC) continues to kill a disproportionate number of African Americans each year. Unfortunately, a large segment of the underserved, ethnically diverse population remains unscreened or receives inadequate screening for CRC. Additionally African American and Hispanic women are more likely to ultimately die of Cervical Cancer (CxC) due to advanced disease stage, co-morbid factors, lack of access to care, and insufficient education and awareness. Also, local Breast Cancer (BC) incidence levels are noticeably higher among Non-Hispanic Black women compared to that of Texas in general. Among the local minority populations, Non-Hispanic Blacks had the second highest incidence of BC, followed by Hispanic, and Asian/Pacific Islanders.

Methods: The Dan L. Duncan Cancer Center, Office of Outreach and Health Disparities utilizes entertainment education in the form of community theater as a strategy to outreach to the medically underserved with cancer prevention and education messages. We are able to disseminate complex cancer prevention messages in an entertaining, culturally, and linguistically appropriate manner. Over the past five years, we have sponsored seven theatrical productions in Houston, Texas, targeted to African American, Hispanic and Vietnamese communities. Three full-length plays and the Forum Theater Project focused on CRC screening and prevention. A 20-minute monologue and the Forum Theater Project presented CxC screening recommendations and prevention messages. A full length play and a monologue portrayed to the audience the importance of regular screening for the early detection of BC. A brief survey was administered at each performance, eliciting responses on key BC, CRC and CxC screening questions.

Results: A total of 4,235 individuals (20% men, 80% women, overall mean age 48.8 ±13.0) attended OOHD-led theatrical performances over the past five years. Of these individuals, 2,578 completed surveys (60.9%). After attending performances, on average, >80% responded correctly on BC, CRC, and CxC screening questions, and the majority (>75%) indicated that they are likely to seek cancer screening in the near future.

Discussion: Our findings indicate that complex cancer screening recommendations can be effectively conveyed to those most in need of that information, if it is packaged in an entertaining and non-threatening manner.

08A.2 Lay epidemiology: an important factor in parents’ decision about letting their child get a BCG-vaccination

Tuesday, 30 September 2014: 05:15 - 05:30; Room: Forum

Title: Lay epidemiology: an important factor in parents’ decision about letting their child get a BCG-vaccination

Authors: Thybo Pihl, GTP (Gitte); Ammentorp, J (Jette); Johannessen, H (Helle); Kofoed, PE (Poul-Erik)

Presenter: Thybo Pihl, GTP (Gitte)

Introduction: In a large prospective randomised clinical trial in Denmark we are testing whether BCG vaccination at births diminish the risk of being hospitalised, receiving antibiotics or developing atopic diseases. This subproject focuses on parents’ decision making and risk evaluation, investigating how parents make a decision about letting their child get a BCG vaccination.

Methods: Before the clinical trial started, we conducted 5 focus groups with expectant mothers and fathers to discuss considerations for and against letting their newborn child vaccinate with BCG in order to achieve a non-specific stimulation of the immune system and to discuss their concerns about side effects. The focus groups were transcribed in its full length before I identified meaning units according to parents’ considerations on vaccines. The meaning units were sorted in 3 categories: “arguments for getting the vaccine”, “arguments against getting the vaccine” and “unclarified”. The statements were then analyzed and interpreted in an iterative process with knowledge from research of parents concerns about other vaccines, theory about decision making and theory about lay epidemiology.

Results: Some Danish parents are concerned about non-described and non-specific side effects, even though the BCG-vaccine has been used for over 100 years and the side effects are well-described, whereas other parents have no concerns and evaluate the risk of side effects very low as compared to the possible benefits of the vaccine. Some parents make their own risk evaluation independent of statistics and recommendations, but based on experiences from their network and family members. Expectant mother in a focus group: “If someone had bad experiences with this vaccine, of course it would affect me. Especially if they were close to me.” Expectant father about the background research from Africa: “Research from developing countries, that’s kind of far away. We need something closer.

Discussion: Examples like these show how parents use lay epidemiology to evaluate risk and to decide about letting their child vaccinate with BCG. Therefore, health professionals need to take this into account when guiding parents’ decision making – and not only focus on medical evidence.

08A.3 Medwise Fidelity and Outcomes: Working with Community Organizations to Increase Older Adults’ Medication Communication

Tuesday, 30 September 2014: 05:30 - 05:45; Room: Forum

Title: Medwise Fidelity and Outcomes: Working with Community Organizations to Increase Older Adults’ Medication Communication

Authors: Chewning, BC (Betti); Martin, B; Wilson, D; Margolis, A; Ballard, J; Ramos, R

Presenter: Chewning, BC (Betti)

Introduction: Adverse drug effects are a major cause of falls, hospitalization and death for older adults. Drawing on the Chronic Care Model, this research posits that older adults themselves are key to addressing this public health concern. This study’s primary objective was to evaluate the feasibility and effectiveness of Medwise, a community-based, interactive program designed to enhance older patients’
question-asking skills and self-efficacy to communicate with pharmacists about medication concerns.

Methods:
In partnership with statewide Aging & Disability Resource Centers (ADRCs) and the Community-Academic Aging Research Network, the University of Wisconsin-Madison School of Pharmacy developed the MedWise program. Building on Social Cognitive Theory, this skill-based educational and behavior change intervention consists of two 2-hour interactive sessions with skill demonstration, role plays and feedback to participants. Over 30 lay volunteer leaders were trained. ADRC's recruited older adults to receive the MedWise program in their rural, small town communities. Trained monitors observed and evaluated the fidelity of each trainer's program delivery using structured observations and provided feedback. ADRCs implemented MedWise programs with over 120 older adults as a step toward broader implementation across the state. Pre/post surveys assessed knowledge, skills and self-efficacy. A 3-month post program telephone follow-up assessed question-asking, self-efficacy and requests for medication reviews from pharmacists.

Results:
Monitoring program fidelity identified the consistency and integrity of program delivery, helped refine trainer procedures and found role playing was inconsistently integrated. Second, a priori hypotheses were upheld with respect to significant gains in participants' knowledge about pharmacists' roles and responsibilities to provide information, increased reported confidence in seeking information and sustained improvements regarding knowing what questions to ask, asking a pharmacist questions and seeking medication reviews.

Discussion:
Systematic fidelity monitoring is a powerful tool to identify and improve program training consistency. Second, it appears that, a community-based, interactive program such as MedWise has the potential to increase older adults' participation, knowledge and self-efficacy to state questions in medication consultations with pharmacists. Third, community-based organizations such as ADRC's are valuable partners to deliver health education programs for older adults across a wide region of small towns and rural communities.

08A.5 “A better place: Exploring the influence of place and local communities on health-related information behavior”
Tuesday, 30 September 2014: 06:00 - 06:15; Room: Forum

Title: “A better place: Exploring the influence of place and local communities on health-related information behavior”
Authors: Gibson, ANG (Amelia)
Presenter: Gibson, ANG (Amelia)

Introduction: Better understanding of the role of place-based community in health information access and behavior is needed to improve designing of health information provision systems in local towns and municipalities. This study explores the effect of community structure on health information access and behavior, through examination of the information worlds of two groups of parents with Down syndrome.

Methods: A purposive sample of twenty-eight parent participants and seven information providers were selected from two communities (Leon and Palm Beach counties in Florida). Participants answered questions about information and service seeking, completed demographic surveys, and created community and social network maps. A grounded theory approach was taken toward interview data analysis.

Results: The study finds that local parent information networks served as the primary vehicle for information sharing among participants, and that place had a strong influence on information access and behavior. The Theory of Information Worlds is used as a model for describing differences in social norms, information values and actor roles between the two communities, and to explore how these differences affected information access and sharing among participants. Additionally, the study introduces the concept of boundary spaces (spaces with shared, but disputed meanings, increased tension, and unique patterns of information behavior). It identifies a progression of information avoidance, acceptance, and seeking that occurs at boundary spaces (usually during times of transition and stress), and explores how a deeper understanding of information behavior within boundary spaces could improve acceptance of health related information and patient and caregiver decision-making.

Discussion: Methodologically, the study is significant as a combination of public participation geography, social network analysis, and grounded theory analysis. Taking an iterative, grounded approach to analysis of maps, social/information networks and interview data produced findings that might not have been apparent otherwise. Finally, although this study focuses specifically on substantive issues related to Down Syndrome and information access within the specific study communities, it also has wider implications for building understanding of place-based community, and the implications of community structure on health-related information sharing within other types of local communities.

08A.4 Walking but really dead: Community perspectives on TB care and adherence in a developing context
Tuesday, 30 September 2014: 05:45 - 06:00; Room: Forum

Title: Walking but really dead: Community perspectives on TB care and adherence in a developing context
Authors: Watermeyer, JM (Jennifer); Penn, C (Claire)
Presenter: Watermeyer, JM (Jennifer)

Introduction: Tuberculosis (TB) continues to kill millions of people every year and many countries have experienced a surge in multi-drug resistant (MDR) and extensively drug resistant (XDR) TB cases, linked in part to the HIV/AIDS epidemic. Patient non-adherence to TB treatment is an ongoing problem and while there may be numerous reasons for this occurrence, some solutions may lie in understanding illness experiences and cultural perspectives and their link with communication processes in TB care contexts. This study aimed to explore illness and treatment experiences as well as cultural perspectives within a rural South African community affected by TB.

Methods: Interviews were conducted with 43 participants from the community, including clinic staff, home based care workers, community members, and patients living with TB. Data was analysed using thematic analysis.

Results: Analysis revealed a number of important themes which enhance our understanding about TB-related issues in communities. In particular, there seemed to be some community knowledge of how TB is spread but this was often confused with HIV. The stigma related to HIV also seems to have spilled over to those people living with TB and participants spoke of segregation and isolation as a result of TB.
088.1 Translation and Validation of a Multidimensional Instrument to Assess Health Literacy

Title: Translation and Validation of a Multidimensional Instrument to Assess Health Literacy

Authors: Zill, JM (Jordis), Dwingel, S (Sarah); Kriston, L (Levente); Harter, M (Martin); Dirmaier, J (Jorg)

Presenter: Zill, JM (Jordis)

Introduction: In recent years policy and scientific evidence strengthen the patients’ right to be involved in medical decisions and the management of their disease. Patients need to be informed and empowered. However, health information is available from many sources in different quality. The task of finding, evaluating and transferring health information to one’s individual condition and life requires various competences on behalf of the patients, which are summarized by the term “health literacy” (HL). Three levels of HL are distinguished: functional, communicative and critical HL. Aim of this study was to translate and adapt the “Functional Communicative Critical Health Literacy” (FCCHL) questionnaire to German and assess its psychometric properties.

Methods: The FCCHL was translated to German using forward-backward-translation. The FCCHL was sent to 9.075 participants enrolled in a RCT on health coaching. 4.040 participants responded. Besides descriptive and reliability analysis, confirmatory factor analysis (CFA) was performed to test the questionnaire’s postulated scale structure in a calibration (N=3.000) and a validation sample (N=1.040) for cross-validation.

Results: The instrument was well accepted with missing values not exceeding 2.1% per item. The items did not show any floor- or ceiling effects. The entire scale (α = .77) and the subscales (α = .75 - .80) showed acceptable or good internal consistency. Using confirmatory factor analysis the proposed three-factor model did not fit the German data satisfyingly. The two scales “communicative HL” and “critical HL” were not distinct showed an extremely high correlation of 0.98. Therefore, the two scales were combined to a new scale called “processing HL” that is uncorrelated to “functional HL.” The fit indices for the two-factor-model were satisfying in both subgroups.

Discussion: The translation and validation of the German FCCHL provides a valid and reliable instrument to assess the multidimensional construct of HL. The FCCHL could be useful to detect low levels of HL and adapt the given health information in health communication.

088.2 Health Literacy in China - Validation of a Functional Health Literacy Test in Simplified Chinese

Title: Health Literacy in China - Validation of a Functional Health Literacy Test in Simplified Chinese

Authors: Mantwill, SM (Sarah); Schulz, PS (Peter J.)

Presenter: Mantwill, SM (Sarah)

Introduction: Mainland China with a population of 1.3 billion citizens has gone through constant social changes in the last decades, including a radical privatization of the health care sector demanding people to become increasingly involved in their health care and to make appropriate decisions regarding their own health. This imposes new challenges on people’s health literacy. So far no validated tool in simplified Chinese to assess functional health literacy in mainland China has been developed. Health literacy tests in the Chinese-speaking parts of the world have been mainly developed in traditional Chinese to be used in Hong Kong or Taiwan. The aim of the study was to validate the simplified Chinese version of the Short Test of Functional Health Literacy in Adults (S-TOFHLA).

Methods: The traditional Chinese version was translated into simplified Chinese and 150 interviews in an outpatient department of a public hospital in mainland China were conducted. Our analysis was based on predictive validity taking into account different predictors for functional health literacy. Established predictors included gender, age and educational level. Convergent validity was assessed by three health literacy screening questions.

Results: The Cronbach’s alpha for the reading comprehension part was .94 and .90 for the numeracy items. 40.4% of participants had adequate health literacy. 32.9% had marginal and 26.7% inadequate health literacy. Participants with lower education and men had significantly lower levels of health literacy. The reading comprehension part was significantly correlated with two of the three health literacy screening questions.

Discussion: Overall the simplified Chinese version of the S-TOFHLA showed to be a reliable measure as indicated by a high Cronbach’s alpha (internal consistency) for both the reading comprehension part and the numeracy items separately. The distribution across the three different health literacy levels was fairly equal, with the majority having adequate health literacy. Results of the study concur with results found in other studies. The simplified Chinese version of the S-TOFHLA seems to be a valid measure of health literacy to be used in clinical settings in mainland China.

088.3 The role of health literacy in the judgment of online health information: a systematic review

Title: The role of health literacy in the judgment of online health information: a systematic review

Authors: Diviani, N. (Nicola); Giani, S. (Stefano); Putte, B. van den (Bas); Weert, J.C.M. van (Julia)

Presenter: Diviani, N. (Nicola)

Introduction: The recent years have witnessed a dramatic increase in consumer online health information seeking. The quality of online health information, however, remains questionable and the trustworthiness of online health information has become a “hot topic“. Guidelines and quality criteria for online health information have been developed, but surprisingly little attention has been paid to how consumers, in particular people with low health literacy, evaluate online health information credibility. Several studies have provided us with evidence of differences in how people with different levels of health literacy seek, find, and use online health information. However, little is known about the role people’s health literacy play in their assessment of the credibility of online health information, and in particular on their choice of strategies or criteria to assess this. The main aim of this study is thus to review existing evidence in order to understand how health literacy impacts the assessment of the credibility of online information.

Methods: Five academic databases (MEDLINE, PsycINFO, Web of Science, CINAHL, and Communication and Mass-media Complete) were systematically searched for peer-reviewed publications describing differences in the strategies used to evaluate online health information between people with different literacy levels or focusing specifically on low-literacy populations.

Results: Included articles show that low health literacy has an impact on both i) the overall evaluation of the credibility of online health information, and ii) the strategies people use to assess it. Furthermore, and most interestingly, some of the evaluation criteria on which low-literate people seem rely – for instance the ranking
Title: Assessing health literacy in an Arabic-speaking country: preliminary Results:

Authors:
Fadda, MF (Marta); Kanj, MK (Mayada); Kabakian-Khasholian, TFK (Tamar); Schulz, PJ (Peter J.)

Introduction:
The past decade has witnessed an exponential growth in the debate on the conceptualization and operationalization of health literacy. While innovative measurement tools have been developed in English-speaking countries, little attention has been paid to other linguistic contexts. We aimed at validating in Arabic three existing health literacy assessment tools, since no study has measured this variable in the Arab world thus far.

Methods:
After reviewing the literature on the tools available, the S-TOFHLA and the REALM-R were chosen together with three self-reported screening questions developed by Chew et al. (2004; 2008). To allow for a cross-cultural adaptation, a group of Lebanese researchers evaluated the key domains of the Lebanese healthcare system.

Discussion:
This is the first study to assess functional health literacy in an Arabic-speaking country. Understanding health literacy in a population has several implications: it may inform professionals to help patients with limited health literacy reach better health outcomes and policymakers for the development of tailored health education programs.

Title: Our Needs Trump Patients’ Needs: Conflict Narratives from Frontline Healthcare Providers

Authors:
Kim, SK (Sara); Buttrick, E (Elizabeth); Frans, E (Elise); Bohannon, I (Isaac); Fehr, R (Ryan); Shannon, S (Sarah)

Introduction:
Conflict between healthcare providers can result in grave consequences on teamwork and ultimately, patient safety. Few healthcare studies are grounded in theoretical models of conflict from social/organizational psychology and business. Most studies examine providers’ self-reported conflict management styles or confidence; few explore the complex nature of sources and consequences of conflict. Based on large-scale structured interviews, we report (1) patterns of conflict that healthcare providers commonly experience and (2) multidimensional impact of these conflicts.
conflicts. Our interviews point to an urgent need for programs to help healthcare professionals develop conflict handling skills.

Methods:
We recruited providers, patients and leaders from three hospitals affiliated with an academic medical center. An interprofessional research team conducted interviews. Participants were prompted to think about workplace conflicts and respond to five questions: (1) What was the conflict regarding and who was involved? (2) What contributed to the initial conflict? (3) What work patterns affected team? (4) What were your major patient care concerns? (5) How did or did not the conflict resolve? Theoretical frameworks from psychology/business literature guided the initial coding scheme, which was revised in an iterative fashion via team coding and discussion. We report major themes from the narratives.

Results:
A total of 161 narratives were collected from 94 subjects (response rate: 87%; Physician: 40; Nurses/Allied Health: 33; Patients: 8; Leaders: 13). Each story was coded as a task or relationship conflict. Common contributing factors to conflict included: (1) communication breakdown including escalation via chain of command; (2) unclear roles and practice scope; (3) clinical management disagreements; (4) misalignment of values/beliefs; (5) power hierarchy; and (6) organizational tolerance of egregious behaviors. These conflicts had negative implications for: (1) patients (unnecessary hospital stay); (2) individual providers (emotional distress, developing coping strategies); (3) healthcare teams (morale, workflow); and (4) the organization (resource allocation for formal investigations). We also assessed patient safety concerns associated with each story and examined sources to which interviewees attributed conflicts.

Discussion:
Our study demonstrated congruence with existing conceptual frameworks in the conflict literature while suggesting dimensions of conflict that are unique to healthcare settings, including hierarchy across specialties and professional roles.

08C.2 Current practice, factors and barriers of interprofessional collaboration concerning tailored goal setting.
Tuesday, 30 September 2014: 05:15 - 05:30; Room: E103

Title: Current practice, factors and barriers of interprofessional collaboration concerning tailored goal setting.
Authors: Van Dongen, JIJ (Jerome)
Presenter: Van Dongen, JIJ (Jerome)

Introduction:
The prevalence of people with multiple chronic diseases is rising. Active collaboration between primary care professionals and clients is considered to be important factors in quality and efficiency of the healthcare supply. Client-centeredness requires clients’ personal goals to be at the core of interprofessional team meetings. The aim of this study was to support the understanding of the current practice, and relevant barriers and facilitators concerning interprofessional team meetings within primary care.

Methods:
A mixed methods approach of qualitative research variants has been applied. Four focus group interviews were conducted with experts, clients and primary health care professionals from different disciplines. Furthermore, eight observations of interprofessional team meetings in various health centres were recorded and analysed. All participants (n=60) were interviewed individually right after the team meetings. Thematic analysis was used to analyse the data from the focus groups and interviews. Directed content analysis was applied to analyse the observations.

Results:
The focus group and individual interviews revealed that professionals’ attitude towards collaboration appears to be the crucial factor for successful collaboration. Other important factors are: shared vision and philosophy, “open” attitude towards others’ expertise, shared terminology and language and clear rules and agreement about mutual communication. The observations showed that interprofessional team meetings are executed in various ways. In general, participants experienced the meetings as structured, efficient and well organised. The content analysis, however, revealed that meetings were rather unstructured. Seldom clients’ personal goals and wishes were taken into consideration during team meetings.

Discussion:
Findings indicate that there are several possible directions to follow to improve the interprofessional team meetings. Possible targets are located in efficient structuring, preparing and organisation of interprofessional team meetings. Particular attention has to be paid to the role of the chairperson. Because of the diversity of interprofessional team meetings, interventions aimed at improving these team meetings need to be custom-made. However, the results of sixty interviews with professionals do question whether professionals themselves witness a need for change. Further study into reflections of professionals on taped team meetings might give more insight into needs of professionals in increasing competencies.
Tuesday, 30 September 2014: 05:45 - 06:00; Room: E103

Title: Shared Decision Making in Long-term Elderly Care
Authors: Kuipers, K (Kim); Drossaert, C.H.C.; Dijkstra, A (Ate)

Introduction: Although Shared Decision Making (SDM) is increasingly being advocated in medical practice, little is known about client involvement in decision making in long-term care. The aim of the present study was to explore decision making and client involvement in decisions about care and daily life in so called “care plan meetings” in long-term care settings.

Methods: Care plan meetings (n=27) were audio-taped and transcribed verbatim. Decision moments were selected and coded for subject of decision (open coding), category (care, treatment, living conditions and well being) and the level of SDM (using the Observer-OPTION-S-item scale) by two independent coders. In addition, a Delphi-study with focus groups of clients, their family members and care professionals was conducted to explore which factors facilitate or hinder client involvement.

Results: Care plan meetings contained a mean number of 2.9 decision moments (SD 1.8) with a range from 0 till 8 decision moments per care plan meeting. In total, 77 decision moments were selected and further analyzed. Most decision moments were about care delivery (37%), followed by well-being (30%), treatment (21%) and living conditions (11%). According to the Observer-OPTION-S-scores, SDM was not common. The focus groups are currently being conducted. Preliminary results suggest that care professionals mention other barriers to SDM than clients and their family.

Discussion: Decision moments do take place in care plan meetings, but the level of SDM is low. Yet, limitations in care budgets make SDM in elderly care even more important. Therefore, interventions to increase SDM in long-term care should be implemented.

08C.5 Survey of attitude of physicians and nurses toward physician-nurse collaborative relationships in general hospitals of Tehran University of Medical Sciences

Tuesday, 30 September 2014: 06:00 - 06:15; Room: E103

Title: Survey of attitude of physicians and nurses toward physician-nurse collaborative relationships in general hospitals of Tehran University of Medical Sciences
Authors: Farahani, DR (Mansoureh); Lari, Mahbobe; Jamshidiorak, Roohangiz; Bozorgnejad, Mehri

Introduction: Physicians and nurses have to effectively communicate together and believe that none of them can reach to the expected results without another’s help. As a representative of an effective communication, collaboration is process through which physician and nurse discuss healthcare problems of the patients and each one presents his/her information based on mutual respect to complete a healthcare program. Objectives: The main objective of this study is to define the attitudes of the physicians and nurses occupied in public hospitals of Tehran University of Medical Science about Collaboration

Methods: This is a cross sectional comparative study in which the study population was selected among the physicians and nurses employed in hospitals of Tehran University of Medical sciences. The tool applied in this study consists of two parts. The first part involves demographic characteristics of the research samples, whereas the second part includes Jefferson questionnaire to measure attitudes toward physician–nurse collaboration. The collected data were subjected to statistical analysis using SPSS14 software package. To obtain research objectives, after collecting required information, data were analyzed using descriptive statistical indexes a and T-test, test, and ANOVA were used.

Results: In this study 160 sample participated for each group. The results of this study indicated a significant difference (P-value <0.001) between mean scores of the physicians (44.5 ± 5.05) with that of nurses (50.8 ± 3.84).

Discussion: Based on findings of this study, it was concluded that it is required to do some cultural practices about the cooperation between physicians and nurses. In addition, it seems that holding workshops to define the objectives and strategies for creation of collaboration toward physicians and nurses is of highest significance for medical and nursing students. Through elucidating the attitude of physician and nurse toward collaboration, this research can provide some strategies for creation of effective communication between physician and nurse through which both can be benefited.

08D.1 Asking a physician for euthanasia, deep continuous sedation or non-treatment when being terminal ill

Tuesday, 30 September 2014: 05:00 - 05:15; Room: E104

Title: Asking a physician for euthanasia, deep continuous sedation or non-treatment when being terminal ill
Authors: Roelands, M (Marc); Block, L van den (Lieve); Deliens, L (Luc); Cohen, J (Joachim)

Introduction: Changing disease and mortality patterns confront patients and physicians with an extended dying process that sometimes necessitates medical decisions that possibly or certainly hasten death. Patient’s right to be involved in the end-of-life decision process has been formally promulgated by law. We aimed to describe the distribution in the Belgian general population of the intention to ask a physician for euthanasia, deep continuous sedation until death or a non-treatment decision in the hypothetical scenario of terminal illness. Moreover, to investigate whether these intentions are related to the person’s health status and perceived social support.

Methods: National health survey using a stratified, clustered sample selection with selective oversampling to obtain a representative sample of the Belgian population. Data were collected at the personal level by personal interview and self-administered questionnaire, and analysed with SPSS for complex samples. First, separate bivariate analyses of the dependent variables with all selected independent variables were performed using Chi². Second, one multivariable logistic regression analysis was performed with each dependent variable.

Results: In 2008, 11,254 persons were interviewed. If they would become terminal ill, 56% of the inhabitants 15 years and older in Belgium had the intention to ask a physician to let them die naturally without artificial interventions, 38% would ask for euthanasia and 26% for deep sedation until death. In multivariable analyses, both intention to ask for non-treatment and intention to ask for sedation were found to be related to age, region and to perceived emotional support, but not one measure of current health status remained a predictor. In multivariable analysis intention asking for euthanasia was found to be related to age, education and emotional support, but the odds were also found to be higher among persons with bad subjective health and those who reported a recent depression.

Discussion: A considerable proportion of the general population has the intention to ask a physician for a natural death, deep sedation or euthanasia when becoming terminal ill, placing high demands on physicians’ communication and decision-making skills when taking into consideration patients’ preferences and the impact of social
support and (in case of euthanasia) patient’s mental health on these preferences.

**08D.2 Humor, Support, and Physical Care: Factors Integral to Home Hospice Communication**

*Tuesday, 30 September 2014: 05:15 - 05:30; Room: E104*

**Title:** Humor, Support, and Physical Care: Factors Integral to Home Hospice Communication

**Authors:** Reblin, M (Maija); Ellington, Lee; John, Kevin; Clayton, Margaret

**Presenter:** Reblin, M (Maija)

**Introduction:** In the U.S., hospice care is provided to over 555,000 cancer patients each year. A nurse-led hospice team supports family caregivers (FCG) in delivering in-home, 24/7 patient care. FCGs are often overwhelmed with providing patient symptom management and emotional support while simultaneously managing their own distress and the physical demands of caregiving. Nurse-FCG communication has the potential to enhance patient symptom management and reduce FCG burden, yet little research has been conducted on communication in hospice home care. Our objective was to identify specific communication patterns between nurses and FCGs.

**Methods:** As part of a large observational study initial nurse visits were recorded for 112 families of patients diagnosed with cancer (by 54 nurses) and RIAS coded.

**Results:** Average patient age was 70.5 years (SD=12.9); average FCG age was 60.0 (SD=13.8). Forty-three percent of patients and 77% of FCGs were female. Most FCGs were patients’ spouse/partners (65%) or adult children (26%; 9% other relationship). Home visits averaged 37.2 minutes (SD=17.2). Nurses averaged 288 statements (SD=140.6) and FCGs averaged 132 statements (SD=104.8) per visit. The most common nurse codes were Information on Physical Care (M=39% of total nurse talk), Physical Care Questions (M=16%), and Lifestyle/PSychosocial Information (M=8%). The most common FCG codes were Physical Care Information (M=46% of total FCG talk), Lifestyle/PSychosocial Information (M=17%) and Physical Care Questions (M=6%). Using percentages of nurse and FCG talk, exploratory factor analysis revealed a 3-factor structure, explaining 50% of the variance and good model fit (x2=422.93, df=91, p<.01). The first communication behavior factor was relevant to Patient Physical Care. The second factor focused on Daily Life and Humor, and the third included FCG Emotion and Nurse Support communication behaviors.

**Discussion:** These findings suggest important communication patterns which include humor, conversations related to FCGs’ daily life, discussion of physical care, and supportive statements that nurses use to enhance end of life care and facilitate the home hospice experience for families. Future research and communication skills training should incorporate the unique function that discussions of daily life and positive emotion may serve for home-based hospice FCGs of cancer patients.

**08D.3 Using ethno-drama to create an interactive intervention as part of modelling a complex intervention in a phase I-II research study**

*Tuesday, 30 September 2014: 05:30 - 05:45; Room: E104*

**Title:** Using ethno-drama to create an interactive intervention as part of modelling a complex intervention in a phase I-II research study

**Authors:** Latter, S (Sue); Richardson, A (Alison); Hopkinson, J (Jane); Duke, S (Sue); Anstey, S (Sally); May, C (Carli); Bennett, M (Mike); Lund, S (Susie)

**Presenter:** Duke, S (Sue)

**Introduction:** This paper reports our experience of using ethno-drama to model an interactive intervention designed to support family carers managing the pain medicines of people with advanced cancer; part of a Phase I – II study Cancer Carer Medicines Management funded by Dimbleby Marie Curie in complex intervention research design modelling refers to the process of progressively developing, simulating and theoretically testing an intervention (MRC 2008).

**Methods:** Ethno-drama, a form of performative ethnography, uses drama to portray data, facilitate analysis and present results. It produces a visual, vicarious experience of data. We adopted a three phase process. First, working with clinicians, we mapped the research evidence and interview data gathered from clinicians, patients and unpaid carers onto our theoretical model. Second, we organised this mapping onto a typical narrative structure of professional conversations to produce a draft ‘script’. Third, we performed the script to a group of experienced palliative care nurses, and rehearsing it until the nurses were satisfied that it was clinically authentic and the researchers were satisfied that it included the initial research findings. The interaction was then video-recorded, transcribed and analysed for content, process and plot.

**Results:** The script provides an interactive process which acts as a coherent vehicle for each component of the resulting complex intervention. The analysis of the video-recorded script enabled simplification of interventional components (the interventional plot) in a mnemonic (which will aid the clinical delivery of the intervention) and description of the parameters and purposes of each interventional component.

**Discussion:** To our knowledge, this is the first time that ethno-drama has been described in the process of scripting an intervention. Ethno-drama provided an inter-active process of modelling a concrete, well described intervention. It required the ability to transform theoretical knowledge into clinical know-how through an understanding of the narrative structure of nursing conversations (ability to script write), expert facilitation skills (ability to dramatically produce the script and revisions) and responsive performative skills (ability to play-act the script). Importantly it enabled us to work collectively with clinical colleagues to simulate practice and so produce a clinically authentic intervention which we will now test in a feasibility trial.

**08D.4 Early identification of palliative care needs by family physicians: a qualitative study of barriers and facilitators from the perspective of family physicians, community nurses and patients**

*Tuesday, 30 September 2014: 05:45 - 06:00; Room: E104*

**Title:** Early identification of palliative care needs by family physicians: a qualitative study of barriers and facilitators from the perspective of family physicians, community nurses and patients

**Authors:** Beernaert, KB (Kim); Deliens, L; De Vleminck, A.; Devroey, D; Pardon, K; Van den Block, L; Cohen, J.

**Presenter:** De Vleminck, A.

**Introduction:** There is a growing recognition that a palliative care approach should be initiated early and not just in the terminal phase for patients with life-limiting diseases. Family physicians (FPs) then play a central role in identifying and managing palliative care needs, but appear to not identify them accurately or in a timely manner. We aimed to explore the barriers to and facilitators of the early identification by FPs of the palliative care needs.

**Methods:** 6 focus groups (4 with FPs, n=20 and 2 with community nurses, n=12) and 18 interviews with patients with cancer, copd, heart failure and dementia were held. Thematic analysis was used to derive themes that covered barriers and facilitators.

**Results:**
Key barriers and facilitators found relate to communication styles, the perceived role of a GP, and continuity of care. FPs do not systematically assess non-acute care needs and patients do not mention them or try to mask them from the FP. This is embedded within a predominant perception among patients, nurses and FPs of the FP as the person to appeal to in acute and standard follow-up situations rather than for palliative care needs. FPs also seemed to pay more often attention to palliative care needs of patients in a terminal phase.

Discussion:
The current practice of palliative care in Belgium is far from the presently considered ideal palliative care approaches. Facilitators such as pro-active communication and communication tools could contribute to the development of guidelines for FPs and policymakers in primary care.

08D.5 Barriers to advance care planning in cancer, heart failure and dementia patients: A focus group study on general practitioners’ views and experiences.

Tuesday, 30 September 2014: 06:00 - 06:15; Room: E104

Title: Barriers to advance care planning in cancer, heart failure and dementia patients: A focus group study on general practitioners’ views and experiences.

Authors:
De Vlemnick, A; Pardon, K; Beernaert, K; Deschepper, R; Houttekier, D; Van Audenhove, C; Deliens, L; Vander Stichele, R

Presenter:
De Vlemnick, A

Introduction:
The long-term and often lifelong relationship of general practitioners (GPs) with their patients is considered to make them the ideal initiators of advance care planning (ACP). However, in general, the incidence of ACP discussions is low and ACP seems to occur more often for cancer patients than for those with dementia or heart failure. The objective of this study is to identify the barriers, from GPs’ perspective, to initiating ACP and to gain insight into any differences in barriers between the trajectories of patients with cancer, heart failure and dementia.

Methods:
Five focus groups were held with GPs (n=36) in Flanders, Belgium. The focus group discussions were transcribed verbatim and analyzed using the method of constant comparative analysis.

Results:
Three types of barriers were distinguished: barriers relating to the GP, to the patient and family and to the health care system. In cancer patients, a GP’s lack of knowledge about treatment options and the lack of structural collaboration between the GP and specialist was expressed as barriers. Barriers that occurred more often with heart failure and dementia were the lack of GP familiarity with the terminal phase, the lack of key moments to initiate ACP, the patient’s lack of awareness of their diagnosis and prognosis and the fact that patients did not often initiate such discussions themselves. The patient’s lack of decision-making capacity for dementia patients was reported by the GPs as a specific barrier for the initiation of ACP.

Discussion:
The results of our study contribute to a better understanding of the factors hindering FPs in initiating ACP. Multiple barriers need to be overcome, of which many can be addressed through the development of practical guidelines and educational interventions.

08E.1 ‘Doctor, please tell me it’s nothing serious’: an exploration of patients’ worrying and reassuring cognitions using stimulated recall interviews

Tuesday, 30 September 2014: 05:00 - 05:15; Room: E105/6

Title: “Doctor, please tell me it’s nothing serious”: an exploration of patients’ worrying and reassuring cognitions using stimulated recall interviews

Authors:
Giroldi, E (Esther); Veldhuijzen, W (Wemke); Mannaerts, A (Alexandra); Bareman, F (Frits); Weijden, T van der (Trudy); Vleuten, C van der (Cees)

Presenter:
Giroldi, E (Esther)

Introduction:
Many patients who consult their GP are worried about their health, but there is little empirical data on strategies for effective reassurance. To gain a better understanding of mechanisms for effective patient reassurance, we explored cognitions underlying patients’ worries, cognitions underlying reassurance and factors supporting patients’ reassuring cognitions.

Methods:
In a qualitative study, we conducted stimulated recall interviews with 21 patients of 12 different GPs shortly after their consultation. We selected consultations in which the GPs aimed to reassure worried patients and used their videotaped consultation as a stimulus for the interview. The interviews were analysed with thematic coding and by writing interpretive summaries.

Results:
Patients expressed four different core cognitions underlying their concerns: ‘I have a serious illness’, ‘my health problem will have adverse physical effects’, ‘my treatment will have adverse effects’ and ‘my health problem will negatively impact my life’. Patients mentioned a range of person-specific and context-specific cognitions as reasons for these core cognitions. Patients described five core reassuring cognitions: ‘I trust my doctor’s expertise’, ‘I have a trusting and supporting relationship with my doctor’, ‘I do not have a serious disease’, ‘my health problem is harmless’ and ‘my health problem will disappear.’ Factors expressed as reasons for these reassuring cognitions were GPs’ actions during the consultation as well as patients’ pre-existing cognitions about their GP, the doctor-patient relationship and previous events. Patients’ worrying cognitions were counterbalanced by specific reassuring cognitions, i.e. worrying and reassuring cognitions seemed to be interrelated.

Discussion:
Patients described a wide range of worrying cognitions, some of which were not expressed during the consultation. Gaining a thorough understanding of the specific cognitions and tailoring reassuring strategies to them should be an effective way of achieving reassurance. The identified reassuring cognitions can guide doctors in applying these strategies in their daily practice.

08E.2 Preferences for delivery of individual genome sequencing results among younger breast cancer patients

Tuesday, 30 September 2014: 05:15 - 05:30; Room: E105/6

Title: Preferences for delivery of individual genome sequencing results among younger breast cancer patients

Authors:
Kaphingst, KK (Kimberly); Ray, M.R. (Mackenzie); Ivanovich, J. (Jennifer); Bieseker, B.B. (Barbara); Dressler, L.G. (Lynn); Dresser, R. (Rebecca); Goodman, M.S. (Melody); Bell, S. (Suzanne); Seo, J. (Joann); Walton, K. (Keri); Goodfellow, P.J. (Paul)

Presenter:
Kaphingst, KK (Kimberly)

Introduction:
Advances in genomic technologies will soon allow return of individual results from genome sequencing in clinical settings, such as for care of cancer patients, but communication research in this area is limited. We examined this issue among women diagnosed with breast cancer at a young age, a key population for early application of genome sequencing. Such data are needed to create effective ways of communicating about genome sequencing results.

Methods:
We conducted 60 semi-structured individual interviews with women diagnosed with breast cancer at age 40 or younger. Interviews focused on communication preferences for content and delivery of individual genome sequencing results of different types (i.e., risk of preventable disease or unpredictable disease, treatment related,
carrier status, variant of uncertain significance). For delivery of results, we examined preferences for format (e.g., online, written, in-person), information source, and timing. Thematic analyses were conducted using NVivo.

Results:
We have identified a number of themes for delivery preferences. One theme that emerged was the importance to many participants of communicating the results during an in-person discussion in which they could ask questions and gain a better understanding of the information. Many of these participants also expressed interest in receiving a written results report to supplement an in-person discussion as well as contact information for future questions. For information source, participants most commonly emphasized the importance of receiving results from a knowledgeable person who could explain the information in an understandable manner. For timing, most participants recommended delivering sequencing results as soon as possible, even at the time of cancer diagnosis. These participants stated that they wished to receive sequencing results as soon as possible to increase awareness and inform treatment options.

Discussion:
Participants had the most interest in receiving individual genome sequencing results in an interactive way that allowed for discussion from the person with the most expertise in the area. Interestingly, participants most often recommended returning all sequencing results as soon as available, even results not related to the treatment of breast cancer. Our findings can inform the development of strategies to communicate individual genome sequencing results to patients in clinical settings.

08E.3 Disclosure of psychosocial research results: a mixed-methods study among BRCA1/2 cohort participants

Tuesday, 30 September 2014: 05:30 - 05:45; Room: E105/6

Title: Disclosure of psychosocial research results: a mixed-methods study among BRCA1/2 cohort participants

Authors:
Mancini, J (Julien); Le Cozannet, E (Elodie); Bureau, E (Eve); Ressegueur, N (Noémie); Bouchik, AD (Anne-Deborah); Lasset, C (Christine); Mouret-Fourme, E (Emmanuelle); Noguès, C (Catherine); Julien-Reynier, CIR (Claire)

Presenter: Julien-Reynier, CIR (Claire)

Introduction:
The disclosure of aggregate research results to long-term cohort participants is rarely done and to our knowledge no recommendation specifies the best way to achieve this ethical obligation. GENEPSO-Ψ cohort follows both BRCA1/2 carriers and non-carriers to study their psychosocial and preventative behaviour. Our aim was to study GENEPSO-Ψ participants’ views and satisfaction about the disclosure of cohort results.

Methods:
A mixed-methods research design ("QUAL->QUAN") was used. The 19 in depth interviews first conducted showed that GENEPSO-Ψ cohort participants are interested by the disclosure of cohort results but have no specific expectations unless they would like to be given medical findings about BRCA1/2. Second a randomized experiment studied the impact of adding a medical information sheet to the leaflet [A3 double-sided] disclosing the aggregate psychosocial research results. Satisfaction and trust in researchers were assessed through a specific self-administered questionnaire accompanying the disclosure document.

Results:
Among the 454 respondents to the 5- and/or 10-year GENEPSO-Ψ questionnaire, 345 (76%) wished to receive “information about the survey results” and were randomized. Response rate to the satisfaction questionnaire was 83% without any differences between the arms (disclosure leaflet with or without a medical information sheet). Providing medical information did not change outcome measures. A postal disclosure was found acceptable (94%) and most participants had entirely read the document (87%). On average (possible range [0-10]) the document was considered useful (7.3), interesting (7.0), understandable (8.8), and satisfactory (6.8). The information provided on medical findings was regarded as insufficient by 35% of the sample. Despite those criticisms the document was regarded as more often increasing (28%) than decreasing (2%) trust in research and average trust in medical researchers was high (75.2, possible range [0-100]).

Discussion:
Despite such a wish was elicited, adding a medical information sheet to the leaflet presenting the psychosocial research results did not significantly change satisfaction and trust of cohort participants. Perhaps their expectations were unrealistic and the lack of huge advances in the last ten years regarding prevention of breast cancer among BRCA1/2 carriers may explain their relative dissatisfaction. Predictors of dissatisfaction will be further studied. [Funding: INCa R08097AA/RPT080211AAA]

08E.4 Communicating oncogeneic information: do gastroenterologists and surgeons discuss heredity with their patients and, if so, what and how?

Tuesday, 30 September 2014: 05:45 - 06:00; Room: E105/6

Title: Communicating oncogeneic information: do gastroenterologists and surgeons discuss heredity with their patients and, if so, what and how?

Authors:
Douma, KFL (Kirsten); Dekker, E (Evelien); Aalfs, C.M. (Cora); Smets, E.M.A. (Eileen)

Presenter:
Douma, KFL (Kirsten)

Introduction:
Doctors need to investigate if there is an indication for DNA-testing and provide their patients with information. We aim to gain insight in discussion of cancer genetic topics by gastroenterologists and surgeons as part of an intervention study, comprising a checklist filled in by doctors, intending to optimize referral to genetic counselling of patients visiting the Gastro-Intestinal Oncology Centre Amsterdam. Insight into their performance is important to improve referral and optimize patient understanding.

Methods:
Following a pre-post design, before introduction of the checklist, 40 consecutive, new patients completed a short questionnaire which assessed their perception of the discussion of cancer genetic topics (e.g. family history, initiative of the discussion) during the initial consultation. After introduction of the checklist, another 40 patients completed a similar questionnaire. Additionally, initial consultations were audiotaped for a qualitative analysis of the discussion of cancer genetic topics. Also, data on family history and referral was collected from medical files.

Results:
Pre-intervention cancer in the family was discussed in 78% of the consultations. After introduction of the checklist this increases to 90% (p=0.11). However, doctors often not ask about second-degree family members (pre: 50%; post: 65%; p=0.19) and age at which family members got cancer (pre: 57%; post: 70%; p=0.29). Qualitative analysis of the audiotapes showed that multi-interpretable or vague questions were used. A comparison between post-intervention questionnaires and audiotapes will also be presented as well as data from the medical files.

Discussion:
Contrary our expectations, gastroenterologists and surgeons discuss cancer in patients’ family members in most intake consultations. However, the amount of detail of the discussions is not enough to guarantee adequate identification of patients who need to be referred for genetic counseling. Development and a more systematic evaluation of an alternative intervention (e.g. specific questions in the electronic medical file, checklist filled in by patients) might help better discussion of cancer genetic topics. However, education of doctors in how they can best discuss cancer genetic topics and to improve their knowledge is also needed.
08E.5 Prenatal counselling for congenital anomaly tests: an exploratory video-observational study about client-midwife communication  
**Tuesday, 30 September 2014: 06:00 - 06:15; Room: E105/6**

**Title:**  
Prenatal counselling for congenital anomaly tests: an exploratory video-observational study about client-midwife communication  

**Authors:**  
Martin, LM (Linda); Hutton, EK (Eileen); Gitsels-van der Wal, JT (Janneke); Spelten, ER (Evelien); Kuiper, F (Fleur); Pereboom, MTR (Monique); Dulmen, S van (Sandra)

**Presenter:**  
Martin, LM (Linda)

**Introduction:**  
Prenatal counselling for congenital anomaly tests is conceptualized as having both Health Education (HE) and Decision-Making Support (DMS) functions. Building and maintaining a client-midwife relation (CMR) is seen as a necessary condition for enabling these two counselling functions. However, little is known about how these functions are fulfilled in daily practice. This study aims to describe the relative expression of the prenatal counselling functions; to describe the ratio of client versus midwife conversational contribution and to get insight into clients’ characteristics, which are associated with midwives’ expressions of the functions of prenatal counselling.

**Methods:**  
269 videotaped prenatal counselling sessions for congenital anomaly tests provided by 20 midwives within 6 Dutch practices were used. We used an adapted version of the Roter Interaction Analysis System to code the client-midwife communication. Multilevel linear regression analyses were used to analyze associations between clients’ characteristics and midwives’ expressions of prenatal counselling in practice.

**Results:**  
Most statements made during counselling were coded as HE (41%); a quarter as DMS (23%) and 36% as CMR. Midwives contributed the most to the HE compared to clients or their partners (91% versus 9%) and less to the DMS function of counselling (61% versus 39%).

Multilevel analyses showed an independent association between parity and shorter duration of prenatal counselling; (N nullipar = 98; N multipara = 140; β = −3.01; p<0.001). The amount of statements concerning HE and DMS during counselling of multipara was less compared to nulliparous.

**Discussion:**  
Prenatal counselling for congenital anomaly tests by midwives is focused on giving HE compared to DMS. The relatively low contribution of clients during DMS might indicate poor DMS given by midwives, since DMS should be characterized as exploring for instance clients’ values and deliberations concerning the uptake of prenatal tests. Therefore, our findings should encourage midwives to reflect on the process of prenatal counselling they offer with regards to the way they address the three prenatal counselling functions during counselling to their clients in general and of nulliparous women compared to multiparous women.

08F.02 Preliminary results of RCT of Decision Navigation, for patients with colorectal cancer  
**Tuesday, 30 September 2014: 05:08 - 05:16; Room: E107**

**Title:**  
Preliminary results of RCT of Decision Navigation, for patients with colorectal cancer  

**Authors:**  
Shepherd, S.C.S (Sarah); Hacking, B (Belinda); Wallace, L.M. (Louise); Scott, S.E. (Sarah); Bowyer, D.J. (Debra); Belkora, J (Jeff)

**Presenter:**  
Shepherd, S.C.S (Sarah)

**Introduction:**  
UK clinician guidance for colorectal cancer care states patients should be encouraged to be involved in decision-making. Decision Navigation (DN) provides patients with a navigator to help list questions, take notes, and audio-record visits. This unique study evaluates the impact of DN on colorectal cancer patients’ confidence in the treatment decisions made in consultations with specialists. Methods: DN: Prior to consultations, non clinical Navigators helped patients create a list of their questions for use in the consultation. Subsequently, patients were given a recording of their consultation (CD) and a written record of the key points discussed. Methods: 297 eligible colorectal cancer patients attending the Edinburgh Cancer centre from 2011-13 after their surgery, were invited to take part in a randomised controlled trial (RCT). Patients were randomly assigned to DN or usual care. Patients were navigated for 3 consecutive appointments: initial oncology treatment discussion, mid-way through treatment and post treatment. Evaluation was via questionnaires of both groups, taken at 5 time points: Baseline [pre randomisation] (T1), after each consultation (T2, T3, T4) and 3 months follow up (T5). The primary outcome was decision self efficacy. This paper will present available preliminary data on the difference between group scores on the decision self-efficacy scale at T1 and T2 only.  

**Results:**
131 patients (34.16% of all eligible patients), consented and were randomised to intervention n=65 (Navigation) or control n=67 (standard care). The sample included 77 males, with an average age of 62.1. No significant difference in age and gender was found between groups at baseline. At the first postoperative consultation (T1) no significant differences were observed (t=−1.16, df = 113.33, p = 0.25) in decision self-efficacy or attitudes to intervention. However, at the second consultation (T2) the intervention mean self-efficacy score (M=90.43, SD=8.56) was significantly higher (t=2.4, df=87.9, p=0.018) than for the control group (M=85.25, SD=13.84).

Discussion: Compared to control patients, navigated patients reported significantly higher self-confidence in making decisions. Full trial results are required before we can conclude that Navigation was effective. Sustainability and implications for service will be discussed.

**08F.03 Surgical Resident Involvement in Postoperative Conversations with Patient Families**

**Title:** Surgical Resident Involvement in Postoperative Conversations with Patient Families

**Authors:** Kapadia, MR (Muneera); Rosenbaum, ME (Marcy)

**Presenter:** Kapadia, MR (Muneera)

**Introduction:** In today’s practice environment, the faculty surgeon develops rapport with patients and their families during the preoperative visit and provides continuity during the surgical process. Because of this established relationship and time constraints, residents are often excluded from the immediate postoperative conversation with the family. The objective of this study was to assess resident experiences and comfort levels, as well as faculty impressions regarding the postoperative conversation with family.

**Methods:** Residents and faculty in an academic surgery center participated in a mixed methods study that included 1) anonymous surveys assessing attitudes and experiences of residents in communicating with families immediately postoperatively; and 2) interviews with faculty regarding what residents should be taught about postoperative conversations.

**Results:** There were 46 survey respondents (24 residents, 22 faculty; 96% response rate). All residents rated communication and specifically postoperative communication with family as “important” or “very important.” The majority of the residents felt “comfortable” or “very comfortable” with postoperative conversations. Most residents reported at least 5-10 experiences with these conversations, with less than 5 involving the delivery of bad news. Fewer than 30% received feedback on their postoperative communication skills, while 88% would like feedback. Most faculty agreed that it is “important” or “very important” for residents to communicate well. Fewer faculty indicated that it is “important” for the residents to communicate well during the postoperative conversation with families. Faculty were only “somewhat” to “moderately” comfortable allowing residents to conduct the postoperative conversation with family, and only 68% reported allowing residents to have that opportunity. When bad news was involved, only 27% allowed resident participation. Most faculty (82%) believe that residents need more opportunities to gain experience with the postoperative conversation. In interviews (N=10), faculty identified being clear and honest, empathic and reassuring, and appropriately pacing information and questions as the main communication skills residents should learn for postoperative encounters.

**Discussion:** Residents and faculty acknowledge the importance of communicating well with patient families. While most residents reported feeling comfortable with these conversations, they desire more practice and feedback. Developing communication skills training focused on the postoperative conversations with family may be beneficial.

**08F.04 Improving health literacy in the community**

**Title:** Improving health literacy in the community

**Authors:** Barbosa, M (Miguel)

**Presenter:** Barbosa, M (Miguel)

**Introduction:** Research has shown the negative impact of low health literacy on patients’ health status, use of preventative care, treatment adherence, disease management, emergency visits and hospitalizations. Low-income, minority and immigrant populations are especially at risk of having low health literacy. The aim of this study was to evaluate the impact of community interventions to improve health literacy of socially vulnerable parents.

**Methods:** Four interventions were designed and implemented by 40 medical students divided in four groups in kindergarten context. The interventions consisted in workshops with practical exercises about oral health, healthy eating, physical exercise, alarm signals, use of medication, child safety, use of health services, childhood immunization program and child and youth health book. It also included editions of health literacy awareness videos and development of written health informative materials. 54 Low-income, minority and immigrant parents participated in these interventions. To evaluate the interventions, parents and medical students completed a 5-point Likert scale questionnaire.

**Results:** The results showed that parents considered that the intervention was useful (M = 4.54), learned new knowledge (M = 4.19), raised awareness of the importance of health literacy (M = 4.83), were clarified with the topics addressed (M = 4.54), had opportunity to discuss (M = 4.67) and to share experiences with other parents (M = 4.2). Students results showed high evaluation on the relevance of the intervention to their medical education (M = 4.2), relevance to their personal development (M = 4.2), opportunity to intervene in the community (M = 4.65), opportunity to apply the knowledge in a real context (M = 4.2), raise awareness of social vulnerability (M = 4.3), raise awareness of others forms to intervene as a physician (M = 4.15), raise awareness of the humanization of medicine (M = 4.5), personal involvement in the intervention (M = 4.7).

**Discussion:** This kind of interventions created a potential space to improve health literacy skills and to change attitudes and behaviors concerning to child health. Moreover, these interventions provided an educational opportunity for medical students to engage with the social problems of the community that influence the parents’ and children’s health.

**08F.05 Intercultural skills in Pediatric Specialist training**

**Title:** Intercultural skills in Pediatric Specialist training

**Authors:** Chegary, M; Alvim, C; Dahhan, N; Wolf, B

**Presenter:** Chegary, M

**Introduction:** The health status of ethnic minority children in the Netherlands is worse compared to native Dutch children. Lack of cultural sensitivity and poor communication between doctors and patients is thought to be one of the main reasons for this. We evaluated whether Dutch pediatric residents communicate different with (parents of) ethnic minority children compared with (parents of) native Dutch children and if so, in what way.

**Methods:**
Patients and their parents, who visited for the first time in 2013 the Pediatric Outpatient Departments of four teaching hospitals in Amsterdam, the Netherlands, were video-taped after informed consent was given. Each resident taped 10-14 video’s; 5-7 with (parents of) ethic minority patients and the other half with native Dutch patients. The quality of communication was evaluated with the MAAS-Global independently by trained observers who had a medical background. To analyze differences in communication between native Dutch – and ethnic minority children the non-parametric Mann-Whitney- U test to was used.

Results:
This project proved to be feasible and 15 pediatric residents videotaped a total of 200 video’s in one year. Preliminary results of 72 analyzed videos (46 in ethnic minority children and 26 in native Dutch children) show that the quality of communication of residents with (parents of) ethnic minority children is worse compared to their communication with (parents of) native Dutch children. In particular, residents seem to have more difficulties in exploring (median 2.00 /1.00 native Dutch / ethnic minority) and to clarify complaints and concerns of the patient (median 1.50 / 0.00 native Dutch/ ethnic minority).

Discussion:
Videotaping encounters between doctor and patient is acceptable and useful. Preliminary results show that pediatric residents in the Netherlands have more problems in communicating with (parents of) ethnic minority patients than with native Dutch patients; in particular in the field of exploring and in clarifying complaints and concerns of the patient.

08F.06 Interprofessional teamwork in chronic care – a systematic review

Tuesday, 30 September 2014: 05:40 - 05:48; Room: E107

Title:
Interprofessional teamwork in chronic care – a systematic review

Authors:
Körner, M (Mirjam); Bütof, S (Sarah); Müller, C (Christian);
Zimmermann, L (Linda); Bengel, J (Jürgen)

Presenter:
Körner, M (Mirjam)

Introduction:
Interprofessional teamwork (IPT) is a key factor in treating chronic diseases and delivering patient-centered health care. However, little is known about the essential features of IPT and the possibilities of improving this specific aspect of care through team interventions. A systematic literature review was performed to identify key features and interventions for enhancing IPT in chronic care and to develop a framework for further research.

Methods:
We conducted a systematic literature review of IPT in rehabilitation for the years 2002-2012, based on literature research in the two medical databases Medline and PsycINFO.

Results:
Database searches yielded 2,256 abstracts, 21 of which fulfilled the inclusion criteria. Eight were cross-sectional, and thirteen were longitudinal studies. They show that IPT is influenced by team culture, team member characteristics, specific organizational structure, environmental context, structure of communication (e.g. regular team meetings), and interdisciplinary team approaches. They further establish that key features of effective IPT are the existence of a common goal, shared clinical decision-making, effective communication, collaborative working practice, and cohesion. The key features identified were structured in line with the team-effectiveness (input-process-output) model, and evaluated interventions such as tools, workshops, changes in team structure were added. The most frequently evaluated team interventions were complex intervention programmes. All 13 evaluation studies except one resulted in enhancement of teamwork and/or staff-, patient- and organization-related outcome criteria.

Discussion:
We integrated the key features of interprofessional teamwork and team interventions in a theory based input-process-output and intervention model which can be used for further research as well as for practical implementation and evaluation of team interventions in chronic care. There is no consensus about the main features and the most effective interventions. Descriptions of the key features of interventions varied widely in content and complexity. The scientific quality of all studies is low since they were all cross-sectional studies, case studies, quasi-experimental pre-post designs without control group, or non-randomized controlled studies. Further research of improved quality is needed.

08F.07 Perception of nonverbal communication and satisfaction and importance of family needs in Intensive Care Unit

Tuesday, 30 September 2014: 05:48 - 05:56; Room: E107

Title:
Perception of nonverbal communication and satisfaction and importance of family needs in Intensive Care Unit

Authors:
Puggina, ACP (Ana Claudia); Iene, A (Amanda); Carbonari, K (Karla); Parejo, LS (Lucineia Stach); Sapatini, TF (Talita Fernanda); Silva, MJP (Maria Júlia Faes da)

Presenter:
Puggina, ACP (Ana Claudia)

Introduction:
During visiting hours, family members can give “non-verbal” clues as to how they feel while they are going through the experience of having a loved one hospitalized in an Intensive Care Unit (ICU). In order to start any effective interpersonal relationships and create bonding, the professional must first turn their attention to and be perceptive of any and all nonverbal communication emanating from the family. The objective of this study was to identify and compare the nonverbal perception during hospital visits with the level of satisfaction and importance for the family relative to their needs, during these ICU visits.

Methods:
A descriptive and cross-sectional quantitative study. An identifying instrument for the adapted nonverbal communication and the Critical Care Family Needs Inventory (CCFNI) Portuguese version were used. The sample consisted of 40 family members, averaging 42 years of age, with most being women (n=26, 65%).

Results:
Family member needs that were considered important and these needs were not being fulfilled by the multi-professional and dynamic team in the ICU. Nonverbal signals for approach and comfort (body position facing the patient and the low voice volume suitable for an ICU) and defense and discomfort (tense facial expression showing anxiety, fear, doubt or even using inexpressive body movements and a rapid rigid and tense posture) expressed by them during the hospital visit. The higher the importance of supportive related needs assessment, the greater the use of effective nonverbal behaviors during the visit.

Discussion:
Family member needs, with loved ones hospitalized in an ICU, are the focus of interest in many studies, with different methods, quantitative or qualitative, seeking to identify those needs with the aim to implement the planning of interventions that specifically address the needs of both the patient and the family. To perceive exactly what the other signals may be, would enable humanization of care and provide some unique and comprehensive family assistance, for the patient and the staff.

08F.08 Patients’ medication-related information seeking behavior, perceived credibility and preferences

Tuesday, 30 September 2014: 05:56 - 06:04; Room: E107

Title:
Patients’ medication-related information seeking behavior, perceived credibility and preferences

Authors:
Linn, A. J. (Annemiekh); Diviani, N. (Nicolia); Sanders, R. (Remco); Smit, E. G. (Smit); Weert, J. C. M. van (Julia)
Before starting medication, they are unmet needs and the credibility of these sources. This is important to know because health information obtained from media sources is often inaccurate and the use of unreliable sources can lead to non-adherence to treatment plans. This longitudinal study explores which information sources patients use before and during their treatment and how they perceive their credibility.

Methods:

164 patients with inflammatory bowel disease (IBD) were interviewed at T0 (just before starting immunosuppressive therapy or biologicals) and T1 (after six months) about the 8 interpersonal and the 9 media sources used to obtain medication-related information and how credible they perceived these sources. Additional questions referred specifically to which functions and topics a good website should offer.

Results:

Patients used more information sources after six months compared to before starting medication. Most frequently used information sources were the Internet, instructions for use, the nurse practitioner (NP), and the information booklet provided by the hospital. Except for the Internet, these sources were also perceived as most credible. When visiting a website with medication-related information, patients preferred a structured website, (proof of) credible information, clear language and to read experiences of other patients. The website should contain detailed information about the treatment itself, its side effects and its efficacy.

Discussion:

The results showed that most patients start seeking information about their medication when they already use their medication. Information sources that are perceived as highly credible are the more traditional sources, such as health professionals. Although the Internet was not found to be perceived as highly credible, it was often used by IBD patients. To improve patient adherence and education, health professionals should recommend credible sources and explore and address patients’ information seeking behaviour during the consultation.

08F.09 HopiTAAL: an e-learning environment for language learning in Brussels hospitals

Tuesday, 30 September 2014: 06:04 - 06:12; Room: E107

Title: HopiTAAL: an e-learning environment for language learning in Brussels hospitals

Authors:
De Troyer, KDT (Katrien)

Presenter:
De Troyer, KDT (Katrien)

Introduction:
Iris Hospital is a network of five public hospitals in the multicultural and multilingual environment of the Brussels region, in the heart of the European Union. Over the entire Iris Hospitals network, 9,000 medical professionals make great efforts daily in delivering high quality health care to everyone who needs it. The multilingualism of both patients and hospital staff, and the increasing mobility of patients worldwide is a daily challenge.

Methods:
In light of the patient centered care that we aim for, a language policy for all Iris hospitals was started in 2006, with a team of 6 language teachers working in the hospital. All health care and administrative workers in first service, i.e. reception and emergency service, are offered courses in medical and professional Dutch. By 2012, medical English and French were also developed and put at the disposal of all professionals in our hospitals. Our Moodle environment and a network of academic partners track the learner's use of HopiTAAL, and continuously set out social strategies to rouse awareness for the importance of multilingual high quality care.

Results:
Some 1000 professionals in Iris hospitals make use of HopiTAAL, our e-learning platform in 2014, 2 years after its implementation. HopiTAAL was developed by our own language teachers, enabling us to widen our scope yearly. Our team has won the ‘European Label for Innovative Language Teaching and Learning’ in 2005, an annual competition by the Lifelong Learning Program of the European Commission.

Discussion:
How do other institutions respond to the growing mobility of patients and hospital staff? Do they have a language policy? What does it involve? Do they rouse the awareness of the employees for multilingual care in any way? Do they provide training for the employees on hospital grounds, during or outside working hours? Is multilingualism an obstacle for high quality care and how do they deal with it?

08F.10 Developing a new methodology for analyzing triadic communication: A graphic representation of doctor-patient-companion interaction

Tuesday, 30 September 2014: 06:12 - 06:20; Room: E107

Title:
Developing a new methodology for analyzing triadic communication: A graphic representation of doctor-patient-companion interaction

Authors:
Neufeld-Kroszynski, G (Galit); Karnieli-Miller, O (Oril)

Presenter:
Neufeld-Kroszynski, G (Galit)

Introduction:
The analysis and understanding of medical encounters in the form of triads: doctor-patient–companion raise the need for a better understanding of how these encounters are conducted, and the way the interaction between these participants takes place. However, existing analysis tools have difficulty in understanding and clearly representing the flow of interaction as well as the nature, form and manner of the involvement of each participant within the interaction. Therefore, this study focused on developing an innovative methodology for analyzing triadic communication by using a graphic representation of the doctor-patient-companion interaction.

Methods:
A purposeful sampling of 25 first time encounters conducted in three Alzheimer’s disease memory-clinics in Israel were used. The development of the graphic representation included several steps: reading of several transcripts of the encounters; identifying types of exchanges that take place at a meeting; finding effective ways to represent these exchanges graphically; and developing a guiding codebook to represent different types of exchanges and their consequences. This process was done using an iterative consensus-building approach.

Results:
The findings show that a graphic representation of the triadic encounter can produce important information representing and identifying: (1) the different participants in the encounter; (2) who is talking to whom, when within the encounter and what is the order of events; (3) the types of discourse transitions between various participants, as well as when and why these transitions occur; and (4) identifying the different parts of the conversation in which different participants are involved (e.g., difference in involvement when providing medical history information or treatment decision making).

Discussion:
This tool represents a new and creative way of understanding the complex phenomenon of triadic communication. It allows a bird’s eye view of the encounter by examining the communication that occurs between the participants, the sequence of talk, patterns of transitions between the various participants (turn-taking) and changes that occur within the conversation (e.g., addressing different participants in different parts of the medical encounter). This tool allows a better understanding of the dynamics that occur in these encounters, as well as a better ability to identify optimal
communication processes when a companion is present.

08F.11 Unsafe use of abbreviations and symbols in Portuguese package inserts
Tuesday, 30 September 2014: 06:20 - 06:28; Room: E107

Title:
Unsafe use of abbreviations and symbols in Portuguese package inserts

Authors:
Pires, C P (Carla); Vigário, M V (Marina); Martins, F M (Fernando);
Cavaco, A C (Anafo)

Presenter:
Pires, C P (Carla)

Introduction:
Taking into account the European Medicine Agency (EMA) requirements, symbols and acronyms should not be used in Package Leaflets (PLs), with the exception of the cases legally standardized. The objectives of this study were: 1. To identify and quantify symbols and abbreviations (S&A) in a representative sample of Portuguese PLs. 2. To compare the frequency of these items within PLs from different pharmacotherapeutic groups.

Methods:
Quantitative evaluation through an automatic process, identifying S&A in a sample of 531 Portuguese PLs. Firstly, sampled PLs were manually screened for the presence of S&A. Secondly, computer software, specifically programmed, identified and quantified S&A.

Thirdly, a frequency comparison between 10 and 20 PLs, was performed.

Results:
828 different S&A were identified. This sum up to 6407 occurrences. 214 (25.9%) of the abbreviations were referring to non-Portuguese words. Contrary to the recommendations, 38% of the 531 PLs comprised more than 10 S&A. The anti-infective pharmacotherapeutic group presented the highest proportion of PLs with more than 20 S&A per PL (in 16 out of 45 PLs), while the PLs of the dermatologic pharmacotherapeutic group presented the lowest proportion, with less than 10 per PL (in 34 out of 37 PLs).

Discussion:
Overall, it was verified a wide spread use of S&A in the Portuguese PLs, probably compromising the safest use of the medicines by the patients. Additionally, PLs with more S&A are within the pharmacotherapeutic groups with the highest market shares in Portugal. Portuguese PLs should be optimized and, since some of the PLs were direct translations of medicines approved in other European countries; this also suggests a more straight evaluation of the actual PLs models all over Europe.

08G: “Clear-cut communication with patients” – a large scale communication intervention
Tuesday, 30 September 2014: 05:00 - 06:30; Room: E108

Jette Ammentorp, Karin Waidtååw, Troels Præst Andersen and Lars Toke Graugaard, Lillebaelt Hospital/IRS University of Southern Denmark

Jonathan Silverman, School of Clinical Medicin, University of Cambridge

Symposium overview
“Clear-cut communication with patients” is a program aimed to change the communicative behaviour of about 3000 clinical and non-clinical staff and designed with the purpose of creating sustainable improvement of communication skills. We present the elements of the program, the results from the ongoing evaluation and describes barriers and facilitators identified.

Presentation 1
A communication program based on Calgary Cambrige guide Jette Ammentorp; Lillebaelt Hospital/IRS University of Southern Denmark; Vejle Sygehus Købbeltoft 25, 7100 Vejle

The first presentation provides an overview of the communication program and describes the implementation process at a large regional hospital. The cornerstone of the program is a mandatory communication course based on the Calgary Cambridge guide and the elements of the entire program are: 1) education of trainers; 2) communication skills for health professionals employed in clinical departments; 3) education of new staff; 4) courses for health professionals in service departments; and 5) maintenance of communication skills.

Presentation 2
E-learning – a suitable tool for brush up of acquired communication skills
Karin Waidtååw; Lillebaelt Hospital/IRS University of Southern Denmark; Vejle Sygehus Købbeltoft 25, 7100 Vejle

The second presentation describes one of the steps taken in order to maintain the acquired communication skills. The departmental management is expected to plan yearly brush-up programs for the staff and on that background an e-learning brush up course targeting communications with both children and adults has been developed. It has been tested at The Pediatric Department and we will present the results of a questionnaire survey and focus group interviews.

Presentation 3
The impact of the communication course on attitudes and self-efficacy of health professionals
Troels Præst Andersen; Lillebaelt Hospital/IRS University of Southern Denmark; Vejle Sygehus Købbeltoft 25, 7100 Vejle

The third presentation aims to present the first findings from the evaluation of the training courses. Based on results from 14 departments and 490 practitioners it shows that 79% of health professionals feel they have become “better” or “much better” at communicating, that central elements from the course are used in daily practice and that the self-efficacy of the health professionals according to specific communication task has increased after the course.

Presentation 4
Facilitators and barriers in the implementation of a large-scale communication intervention
Lars Toke Graugaard; Lillebaelt Hospital/IRS University of Southern Denmark; Vejle Sygehus Købbeltoft 25, 7100 Vejle

In order to find facilitators and barriers, we point out beliefs of organizational recipients.

As framework, the study uses research by organizational scientists and innovation diffusion researchers. As preliminary results, we can point out factors which make the implementation of the large-scale intervention an uphill task. The intervention meets machine bureaucracy and transactional leadership leaving limited space to drive change with soft, long-term goals.

Discussion: What’s beyond efficient project planning to ensure fulfillment of goals?

08H: Seamless curriculum: bringing the basic sciences and communication skills curriculum together throughout the 4 years of medical school.
Tuesday, 30 September 2014: 05:00 - 06:30; Room: Elicium D403

Presenters:
Kathy Cole-Kelly, MS, MSW; Theodore Parran, MD, Case Western Reserve School of Medicine

Rationale:
Often there is a gulf between the biomedical (basic sciences) curriculum and the clinical curriculum (especially communication skills) in medical school. At Case we have developed curriculum that bridges that gulf helping insure students take a truly biopsychosocial approach to patient care.

Objectives:
After this workshop, participants will:
1) Describe strategies to identify impediments to curricular integration
2) Outline approaches to overcome these impediments
3) Compare and contrast the CWRU 4 year curriculum integration of clinical and basic sciences content with those of their own institution.

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4) Develop a plan to approach stakeholders in their institutions to influence greater integration of communication skills and basic sciences curriculum.

Format of the session and activities:
Check in (15 minutes) - participants will go around the room and describe their role in the clinical / communications curriculum as well as identify two people in the basic sciences curriculum that they have had frequent contact with around curricular considerations. (if they can’t identify two people, they will be asked to ‘dream’ of the two they would like to partner with in the future).
Presentation of CWRU School of Medicine curriculum with detailed descriptions of year one, two, three and four, highlighting the curricular developmental process resulting from 60 years of commitment to early clinical experience and integrative learning / the Macy Health Communications Initiative, and the resulting model of clinical and basic science curriculum integration. A detailed description of curricular integration between clinical and basic sciences (with emphasis on health communications content) in all 4 years will be described.
1. (20 minutes)
2. Brainstorming in small groups of 4-6 with poster size “post its”:
   - Step 1: Groups will get together and brainstorm where they believe in their own programs there either is currently excellent integration or where they would like to pursue designing great integrated curriculum. (15 minutes)
   - Step 2: Groups will identify first barriers and then facilitators (in their academic institutions) to further integration. (10 minutes)
   - Step 3: groups will describe methods of measuring progress toward integration and the value of increasingly integrated curriculum. (10 minutes)
3. 3. Sharing of curricular ideas by small groups (15 minutes)
4. Questions and answers (10 minutes)
Maximum number of participants: 25

08I: Emotionally-Intelligent Patient Communication to Engage Patients and Improve Shared Decision Making
Tuesday, 30 September 2014: 05:00 - 06:30; Room: Elicium D404

Geri Lynn Baumbllatt: Editorial Director, Emmi Solutions
Glyn Elwyn, Dartmouth College, The Dartmouth Center for Health Care Delivery Science, Hanover, United States

Rationale:
Too often we dive into the patient encounter with information people struggle to absorb because their minds are crowded with questions, fears, and in the case of a serious new diagnosis, swirling disorientation. The same is also often true for their partners or families. Examine strategies and patient engagement and communication tools that help give people the time and space they need to address these issues so they can both understand their condition or treatment options and get to a place where they can take the information in, engage in their care, and have the opportunity for calm deliberation around healthcare decisions.

Objectives:
- Understand strategies and tools to help reduce patient anxiety to improve understanding and decision making
- Recognize the common patient questions, barriers, and biases, the emotions that accompany them, and how to address them
- Try to apply strategies these strategies and tools to a patient encounter

Session format/activities
The session will start with a presentation about what we’ve learned over the last decade at Emmi as we’ve worked to create more emotionally-intelligent patient education and decision aids. This will include focus group clips and data from retrospective and randomized controlled trials indicating these approaches are effective. We’ll then try to apply these strategies to a patient encounters. Since patient interviews are key to this process, groups will choose one person as the patient. And drawing on that person’s real-life experience, will interview them and develop a plan for how they’d employ any strategies or tools.

08I: Exploring how moral values, uncertainty and social morays influence prenatal counseling: A video-based educational approach
Tuesday, 30 September 2014: 05:00 - 06:30; Room: Elicium D407

Linda Zaccagnini, RN, MSN, NNIP, Advanced Fetal Care Center, Boston Children’s Hospital
Elaine C. Meyer, PhD, RN, Institute of Professionalism and Ethical Practice, Boston Children’s Hospital
Shelagh Somers, MSW, Department of Social Work, Beth Israel Deaconess Medical Center
Stephen D. Brown, MD, Dept. of Radiology, Boston Children’s Hospital

Rationale:
Healthcare practitioners who provide prenatal counseling face chronic exposure to emotionally and ethically delicate decisions. Clinical ambiguity and prognostic uncertainty are inherent to prenatal management decisions, particularly when a fetal abnormality is diagnosed. Cultural pressures and social expectations are deeply embedded into the decision-making process. All of these factors may affect dynamics of difficult prenatal conversations, but neither patients nor providers may be aware.

Objectives:
At the end of this workshop, learners will be able to:
1) Analyze the presence and effect of micro-ethical values that may be embedded in prenatal conversations.
2) Discuss how prognostic and diagnostic certainty and uncertainty influence the tenor of prenatal counseling.
3) Appraise the impact of social morays on counseling, emotional processing and decision-making in the setting of difficult and unexpected prenatal diagnoses.

Session format/activities
This session will feature videotaped conversations of simulated conversations between experienced obstetric and pediatric specialists and professional actors portraying pregnant women and their partners seeking prenatal care. In particular, we will compare and contrast the counseling process after unexpected diagnoses of first trimester miscarriage and second trimester fetal spina bifida. The videotapes will be used as triggers for reflexive group learning. Workshop faculty facilitators share extensive experience with pregnancies affected by miscarriage and diagnosed fetal abnormalities, bereavement counseling, healthcare communication pedagogy, and use of videotapes to teach ethics and communication. This workshop will interest those who specialize in healthcare communication pedagogy, obstetric, pediatric, and primary care, social work, genetic counseling, chaplaincy, bioethics, disabilities, reproductive, and women’s studies, and family and patient representatives.

08K: “Difficult Patient Encounter”: How to deal with them
Tuesday, 30 September 2014: 05:00 - 06:30; Room: Elicium D408

Elizabete Loureiro, University of Porto, Portugal
Richard Frankel, Indiana University School of Medicine, USA
Monica Broome, University of Miami, USA
Rob Lane, University of Lead, UK
Shakaila Rehman, Phoenix VA Healthcare Systems/University of Arizona, USA
Elizabeth Kachur, Medical Education Development, NY, USA

Rationale:
The medical encounter can be extremely rewarding for both patients and clinicians if it goes well. However, clinicians can be overwhelmed when their communication skills are not sufficient for dealing with a difficult patient encounter. Every clinician has their share of difficult patient encounters leading to less satisfied patients, more frustrated physicians, and more time consuming and less productive encounters. Research has shown that with proper training, clinicians could deal with difficult encounters more effectively. Strategies to enhance practitioners’ skills will be explored.

Objectives:
1. Enhance participants’ repertoire of strategies for coping effectively and efficiently with “difficult to deal with patients”.

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2. Learn techniques to improve patients’ satisfaction and reduce our stress.
3. Explore participants’ skills in addressing the behavioral and psychological aspects of encounters.

Format/Activities:
1. Needs assessment: Trigger tapes will be shown to the whole group (video cases pertain to topics listed under #3 below)
2. Small Groups breakout session: Participants will be grouped according to their needs assessment. Simulation, role-play, behavioral rehearsal and observer feedback will be used to strengthen participants’ skills. Small-group format will encourage active participation (50 min).

Group may be working on one of the following topics:
- a. The patient with a long list of complaints in a 15-20 minute time slot.
- b. Angry/demanding or threatening patient/patient who insults the physician, or demonstrates distrust or dissatisfaction or lack of confidence towards the physician.
- c. Manipulative patient: The patient who pressures the physician to order tests or prescribes drugs, which are medically unnecessary or demand excessive narcotic prescriptions.
- d. Patient refusing surgery or medical treatment.
- e. Giving bad news.
- f. Others as determined by participants.

3. Reflection/feedback: Small groups will have the option of either reporting outcomes or demonstrating in a role-play what they have learned – or a combination (25 min).

Maximum number of participants: 30

09A.1 Communication with psychotic patient: the role of self-efficacy and communication strategies.
Wednesday, 01 October 2014: 10:00 - 10:15; Room: Forum

Title: Communication with psychotic patient: the role of self-efficacy and communication strategies.

Authors:
Correia Acácio, P (Patricia); Figueiredo-Braga, M (Margarida)

Presenter:
Figueiredo-Braga, M (Margarida)

Introduction:
Nurses ability to communicate is crucial when dealing with psychotic patients. Psychiatric assessment, building a trustful relationship and promoting adherence to treatment are particularly challenging when patients present emotional, cognitive and behavioral disturbances. The concept of self efficacy predicts individual performance and refers to a person’s evaluation of his capability to perform a certain task and the expectation of being successful. We studied how a sample of psychiatric nurses’ communicates with psychotic patients, their self efficacy, specific strategies and difficulties.

Methods:
Fifty two nurses (80.8% females) working in psychiatric inpatient wards participated in the study. Socio-demographic, professional characteristics and communication skills were assessed. Self-efficacy was evaluated using a Portuguese version of the Self Efficacy Questionnaire. Conventional and descriptive statistical analysis, standardized values and correlations were employed, using SPSS v.20.0.

Results:
Nurses identified number of patient (83%), and work load (60.4%) as influencing their communication skills. Acute (disturbances of mood and aggressive behaviour) and severe disease manifestations (60.4%) were reported to negatively influence the ability to communicate with patients. The major facilitating factors referred were professional experiences (57.7%) and the ability to identify changes of thought and perception (delusional ideas and hallucinations) (32.7%). Nurses showed a high self efficacy score, positively correlated with a psychiatry degree (p=0.048). The communication strategies more frequently applied were: communication according patient clinical state (acute episode, chronic syndromes) (3.27); assessment of clinical features (changes of thought, perception and emotions) and acting appropriately (redirect patient to reality and introduce doubt) (3.29). Other strategies reported were maintaining eye contact (2.62), and respect silence and pauses (3.29).

Discussion:
The clinical characteristics of psychotic disorders impose professional demands a challenge nurses’ ability to efficiently communicate with psychotic patients. Nurses are aware of the importance of identifying psychotic symptoms and revealed a high self efficacy in communicating with psychotic patients. They reported to apply specific communication strategies in order to effectively manage symptoms and to build a therapeutic relationship. Moreover this study provides insight into the factors perceived by nurses as affecting their communication competencies.

09A.2 Mental Health Discussion During Annual Physicals: Less Than Half Have It and For Less Than One Minute
Wednesday, 01 October 2014: 10:15 - 10:30; Room: Forum

Title: Mental Health Discussion During Annual Physicals: Less Than Half Have It and For Less Than One Minute

Authors:
Tai-Seale, Ming; McGuire, Thomas; Wilson, Caroline; Stults, Cheryl; Hatfield, Laura; Frankei, Richard; Diamond, Lisa; Stone, Ashley; McLean, Lisa; Elston Laforta, Jennifer

Presenter:
Tai-Seale, Ming

Introduction:
Per USPSTF, screening for mental illness is an appropriate component for periodic health exams (PHE). We examine patient and physician factors that can influence the likelihood of patients with mental health (MH) needs having a MH discussion and the time spent on MH discussion during PHEs.

Methods:
Analyses of audio-recordings of 261 patients’ PHEs with 59 PCPs in 22 clinics of a delivery system in Detroit between 2007-2009, plus administrative data and electronic medical records spanning 12-months before and after the visit. Patients are deemed to be in potential need of MH services based on PHQ2 score, prior MH diagnosis or MH provider visits, or psychotropic medication use. We coded the audio-recordings to capture contents and time spent on each “topic” (defined as an issue discussed in the visit). Physician communication style was measured by verbal dominance (physician talk time divided by patient talk time in visits with other patients).

We examined the time spent on MH using a zero-inflated Poisson model.

Results:
The median visit length was 26 minutes; 37% of the visits included a MH discussion. The median length of a MH discussion was 53 seconds compared to 41 seconds for biomedical topics. Physician’s verbal dominance was associated with lower probability MH discussion (coefficient=.151, p=0.04), but not significantly with MH length (coefficient=.08, p=.21). Higher PHQ2 scores was associated with higher probability of MH discussion (coef=-.28, p=0.01) and longer MH time (coef=-.22, p=.00). Patients in an ongoing MH episode were more likely to have a MH discussion (coef=-.55, p=0.09) and with longer MH discussions (coef=-.53, p=0.01).

Discussion:
Time spent on MH is very limited during PHE even among patients needing MH care. More verbally dominant physicians were less likely to discuss MH. The value of PHE should be enhanced by better integration of MH services.

09A.3 Non-verbal interventions for non-verbal people. A brief history of the Invisible Orchestra project.

Wednesday, 01 October 2014: 10:30 - 10:45; Room: Forum
Title: Non-verbal interventions for non-verbal people. A brief history of the Invisible Orchestra project.
Authors: Politi, P (Pierluigi)
Presenter: Politi, P (Pierluigi)

Introduction: People belonging to the autism spectrum are clinically described as profoundly impaired in communicating, interacting and sharing emotions with others. Nevertheless, they often present a vivid interest and response to music – no doubt, a peculiar communication system with frequent expression of musical talent. We discovered the communicative potential of jazz music in Cascina Rossago, an Italian farm-community tailored for the exigencies of people with low-functioning autism. Jazz music has its fact in something common with the "sameness" of autism (i.e. the cyclic repetition of its harmonic structures) and something so far from autism (i.e. the unpredictable novelty of the improvisation). From 2005 jazz music is weekly performed in Cascina Rossago as part of the Invisible Orchestra project. This presentation resumes the main results of these nine years work.

Methods: This study is a longitudinal observation, based on audio/video-recording of weekly jazz sessions of the Invisible Orchestra at Cascina Rossago. Our aim is to investigate the non verbal communication among the members of the orchestra through two sets of data: a) the study of timing relations between players (entrainment); b) the subjective experience of being "in touch" among the group (intouchness). Timing data suitable for entrainment analysis were obtained by annotating the videorecording; phase alignment between the drum note (person with autism) and the double bass note (gold standard) were calculated for each person with autism. Intouchness has been evaluated with the PIT (Playing in Touch), a questionnaire specifically developed and validated to measure the engagement in creative exchange while playing together.

Results: Using minimal verbal communication in the group, we found a general improvement in entrainment over time and often inside the same session. Intouchness score improved also. Improvement however is not stable over time and requires frequent reinforcements.

Discussion: The common basis for having pleasure while playing together, the so-called "being in the groove", is possible also for musicians who belong to the low-functioning area of the autism spectrum. These people would be, by definition, unable in sharing emotions and also in following any kind of social rhythm. In the flow of the rhythm, non verbal communication is easier.

From a corpus of 600 "threads" in an online discussion forum on metabolism (www.netdoktor.dk) a collection of instances in which participants in the forum discuss causes for unexplained "symptoms" has been analyzed by using ethnomethodological conversation analytic methods. Participants are all in principle "laypersons" and only need a username to participate.

Results: Analysis shows that participants who indicate unexplained bodily experiences as a concern often themselfs suggest a candidate diagnosis, which in this case is metabolism, the predefined topic of the forum. However, participants also recurrently indicate results of medical examinations that suggest otherwise, often blood test results that are normal. Detailed analysis of participants' practices shows that respondents may nevertheless acknowledge the indicated bodily experiences as possibly caused by a metabolic disorder. In cases in which they do so, some medical "evidence" is indicated by the person who has indicated experiencing unexplained bodily experiences, for example indication of a metabolic diagnosis or indication of results of medical examination, which might suggest metabolism as a cause. In these cases participants who respond often indicate personal experiences as part of their response that may further "empirically" validate such a suggestion. In cases in which no medical "evidence" is indicated the bodily experiences described are acknowledged by respondents as possibly medical in nature, and respondents facilitate a diagnosing process with medical professionals.

Discussion: Investigations, such as this, that focus on the details of how participants interact is needed in order to substantiate and qualify sociological and quantitative research that focus on measuring and assessing effects and outcome of internet technologies for healthcare. This study shows that laypersons are highly oriented to (medical) details of how unexplained "symptoms" are described, when they respond.

09A.4 Social practices of “lay-diagnosis” of unexplained bodily experiences in an online discussion forum

Wednesday, 01 October 2014: 10:45 - 11:00; Room: Forum

Title: Social practices of “lay-diagnosis” of unexplained bodily experiences in an online discussion forum
Authors: Andersen, EMA (Elisabeth Muth)
Presenter: Andersen, EMA (Elisabeth Muth)

Introduction: Advancements within internet technology as well as increasing accessibility and use of the internet offers new possibilities and challenges for both health providers and citizens. Statistics show that almost 90 % of Danish citizens use the internet to search for information about illness and health (see http://www.netdoktor.dk/om.htm). This study focuses on how participants in an online discussion forum on metabolism use the forum to discuss possible causes for unexplained "symptoms".

Methods: We performed a Recovery Oriented Practices Index (ROPI) in eight residential services in Belgium. This ROPI instrument provides an overall view on several aspects of the functioning of a service with respect to the attitude towards recovery: such as the degree of fulfilling basic care needs or participation of patients in the development of the treatment plan. A ROPI consists of four interviews with different panels (patients, managers, practitioners and members of the accompaniment team) as well as a study of service documents (brochures etc.) and anonymous treatment plans. An integration of the collected data allows the scoring of eight scales for each service.

Results: Most team members spend a sufficient amount of time and personal attention to the residents. However, in some cases the perspective of the patient himself is not taken into account in the determination of patient needs. Patient participation is rather exceptional in the ins
and outs of the services, in the development of the treatment and accompaniment plans, in the determination of the wishes and good qualities of the patient and in the use of crisis measures. Furthermore, none of the services used shared decision making in the illness management of the patients. The organization of groups of recovery work or mutual support, knowing to improve empowerment, is rare.

**Discussion:**
There is still work to be done to ensure patient participation, empowerment and respect for the patient perspective in the residential services. A possible intervention is to offer training in recovery oriented practices to team members and managers of residential services for long stay. FPS Health, Food Chain Safety and Environment –As part of the scientific evaluation ‘Towards a Better Mental Health Care (Article 107)’

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**098.1 Relationship of Health Literacy and Medication Costs in a Sample of Diabetic Patients in Switzerland**

**Wednesday, 01 October 2014: 10:00 - 10:15; Room: E102**

**Title:**
Relationship of Health Literacy and Medication Costs in a Sample of Diabetic Patients in Switzerland

**Authors:** Mantwill, SM (Sarah); Franzen, JF (Jasmin); Schulz, PS (Peter J.)

**Presenter:** Mantwill, SM (Sarah)

**Introduction:**
Type 2 Diabetes is one of the fastest spreading chronic conditions in the developed world and has become a major issue on the public health agenda. So far studies have identified the association between lower levels of health literacy (HL) and higher costs for emergency department visits, inpatient costs and total health care costs but little is still known about how health literacy affects medication costs. Most studies in the field have mainly looked at the relationship between HL and medication adherence. Although evidence suggests that higher HL is associated with increased adherence in chronic patients which might imply higher medication costs, this paper argues that the contrary might also take place where low adherence causes higher medication costs due to a revolving door effect following non-adherence. Therefore, this paper aims at investigating the relationship between health literacy in type 2 diabetic patients and medication costs over the range of three years.

**Methods:** 391 patients from the German-speaking part of Switzerland who were insured with one of the biggest health insurers of the country were interviewed. People had to have been reimbursed for diabetes medications two years prior to the study and had to be between 35-70 years old. HL was measured by a validated screening question and interview records were subsequently matched with insurance data. Controlling for socio-demographics, diabetes duration and insulin use a bootstrap regression analysis was applied to investigate the relationship between HL and medication costs from 2009 until 2011.

**Results:**
In 2011 and 2010 lower levels of HL were significantly associated with higher medication costs (p &lt; .05).

**Discussion:**
The results suggest that lower levels of HL in diabetic patients will cause higher medication costs. This might be explained by the fact that medication costs could perpetuate over the long run by non-adherence and subsequent redundant refills. Another reason might be that diabetic patients with lower HL in general have more problems in controlling their diabetes and consequently suffer from long-term complications that will cause higher medication costs.

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**098.2 Health Literacy and Shared Decision-Making: Two Complementary Fields of Research**

**Wednesday, 01 October 2014: 10:15 - 10:30; Room: E102**

**Title:**
Health Literacy and Shared Decision-Making: Two Complementary Fields of Research

**Authors:** Dunning, M.K. (Miriam K.); Schulz, P. J. (Peter J.)

**Presenter:** Dunning, M.K. (Miriam K.)

**Introduction:**
Sociopolitical change has lead to an increase of patient involvement in treatment decision-making. Traditionally, doctors were expected to decide for patients and patients were expected to be passive recipients of medical care (Ballard-Reisch, 1990). Over the past decades, patients have been more and more encouraged to play an active and autonomous role in healthcare and specifically in medical decision-making (Charles, Gafni & Whelan, 1997; Frosch & Kaplan, 1999; Xi, 2009). The mentioned sociopolitical change toward patient autonomy allows for patient empowerment. At the same time it creates new responsibilities for patients and raises questions about the type of requirements placed on patients throughout the shared decision-making process. In the field of health literacy, a whole branch of research has focused on patient’s competences. Despite the obvious relation of the research fields on shared decision-making and health literacy, these have been mostly studied separately. The objective of this review is to explain the interdependence of these two fields of research and address ways in which they can be mutually informative.

**Methods:**
Conceptual presentation that reviews research in the fields of health literacy and shared decision-making and offers integrative perspective.

**Results:**
To date, little research has focused on the requirements on the patients in shared decision-making. In contrast, the focus lies frequently on the activities of the health care professional. Basic requirement is the willingness to engage in shared decision-making. Key competences the patient needs to engage in shared decision-making include the ability to understand information and the ability to effectively interact with the health care professional.

**Discussion:**
Investigating the consequences of sociopolitical change in the patient-provider relationship can inform what it takes to “function in the health care setting” under changing circumstances and how to measure it. Focusing on the process of shared decision-making can also help to design patient education measures.

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**098.3 Promoting shared decision making in adults with low health literacy in adult education settings**

**Wednesday, 01 October 2014: 10:30 - 10:45; Room: E102**

**Title:**
Promoting shared decision making in adults with low health literacy in adult education settings

**Authors:** Muscat, D.M (Danielle); Morony, S (Suzanne); Shepherd, H.L (Heather); Dhillon, H; Smith, S.K (Sian); Luxford, K; Nutbeam, D (Donald); McCaffery, K (Kirsten)

**Presenter:** Muscat, D.M (Danielle)

**Introduction:**
Low health literacy is often cited as a barrier for shared decision making (SDM). Our objective was to develop a module to promote SDM and the use of the Ask Share Know questions for Australian adults with low health literacy.

**Methods:**
The module was developed in four stages. In stage 1, 18 qualitative interviews were conducted with low health literacy adults attending basic literacy classes at adult education centres in Sydney. Interviews assessed individuals’ understanding of, and ability to engage in, SDM. Interviews were transcribed verbatim and framework analysis used to organise data and identify emerging themes. In stage 2, the module was drafted in collaboration with health literacy and adult education experts. Stage 3 was an independent review of the module by public health experts with further qualitative interviews with low
literacy students (n=3) for comprehensibility and feasibility. In stage 4, the module will be assessed in a randomised controlled trial among 300 students.

Results:
Interviews showed that students often lacked confidence, language and functional skills to discuss health problems with their health-care providers. Learners described understanding medicine and nutrition labels as challenging and the need to discuss with other health-care providers was highlighted (e.g. Pharmacists). The delivery of a health literacy program in adult education settings was popular among students who were keen to learn about health. The ASK questions were difficult for participants to interpret and are unlikely accessible to adults with low health literacy. Questions relating to risk likelihood were particularly challenging. In Stage 3, adult education experts provided input into the development of learning materials to aid comprehension of these questions. This will be discussed with preliminary findings on the program’s effectiveness from the RCT now in progress.

Discussion:
This iterative development process has resulted in a comprehensive SDM program for adults with low health literacy, with valuable insights in the importance of imparting confidence and functional skills to this population. The complexity of the ASK questions for low health literacy adults was highlighted. Teaching low health literacy individuals to engage in SDM is important to address existing inequalities between low and high health literacy adults.

09B.5 The Immigrant Health Literacy Program: Problem Based Learning

Wednesday, 01 October 2014: 11:00 - 11:15; Room: E102

Title:
The Immigrant Health Literacy Program: Problem Based Learning

Authors:
Tsai, T.I. (Tzu-I)
Tsai, T.I. (Tzu-I)

Introduction:
Low health literacy is related directly and indirectly to poor health outcomes. The impact of health literacy is even greater among immigrants because of linguistic and socio-cultural barriers to accessing health care. Developing health literacy skills among immigrant women is important because women often play a central care giving role in families and other social networks. The purpose of this study was to implement a series of problem-based learning (PBL) modules to enhance health literacy skills among Southeast Asian immigrant women living in Taiwan.

Methods:
The Immigrant Health Literacy Program was a quasi-experimental study, which prospectively recruited 168 Southeast Asian immigrant women. This intervention program consists of seven PBL sessions. Baseline demographic data, short form Mandarin Health Literacy (s-MHLS), health knowledge, navigation competence, empowerment, health promotion behaviors, and health outcomes were assessed. At the end of intervention and 6 month follow-up, we assessed immigrant women’s health promotion behaviors and health outcomes.

Results:
We took several curriculum development steps to develop seven health literacy PBL modules based on the context of various real-life situations, including “New life in a new land”, “My body”, “Pre-visit navigation and preparation”, “Hospital tour”, “Communication with healthcare providers”, “Self-care management”, “My health promotion profile”. The intervention and comparison groups included 76 and 92 Southeast Asian immigrant women respectively. The navigation competence, empowerment, and health promotion behaviors of intervention group were significantly higher post intervention.

Discussion:
This PBL-based Immigrant Health Literacy Program has found to empower immigrant women health literacy competences and allows them to learn both thinking strategies and domain knowledge in the health care encounter.

09C.1 Predictors of empathic and patient-centered care: results of a longitudinal study of 3500 medical students

Wednesday, 01 October 2014: 10:00 - 10:15; Room: E103

Title:
Predictors of empathic and patient-centered care: results of a longitudinal study of 3500 medical students

Authors:
Van Ryn, MVR (Michelle); Phelan, Sean; Hardeman, Rachel

Introduction:
Introduction/objectives The ability to provide empathic and patient-centered communication has been shown to be a crucial component of high-quality and equitable care. The purpose of this paper is to describe and examine the individual student and medical school predictors of 3,500 4th year medical students' beliefs regarding the importance of empathy and patience-centered communication for
patient care as well as their self-efficacy regarding the provision of empathic and patient-centered care.

Methods:
Data for these analyses come from a longitudinal study of 3,500 4th year medical students attending a stratified random sample of 49 U. S. medical schools. Students were invited to complete an online questionnaire in their 1st and 4th years of medical school that included measures of self-efficacy regarding and attitudes towards the value of various aspects of communication during encounters including the importance of empathy, assessing patients’ perceptions and opinions; determining patients’ beliefs, assessing patients’ psychosocial and cultural contexts; and understanding patients’ perspectives

Results:
Several individual level predictors affected both absolute scores and changes in scores, including gender, individual disposition, and sociopolitical attitudinal variables. Medical school factors including social mission score and informal norms predicted absolute scores and changes in scores over time. Students pre-existing attitudes (measured in year 1) interacted with school factors to influence student attitude and self-efficacy in year 4 of medical school.

Discussion:
Discussion/implications Medical student attitudes about the value of empathic and patient-centered care varied when they started medical school. Both individual student factors and medical school factors influenced absolute scores, and changes in, attitudes towards patient centered care and the value of physician empathy in clinical encounters. Time spent on topic also influenced self-efficacy.

Students who are high on discomfort with uncertainty and need for cognitive closure may especially struggle with learning to provide empathic and patient-centered care. Approaches to increasing empathic and patient-centered care Interventions that tailor their approach to pre-existing attitudes may be more effective than a single approach to all students.

09C.2 Engagement and sincerity as missing links in our understanding of clinical empathy.
Wednesday, 01 October 2014: 10:30 - 10:45; Room: E103

Title: Engagement and sincerity as missing links in our understanding of clinical empathy.

Authors:
Brugel, S; Postma-Nilsenova, M.; Tates, K.

Presenter:
Brugel, S

Introduction:
Clinical empathy is considered to be one of the most important skills for medical professionals due to its beneficial impact on patient enablement and effective information exchange. Current research, however, does not offer a unified account of the notion and definitions of clinical empathy frequently overlap with other constructs, including sympathy, emotional engagement, compassion, and pity. Building on previous research by Stepien & Baerstein (2006) and the Tripartite Emotion Expression and Perception Model (TEEP) of Scherer (2011), we argue that the definition of clinical empathy concerns the medical professional’s capacity to convey successfully in his/her behavior a level of recognition of the patient’s affective state. We hypothesized that to achieve this goal, it is necessary that 1) the verbal and nonverbal cues are perceived as congruent (i.e., sincere), and 2) that they are accompanied by cues signaling engagement. In our experiment, we focused on the two most distinctive nonverbal signals of engagement, namely gaze and body orientation, accompanied by verbal statements of emotion recognition (e.g. “I can see how this upsets you”).

Methods:
For the purposes of the study, 32 video vignettes were recorded with eight actors, (4 male, 4 female) acting as trainee doctors, following the guidelines for video vignette creation in medical communication research (Hillen, 2013). In each vignette, a simple utterance expressing emotion recognition was uttered with a neutral intonation, combined with different gaze and body orientation (towards the viewer, away from the viewer) in a 2 x 2 design. Participants rated the vignettes on scales for empathy perception (cognitive and affective), engagement and sincerity.

Results:
The outcomes of the study indicate the importance of nonverbal signals of engagement and sincerity (operationalized in terms of congruence with the verbal message) to the perception of clinical empathy.

Discussion:
Importantly, the nonverbal cues explored in our research can be consciously employed in doctor-patient interactions without having a negative impact on the affective distance necessarily maintained in professional medical settings (Halpern, 2003). In general, our research contributes to understanding of patient perception of empathy by studying the hypothesized causal effect of engagement and sincerity.

09C.3 Eliciting and quantifying beliefs of medical undergraduate students determining the intention to perform empathic behavior
Wednesday, 01 October 2014: 10:45 - 11:00; Room: E103

Title:
Eliciting and quantifying beliefs of medical undergraduate students determining the intention to perform empathic behavior

Authors:
Preusche, I (Ingrid); Gruber, Beate

Presenter:
Preusche, I (Ingrid)

Introduction:
The theory of planned behavior (TPB) by Ajzen is a well-established and validated framework that is used to understand, predict and change human social behavior. The TPB takes three factors into account that are shaping the intention of showing a certain behavior: (a) behavioral beliefs influencing the attitude towards the behavior, (b) normative beliefs forming the subjective norm, and (3) control beliefs shaping the perceived behavior control. Focusing on empathy in communication skills training, this study is designed (a) to gain more knowledge on behavioral, normative and control beliefs towards empathic behavior, defined as the response of the physician (medical student) to an empathic opportunity (Bylund & Makoul) and (b) to quantify the influence of the beliefs thereon.

Methods:
The research population consists of medical undergraduate students in their 2nd (n = 52) and 4th year (n = 77) with curricular training in communication skills. Salient beliefs for these target groups were elicited by a combined inductive and deductive content analysis and the resulting categories were transformed into a questionnaire. Regression analysis was used to quantify the influences of the beliefs onto the intention to show empathic behavior.

Results:
The intention to show empathic behavior was rather high in the study sample. The TPB explained about 40 % of variance in intention to show empathic behavior. All three beliefs contributed substantially although the elicited underlying beliefs were quite similar in 2nd and 4th year students, differences between these groups could be observed, e.g., regarding the normative beliefs.

Discussion:
The TPB proved valuable for analyzing factors important to the intention to perform empathically. The challenge for communication skills training is not to raise the intention per se, but to make sure that the elicited beliefs are incorporated and that the students’ intention to perform empathically can thus be transferred into actual behavior.

09C.4 Psychiatrist questions, the therapeutic alliance and empathy in schizophrenia.
Wednesday, 01 October 2014: 11:00 - 11:15; Room: E103

Title:

Psychiatrist questions, the therapeutic alliance and empathy in schizophrenia.

Authors:
Thompson, Laura; McCabe, Rose

Presenter:
Thompson, Laura

Introduction:
Psychiatry is not conceivable without clinician questions. They are the mechanism for achieving clinical objectives and managing the formation of a therapeutic alliance. Clinical texts typically define questions in binary terms e.g. ‘open’ vs ‘closed’ - encouraging the ‘open’ form as a mode to elicit patient experience in a climate of ‘patient-centredness’. However, previous research employing a more sensitive classification has found psychiatrists’ declarative questions – a subtype of the ‘closed’ category – predicted better therapeutic alliances and patient adherence in schizophrenia. Qualitative research is necessary to explicate this link and understand the function of declarative questions in this setting.

Methods:
210 declarative questions were extracted from a random selection of 30 psychiatric outpatient consultations. Conversation analysis was used to analyse systematic pragmatic, lexical, epistemic and sequential features of questions.

Results:
Declarative questions were recurrently ‘so-prefaced’ formulations of patients’ prior talk that displayed sensitivity towards the emotional aspects of patients’ accounts or troubles telling e.g. ‘so you feel a bit anxious?’, ‘so you’re happy being on your own?’, ‘so you got a little bit depressed?’ While functioning to display understanding of patient experience, they simultaneously distilled summaries within a psychiatric frame of relevance and aided topic transition: declarative questions were associated with sequence constraint (in 3 ways; minimal patient responses, absence of third position post-expansion, subsequent topic change by the psychiatrist) and less patient talk overall within consultations.

Discussion:
A more granular definition of questioning practices is necessary to improve communication in psychiatry. Declarative questions may provide a candidate for enhancing the therapeutic alliance - or an index of its constitution in clinical interaction. The function and consequences of declaratives may be more nuanced than negatively connotated closed or ‘leading’ questions. By displaying a more ‘knowing’ stance than other question types, declaratives create an opportunity for patients to confirm psychiatrists’ grasp of their state of affairs such that they may be hearable as displays of empathy and active listening. Meanwhile, by achieving mutual understanding they are epistemically conducive to effectuating topical closure and may offer a narrative sequencing device in routine consultations.

09A.5 Does source of patient recruitment affect the impact of communication on trust?

Tuesday, 30 September 2014: 03:30 - 03:45; Room: Forum

Title: Does source of patient recruitment affect the impact of communication on trust?

Authors:
Hillen, M.A. (Marij); de Haes, J.C.J.M. (Hanneke); Verdam, M.G.E. (Mathilde); Smets, E.M.A. (Elle)

Presenter:
de Haes, J.C.J.M. (Hanneke)

Introduction:
To facilitate patient recruitment, medical communication researchers frequently refer to patient associations, self-help groups or advocacy groups. Members of such groups, however, may not always be representative of the average patient. The aim of this study was therefore methodological: to estimate if cancer patients accrued through patient organizations differ from patients accrued through hospital outpatient clinics on 1) socio-demographic and personality characteristics, 2) trust levels, and 3) the impact of oncologist communication on trust. As such, this study provides insight into the impact of patient accrual choices patient accrual on patient-reported outcomes.

Methods:
In an experimental video-vignettes study, the impact of oncologist communication on trust was tested. Background characteristics (socio-demographics, trait anxiety, health locus of control and attachment style), reported trust, and the impact of communication on trust were compared between cancer patient organization members and patients recruited through the oncology outpatient clinics.

Results:
Cancer patient organization members (n = 196) were younger and higher educated than clinical patients (n = 148). Members felt more personal control over their health (p < .01) but were also more anxious (p < .05). They reported lower trust in general health care (p < .05), in their own oncologist (p < .001) and in the oncologist in the videos (p < .05). The impact of oncologist communication on trust was similar for both groups.

Discussion:
We established that patient organization members differ from clinical patients in socio-demographic and personality characteristics. Moreover, they appear to perceive and judge physicians more critically, not only their own care provider but also a newly observed oncologist. Despite these differences in the strength of trust, both groups appear equally affected by oncologist communication. Thus, although including cancer patient organization members may impact the generalizability of some findings, using these participants to investigate communication appears justified. Research including both members and patients recruited through hospital clinics may take group membership into account as a possible confounder.

09D.1 Patient safety on the press in Italy, a preliminary investigation of the terms and trend

Wednesday, 01 October 2014: 10:00 - 10:15; Room: E104

Title: Patient safety on the press in Italy, a preliminary investigation of the terms and trend

Authors:
Bellandi, TB (Tommaso); Sassi, M (Manuela); Beleffi, E (Elena); Tartaglia, R (Riccardo)

Presenter:
Bellandi, TB (Tommaso)

Introduction:
Patient safety is a public concern. In Italy, the wide majority of the citizens (97%) reported that medical errors are an important problem (Eurobarometer 241, 2006), but the proportion of those who reported to have suffered an adverse event (15%) is much below the EU average of 26% (Eurobarometer 327, 2010). Then we decided to systematically analyse the terms used on the press to report patient safety incidents and to look at eventual correlations between the trend of terms, catastrophic events occurred, regulations and practices to reduce risks.

Methods:
We used a dedicated software developed for collecting, storing and analyzing all health news. Quantitative and qualitative analysis were conducted on the DB of articles published from 1990 to 2012 in the three main Italian newspapers, applying a set of 6 terms of common and technical language to refer to patient safety incidents. Also, we reviewed the national regulations and the database of adverse events collected since 2006.

Results:
On a total of 38.365 articles on health topics, 0,5% refer to patient safety incidents. The most frequent word used is “malpractice” (59,4%), followed by “adverse reaction” (17,5%) and “adverse event” (10,5%). Peaks are in 2007 (17,1%), 2010 (14,6%) and 2008 (12,2%), whilt no clear trend neither for the aggregated data nor for the individual terms used. Peaks seem to be attributable to the media coverage of individual catastrophic event, such as the transplantation of three organs from an HIV-positive donor and the death of a woman following an unnecessary surgery due to a mis-identification of the CT-scan (2007), the death of the babies during delivery within
three weeks at the same hospital (2008). In 2010 the peak correspond to the publication of the national enquiry on malpractice at the Parliament.

Discussion:
Patient safety incidents are not very popular on health news. Despite the effort made to develop regulations and practices for patient safety and for public disclosure of incidents, the peaks seem to be related to individual catastrophic events and malpractice issues. Further investigation is needed to understand the influence of the press on clinical risk perception and improve the information on patient safety.

09D.2 KOKOS – a communication skills training for patients with chronic diseases

Wednesday, 01 October 2014: 10:15 - 10:30; Room: E104

Title: KOKOS – a communication skills training for patients with chronic diseases
Authors: Schöpf, A.C.; Schmidt, E.; Farin-Glattacker, E.
Presenter: Schöpf, A.C.

Introduction: Doctor-patient communication is essential in healthcare. Despite the fact that communication is a two-way exchange and that patient participation can benefit health outcomes, most research has focused on doctors’ communication behaviours and on how to improve their communication skills. The few published patient communication skills interventions have often employed written information, videos or short face-to-face interventions. Our aim was to design a group training (KOKOS – “Kommunikationskompetenzz-Schulung” meaning communication competence training) to enhance the communication skills of patients with chronic diseases.

Method: KOKOS is designed to (1) raise patients’ awareness that they have a strong impact on the communication process and (2) promote patients’ communication skills in doctor consultations. In order to raise patients’ awareness about their influence, KOKOS provides them with knowledge about the communication process and influencing factors. It emphasises that patients always influence doctor-patient communication, even if they are not aware of it or if they are not speaking at a certain moment. In addition, patients learn what active communication behaviour is and about its potential advantages and disadvantages. KOKOS also aims to enhance active behaviour by providing information and by practising active behaviour, e.g. in small groups. Influenced by Cegala and colleagues’ PACE model and written education material, the training covers the preparation and follow-up of consultations and active behaviours during consultations. The training consists of two modules (two hours each). We evaluate the training with evaluation sheets in five support groups for patients with sarcoidosis, Parkinson’s disease, rheumatism or retinal degeneration between January and May 2014.

Results: The evaluation of Module 1 in the first three support groups was generally positive. Most participants indicated that the training would influence their behaviour in future doctor consultations. For example, they stated that they will prepare and follow up their consultations better and that they will phrase their questions more specifically. Suggestions for improvement included more time for discussions and more practical examples.

Discussion: The initial results show that the participants felt empowered by KOKOS to influence doctor-patient communication. Future research is needed to show whether participants really change their behaviour in doctor consultations after participating in KOKOS.

09D.3 Are theoretical models of health care communication applicable in the physiotherapy setting?

Wednesday, 01 October 2014: 10:30 - 10:45; Room: E104

Title: Are theoretical models of health care communication applicable in the physiotherapy setting?
Authors: Hiller, A (Amy); Delaney, C (Clare); Guilllem, M (Marlys)
Presenter: Hiller, A (Amy)

Introduction: Models of healthcare communication such as biomedical, biopsychosocial and patient-centred care, are described in healthcare literature. Little is known however, about whether and how these models are enacted in practice in particular health disciplines. Physiotherapy interactions in private practice are a specific scenario where assessment, diagnosis, treatment and education often occur in 20-30 minute sessions. This research sought to explore and answer the question: ‘Which, if any, current models of healthcare interactions are evident within patient-physiotherapist interactions in the private practice setting?’

Methods: Eight physiotherapists and their patients from two physiotherapy private practices in Melbourne Australia were the research participants in this qualitative research project. Data collected consisted of observation and audio-recording of fifty physiotherapy treatment sessions. Subsequently, eighteen individual in-depth interviews with both physiotherapist and patient participants were undertaken. This presentation will focus on data from the observations and eight physiotherapist participant interviews. Field notes and transcribed audio-recordings from treatment sessions and interviews were collated and data was analysed using thematic analysis. Emerging themes were then compared and contrasted with theoretical features of health care models as described in the literature.

Results: A biomedical communication model is most evident in this setting. Patient-physiotherapist interactions are structured and focus predominately on biophysical elements, with aspects of other communication models sporadically utilised. Physiotherapist participant interview data revealed that physiotherapists do not explicitly link their own communication style in practice to theoretical models. Physiotherapists do, however, describe characteristics of communication that are important to them as individual therapists. These findings suggest that physiotherapists use a combination of communication strategies in an intuitive way that does not clearly reflect the models described in the literature.

Discussion: The results of this empirical research suggest that communication in physiotherapy practice is not distinctly based on healthcare communication theory. This contrasts with other aspects of the physiotherapy therapeutic interaction where clinical practice reflects an evidence base. The likely reasons for this discrepancy are that general healthcare communication models are not applicable to physiotherapy in their current form or that physiotherapists are lacking practical education teaching them how to incorporate communication theory into practice.

09D.4 Psychometric evaluation of the German version of the patient activation measure (PAM 13)

Wednesday, 01 October 2014: 10:45 - 11:00; Room: E104

Title: Psychometric evaluation of the German version of the patient activation measure (PAM 13)
Authors: Zill, JMJ (Jórdis Maria); Dwinger, SW (Sarah); Kriston, LV (Levente); Rohenkohl, AR (Anja); Härter, MH (Martin); Dirmairer, JD (Jörg)
Presenter: Zill, JMJ (Jórdis Maria)

Introduction: The Patient Activation Measure (PAM) consists of 13 items and assesses patient (or consumer) self-reported knowledge, skills, and confidence for self-management of one’s health or chronic condition. The aim of this study was to translate the original American version
of the PAM13 into German and to test the psychometric properties of the German version in an elderly, multimorbid population with various chronic conditions.

Methods:
Translation was performed by a standardized forward-backward translation process. The PAM13 was sent to 9,075 participants enrolled in a randomized controlled study. 4,306 participants responded to the questionnaire. Descriptive and reliability analyses were carried out. To examine scale properties, Andrich’s Rasch Rating Scale Model was fitted.

Results:
The internal consistency is good (α = 0.88) and the item-rest-correlations were found as strong to moderate. The unidimensionality of the construct was confirmed, with a variance explanation of 40.9% and good model-fits for the Rasch model. However, the lowest response options were very rarely used across all items (below 5%) and ranking order of items according to their difficulty was substantially different from that of the American version. Differential item functioning (DIF) was found in subgroups (sex, age, health status), but differences were small.

Discussion:
The German version of the PAM13 showed acceptable reliability and the model-fit statistics confirmed the Rasch model. The different ranking order of the items and the unfair distribution of the response options suggest further research on validation and revision of the construct.

09D.5 “Are you afraid of pneumonia?” Patients’ Feedback on an Educational Video about Pneumococcal Vaccination

Wednesday, 01 October 2014: 11:00 - 11:15; Room: E104

Title: “Are you afraid of pneumonia?” Patients’ Feedback on an Educational Video about Pneumococcal Vaccination

Authors: Brown, T (Tiffany); Goldman, SN (Shira N.); Cameron, KA (Kenzie A.)

Presenter: Cameron, KA (Kenzie A.)

Introduction: Pneumococcal disease causes significant mortality among older adults. In the United States (U.S.), pneumococcal vaccination (PnVx) is recommended for all individuals 65 and older. However, U.S. vaccination rates reach only 62.3% and racial disparities persist with 66.5% vaccination among whites and 47.6% among blacks. Based on our previous research, we developed a two-minute video to encourage uptake of PnVx. Our objective was to gather qualitative patient feedback toward the video.

Methods: We recruited 65-66 year old black and white patients with no record of PnVx receipt or refusal to participate in audio-recorded focus groups. We asked participants about their knowledge of pneumonia and PnVx, and for feedback on a brief educational video.

Results: We conducted six racially concordant focus groups (4 groups with white patients, 2 with black patients). Mean age was 65.9, 81% were female, and 39% had received PnVx. Based on our previous research, the video focused on individual susceptibility to pneumonia and included testimonial from a black man whose late wife refused PnVx, which black patients found particularly persuasive. Overall response to the video was positive (e.g., “I’m going to go get my shot now. I didn’t realize how potent and prevalent it is”). However, some disliked the heavy focus on pneumonia severity (“I find it dire. Very uncomfortable watching it”). Several participants indicated that watching this video at an appointment could initiate discussion with their providers (“I might talk to my doctor. I don’t know if she could persuade me to get it.”). Participants reported liking the video’s emphasis on vaccination across the lifespan (video narration included: “Just as you got vaccinated as a child, you need to receive important lifesaving vaccines as an adult”).

Discussion: Participant feedback led to video revisions, specifically lessening the focus on the severity of pneumonia. The testimonial, focus on personal susceptibility, and vaccination across the lifespan were included in the final version. The revised video is under two minutes, has been integrated into the electronic health record, and is being tested at the point-of-care to assess its effect on receipt of PnVx among eligible patients.

09E.1 Examining the relationship between empowerment and adherence to therapeutic regimen: Potential pitfalls of patient-centeredness?

Wednesday, 01 October 2014: 10:00 - 10:15; Room: E105/6

Title: Examining the relationship between empowerment and adherence to therapeutic regimen: Potential pitfalls of patient-centeredness?

Authors: Náfrádi, L; Nakamoto, K; Schulz, P

Presenter: Náfrádi, L

Introduction: The patient-centered view of therapies emphasizes the importance of involving the patients in the decision-making process with their physician and supporting their autonomy. The effects of empowering the patients on medication adherence, however, are still not clear. Although a great number of empirical studies have been conducted to specify the role of empowerment and other related constructs (e.g. self-efficacy, confidence, locus of control) in medication adherence, no systematic review has to date summarized the major related issues. The aim of this paper is to explore the state of knowledge about the relationship between patient empowerment and adherence.

Methods: Relevant studies were retrieved through a comprehensive search of the Medline database to enable a thorough assessment of the findings on the association between adherence to prescribed medication and empowerment. The initial search produced 1659 results. After applying strict inclusion and exclusion criteria, 255 studies were considered to be relevant and included in the final analysis.

Results: Although the majority of the articles (81%) report a positive correlation between empowerment and adherence, some studies have found no relationship (9%) or a negative relationship (1%). Moreover, a considerable number of empirical results (9%) highlight the phenomenon of ‘critical adherence’ referring to non-adherent patients with a high level of perceived self-efficacy. The over-confidence of these patients can lead them to overrule physicians’ advice regarding prescriptions. These results suggest a possible non-linear U-shaped relationship between empowerment and adherence. This association can be mediated by several other factors such as patients’ preferences, disease type as well as health literacy.

Discussion: The review contributes to our knowledge about the physician-patient alliance and the relationship between medication adherence and patient empowerment. The findings have important implications for the potential drawbacks of patient-centered health care when highly empowered patients lack the adequate knowledge to make autonomous therapy decisions. Moreover, the study highlights the need to consider the appropriate level of empowerment taking into consideration important exogenous factors, particularly health literacy.

09E.2 Addressing Medication Adherence in Patients with Type 2 Diabetes: A Pharmacist - Community Health Worker Model of Care

Wednesday, 01 October 2014: 10:15 - 10:30; Room: E105/6

Title: Addressing Medication Adherence in Patients with Type 2 Diabetes: A Pharmacist - Community Health Worker Model of Care

Authors: Sharp, DR (Lisa); Gerber, Ben; Rapacki, Lauren; Rodriguez, Aida; Rojas, Enrique
09E.4 Patient Concordance with Behavioral Change Goals and Provider MI Consistency

**Wednesday, 01 October 2014: 10:45 - 11:00; Room: E105/6**

**Title:** Patient Concordance with Behavioral Change Goals and Provider MI Consistency

**Authors:**
- Laws, MBL (Barton)
- Beach, MCB (Mary Catherine)
- Lee, YL (Yoojin)
- Rose, GR (Gary)
- Rogers, WHR (William)
- Taubin, TT (Tatiana)
- Wilson, IBW (Ira)

**Presenter:** Laws, MBL (Barton)

**Introduction:**

A small number of studies that assessed consistency with the technical component of Motivational Interviewing (MI) in routine medical practice have found it to be associated with desired behavior change outcomes, or client change talk. However, it may be that patients’ expressed concordance with behavioral change goals affects providers’ verbal behavior.

**Methods:**

In connection with a trial in which HIV care providers received brief training in MI, we coded behavioral change discussions in routine visits using the Motivational Interviewing Treatment Integrity (MITI) system. We classified each “episode” – all discussion about a given targeted behavior change (TBC) within a given visit – according to whether the patient overtly expressed concordance with the behavior change goal, or either resisted the change or did not express a direction of motivation. As these episodes were brief, patients’ expressed concordance with the goals did not change during the interaction. TBCs included medication adherence, smoking, alcohol and other drug abuse, and diet and weight control.

**Results:**

There were 295 concordant and 118 discordant episodes in 206 encounters with 12 different providers, median number of utterances per episode was 17. MI consistent (MICON) behaviors were strongly and highly significantly associated with patient concordance, including MICON utterance counts per episode (p<0.001), reflection to question ratio (p<0.002), and percent MI adherent behaviors (p<0.001). These associations remained as strong when controlling for pre- and post-intervention. Total provider reflections per episode also became significantly associated (p=0.045).

**Discussion:**

Findings that MI consistency in primary care is associated with positive outcomes could be explained by patient influence on provider behavior.
09E.5 General Practitioners’ Use of Argumentation to Support Treatment Recommendations: Effects on Patients’ Perceptions and Intentions

Wednesday, 01 October 2014: 11:00 - 11:15; Room: E105/6

Title:
General Practitioners’ Use of Argumentation to Support Treatment Recommendations: Effects on Patients’ Perceptions and Intentions

Authors:
Labrie, N.H.M. (Nanon)
Labrie, N.H.M. (Nanon)

Introduction:
It has been argued that, guided by the ethical and legal principle of informed consent as well as the ideal standards of participatory and evidence-based medicine, general practitioners should ideally provide argumentative support for their recommendations. As such, they can simultaneously encourage and allow their patients to actively take part in the treatment decision-making discussion. There is an increasing body of research focusing on the ethical aspects of general practitioners’ provision of argumentation, yet little is known about its effects on consultation outcomes.

Methods:
This paper reports on an experimental study in which the effects of general practitioners’ argumentative support for their treatment recommendations were investigated using scripted video-vignettes. 434 participants were randomly assigned to one of nine experimental conditions in which the presence and theoretical reasonableness of the doctors’ argumentation were systematically varied. Participants, acting as simulated patients, were asked to watch a video-vignette in which a doctor provided them with treatment recommendations concerning a common general practice complaint. Subsequently, participants completed a survey.

Results:
Doctors’ provision of reasonable argumentation (versus unreasonable/no argumentation) was found to positively influence participants’ perceptions of the general practitioner as a participatory decision-maker and as a credible medical expert. Moreover, the use of reasonable argumentation was shown to have a positive impact on participants’ acceptance of the doctors’ treatment advice and, subsequently, their intention to adhere to the advice.

Discussion:
There are strong legal and ethical considerations for doctors to provide argumentation in support of their treatment advice. Yet, the present study shows that there are also solid pragmatic reasons for doing so: Doctors’ provision of reasonable argumentation positively impacts consultation outcomes of crucial importance. Moreover, the findings suggest that by giving reasonable arguments, doctors can indeed effectively maintain a balance between keeping a patient-centered focus and establishing their role as medical experts. As such, providing argumentation does not only comply with the ideal of patient-centeredness, but also with the standard of evidence-based medicine – two paradigms that have often been viewed as incompatible. Taken together, these findings prompt a debate about the promise and relevance of doctors’ argumentation skills (training) in general practice consultation.

09F.1 The effects of Risk and Trust on Intended and Actual Disclosure

Wednesday, 01 October 2014: 10:00 - 10:15; Room: E107

Title:
The effects of Risk and Trust on Intended and Actual Disclosure

Authors:
Schmidtke, KAS (Kelly)

Introduction:
Organizational practices and political policies over the past two decades have increasingly emphasized patient-centered care and shared decision-making. Importantly, these practices are only possible if patients choose to disclose their physical and/or psychological concerns to their caregivers. Therefore recognizing factors that promote patients’ actual disclosure is essential to realize patient-centered care and to create a better patient experience. Two widely recognized factors that affect disclosure are risk and trust.

Methods:
This present experiment offers a factorial analysis of risk and trust perceptions on intended and actual health-related disclosure. The participants in this experiment were asked to complete two online health surveys in conditions that prompted different perceptions of risk (secure vs unsecure data) and trust (undergraduate researcher vs internationally acclaimed professor). The first survey asked participants if they would respond to certain items that varied in intrusiveness. For example more intrusive items asked about participants’ sexual history and drug use, while less intrusive items asked about their ethnicity or gender. The items were arranged to form pairs where one used close and the other open-response, e.g., “How many alcoholic drinks do you have per week?” Vs “Describe how alcohol affects your life.” Four weeks later a second survey asked participants to actually answer the same items.

Results:
The results demonstrate unique effects of risk and trust on intended and actual disclosure. Specifically, risk more greatly affected intended disclosure than trust, and that trust more greatly influence the actual disclosure than risk. The greatest effects were found for patients in the Low Risk / Low Trust conditions. High trust conditions often spared participants the negative effects of the High Risk and were particularly relevant to participant’s open-ended responses. In particular, participants in the high trust condition composed longer responses to items regarding their legal drug use and sexual history.

Discussion:
These results have important bearing for healthcare professionals who treat patients who are concerned about their legal drug use (e.g., prescription/alcohol) and/or sexual experiences. Practical ways to increase trust perceptions are discussed and future research is proposed.

09F.2 The impact of physician communication style on the elicitation of therapeutic patient narratives

Wednesday, 01 October 2014: 10:15 - 10:30; Room: E107

Title:
The impact of physician communication style on the elicitation of therapeutic patient narratives

Authors:
Roter, Debra L; Park, Stella K; Erby, Lori H; Ann, Adams; Buckingham, Christopher D; Vail, Laura; Realpe, Alba

Introduction:
Written narratives that include elements of cognitive and emotional processing have been linked to therapeutic benefit across a host of conditions. While similar processes appear to apply to spoken narratives, few studies have explored this dynamic within medical visits. The current study is designed to examine this question and hypothesizes that more therapeutic narrative elements are elicited by high relative to low patient centered (PC) physicians.

Methods:
In an experimental study, 300 volunteers (mean age 47 years, 70% African American and 56% female; 44% prior depression discussion with a physician) were recruited and instructed to verbally respond to high PC and low PC physicians of varying race and gender within the context of a computer-based, depression-focused simulated medical visit. The verbal disclosures were transcribed and prepared for Linguistic Inquiry Word Count (LIWC) processing. The LIWC calculates the frequency of words designated to a variety of categories, including those indicative of cognitive and emotional processing. Analysis used repeated measures to account for within-subject correlation and control variables included prior depression discussion with a physician, gender and race (AP and physician), total disclosure word count and session sequence.

Results:
AP disclosures in the high relative to low PC condition included significantly more insight words and negative affect words (p<0.01) indicative of greater cognitive and emotional processing during the simulation.

Discussion:
Patient-centeredness has been linked to a variety of positive patient effects, however, the pathways through which the benefit is achieved is not clear. The study findings suggest that one mechanism by which it may help patients is by assisting them in cognitive and emotional processing of their illness experience. The context of the current study is depression, and considering the significant challenges associated with effective treatment of depression in primary care, patient centered care may act as a powerful therapeutic agent.

099.3 Spiritual history taking in palliative home care: a cluster randomized controlled trial

Wednesday, 01 October 2014: 10:30 - 10:45; Room: E107

Title:
Spiritual history taking in palliative home care: a cluster randomized controlled trial

Authors:
Vermandere, MV (Mieke); Warmenhoven, Franca; Van Severen, Evie; De Lepeleire, Jan; Aertgeerts, Bert

Introduction:
According to the World Health Organization, spiritual care is an essential dimension of palliative care. Many health care providers (HCPs) experience barriers to addressing spiritual needs, such as not having the right vocabulary, a lack of education or confidence, a view that spiritual care is someone else’s responsibility, and the influences of secularism and diversity in society. Several instruments have been developed to facilitate addressing spirituality in clinical practice. The aim of this study was to investigate the effect of a structured spiritual history taking on the spiritual wellbeing of palliative patients in home care.

Methods:
A cluster randomized controlled trial was conducted between February and October, 2013. Registered nurses and family physicians approached eligible patients with an incurable, life-threatening disease for study participation. Health care providers allocated to the intervention arm of the study performed a spiritual history taking on the basis of the ars moriendi model. Health care providers in the control arm provided care as usual. Patient-reported outcomes on spiritual wellbeing, quality of life, pain, and patient-provider trust were assessed at two points in time.

Results:
Two hundred forty-five health care providers participated in the study (204 nurses and 41 physicians). Forty-nine patient-provider dyads completed the entire study protocol. The median age of the patients was 75 years (range 41 – 95 years) and 55% of the patients were female. There were no significant differences at any point in time in the scores on spiritual wellbeing, quality of life, pain, or patient-provider trust between the intervention and the control group.

Discussion:
This cluster randomized controlled trial showed no demonstrable effect of spiritual history taking on patient scores for spiritual wellbeing, quality of life, health care relationship trust, or pain. Further research is needed to develop instruments that accurately assess the effectiveness of spiritual interventions in palliative care populations.

099.4 Factors associated with disclosure of symptoms indicative of colorectal cancer

Wednesday, 01 October 2014: 10:45 - 11:00; Room: E107

Title:
Factors associated with disclosure of symptoms indicative of colorectal cancer

Authors:
Rogers, HL (Heather); Siminoff, LA (Laura)

Introduction:
The primary objective of this analysis was to examine the factors associated with disclosure of symptoms indicative of Colorectal Cancer (CRC) to a Health Care Provider (HCP) and family or friends.

Methods:
252 patients from Virginia and Ohio diagnosed with CRC who experienced symptoms prior to diagnosis completed validated questionnaires [including The Medical Outcomes Survey (MOS) Social Support Scale] and a 2-hour, semi-structured qualitative interview to assess (a) symptom recognition, appraisal, and coping, (b) communication with HCPs, family, and friends, and (c) ease of access to care. Patient-provided information was verified via review of medical records.

Results:
1 out of 5 individuals (20%) disclosed their symptoms to an HCP prior to telling family/friends, with an appraisal delay (AD) of 1.5 months and most disclosure often occurring at a primary care visit for those symptoms. 78% disclosed symptoms to family and/or friends first, with an AD of 5.8 months. These individuals were older than age 50 (p<0.05) and more likely to take action based on the influence of others (p<0.05). They waited an average of 5 weeks to disclose to their spouses (52%), children (30%), sibling (24%), friends (28%), and/or co-workers (19%). Waiting over a month to disclose to family/friends was associated with younger age (p=0.07), being more likely to self-treat initial symptoms (p<0.05), not having a regular HCP (p<0.01), having financial issues that interfered with seeking care (p<0.05), and not having had a CRC screening test in the past (p<0.01). Those who waited to disclose were less likely to tell a sibling (p<0.01) and were less accustomed to sharing personal issues with others (p<0.01), but more likely to report being influenced by suggestions to seek medical care (p=0.06). These individuals had lower scores on the MOS Social Support sub-scales: Emotional/Informational, Tangible, Affectionate, and Positive Social Interaction (p's<0.05).

Discussion:
Waiting to disclose symptoms to an HCP is associated with psychological factors, prior medical history, and access to care issues. Family and/or friends have a reported positive influence on care seeking, especially when individuals waited over a month to disclose symptoms to anyone.

099.5 'I still have no idea why this patient was here': an exploration of the challenges GP trainees experience during information-gathering

Wednesday, 01 October 2014: 11:00 - 11:15; Room: E107

Title:
‘I still have no idea why this patient was here’: an exploration of the challenges GP trainees experience during information-gathering

Authors:
Girolid, E (Esther); Veldhuijzen, W (Wemke); Bueving, HJ (Herman); Weijden, T van der (Trudy); Vleuten, C van der (Cees)

Introduction:
The gathering of information during patient encounters is essential for appropriate diagnostics and treatment and for the delivery of patient-centered care. The literature mentions several specific situations in which information-gathering is likely to be difficult, yet does not give a comprehensive insight into what makes information-gathering problematic. To obtain insight into areas that require more attention in medical communication training, this study explores what challenges GP trainees encounter when gathering information.

Methods:
In this phenomenological study, we observed a morning clinic of 15 GP trainees. To explore trainees’ experiences during information-gathering, we held short interviews after every consultation and a
longer interview directly after the morning clinic. The resulting data was analyzed using template analysis.

Results:
From the trainees’ reflections, we distilled five challenges that trainees encounter: 1) overcoming barriers to asking questions; 2) ensuring that patients provide sufficient information; 3) limiting and structuring excessive and disorganized information; 4) calculating the trustworthiness of the information; 5) keeping an open mind.

Trainees described how the specific context, i.e. trainees’ and patients’ characteristics, feelings, beliefs and communication, as well as various other consultation factors, contributed to these challenges.

Discussion:
Information-gathering is challenging for GP trainees, particularly when a variety of problematic factors is clustered within one consultation and goal-conflicts arise. Medical communication training may need to support trainees in handling their goal-conflicts while also providing them with helpful tools adapted to meet specific challenging situations. Empirical studies may provide insight into how to handle these situations effectively.

09G: Rethinking Probabilistic Risk Information and Individual Health Decision Making
Wednesday, 01 October 2014: 10:00 - 11:30; Room: E108
Christine Holmberg, Charité Universitätsmedizin Berlin, Berlin School of Public Health
Erika Waterman, Washington University, Institute for Public Health
Symposium overview:
Probabilities aid individual health decision making in the field of breast cancer risk reduction. The symposium aims to investigate the difficult nature of the relationship between probabilities that pertain to populations and individuals that need to make treatment decisions from patients’ perspectives and from observations of health care provider-patient interactions.

Presentation 1
Moving targets: The process of counselling on risk
Sarah Blakeslee, Charité Universitätsmedizin Berlin, Berlin School of Public Health
Ambiguities exist in counselling women on their breast cancer risk despite recommendation guidelines. This session will describe how providers strategically balance risk reduction strategies in the space of prognostic uncertainty and how patients experience these counselling encounters through a framework of a continuum of care. Highlighting counselling as process, the outcome of breast cancer risk counselling encounters are not routinely a decision on treatment, but the development of a strategy for risk care.

Presentation 2
Explanation models of risk: The role of social context in risk perception and decision making
Christine Gunn, Department of Health Policy and Management, Boston University
This session will describe how women use explanatory models to make decisions about risk-reducing behaviors. There are important differences between explanatory models of illness and prevention that influence adoption of medical interventions for risk. In the absence of traditional illness symptoms, women construct personal trajectories of risk in imagining future disease. Women construct these trajectories by relying on their own health experiences, illness experiences within their social network, doctors’ evaluations, and perceptions of bodily changes.

Presentation 3
Factors that influence the intake of breast cancer risk treatments
Angela Fagerlin, University of Michigan, Center for Bioethics and Social Sciences in Medicine
Dr. Fagerlin will describe research that shows that women at high risk for breast cancer are not interested in taking tamoxifen and raloxifene to prevent a primary diagnosis of breast cancer, regardless of how the risks and benefits are described. Furthermore, she will discuss the results of a conjoint analysis that tested what a chemoprevention drug have to consist of in order for high risk patients to want to take such a drug.

Presentation 4
The meaning of risk
Christine Holmberg, Charité Universitätsmedizin Berlin, Berlin School of Public Health
In this paper I investigate the concept of risk as an epidemiological concept and as an everyday term used to talk about danger. It is the overlap of these different meanings of risk that interact in clinical settings that translate population probabilities into tools for individual decision-making. Working through these different meanings allows an understanding of how treatments for risk reduction of breast cancer work to transform women’s narratives of suffering into narratives of healing.

10A.1 Patient-Teachers in Patient Safety: What can we learn from learning with patients and family members?
Wednesday, 01 October 2014: 12:00 - 12:15; Room: Forum

Title:
Patient-Teachers in Patient Safety: What can we learn from learning with patients and family members?

Authors:
Martinez, W; Browning, D; Varrin, P; Sarnoff Lee, B; Bell, SK

Presenter:
Bell, SK

Introduction:
Experts recommend engaging patients in safety efforts, but robust partnering experiences are limited. We developed a workshop on medical error disclosure and prevention bringing interprofessional clinicians together with patients/family members.

Methods:
A prepost survey design was used to evaluate the impact of workshops on concordance of clinician and patient/family views regarding error disclosure. Survey items utilized a 5-point Likert-scale from strongly disagree=1 to strongly agree=5.

Results:
Baseline surveys were completed by 96% (53/55) of interprofessional clinicians who registered for workshops and 81% (71/88) of patients/family members from two hospital advisory councils. Patient expectations regarding error disclosure were significantly different from clinicians’ across 72% (8/11) of “expectation” items. Patients were more likely than clinicians to believe “patients want to know all the details of what happened” (mean, 4.72 v. 4.20, p<0.001), and less likely than clinicians to believe “patients find explanation(s) more confussing than helpful” (mean, 1.64 v. 2.64, p<0.001), and “patients no longer trust their doctor” (mean, 2.35 v. 3.10, p<0.001). Presented an error vignette (antibiotic administered despite allergy with no immediate adverse effect), patients were more likely than clinicians to agree that the error should be disclosed (mean, 4.77 v. 4.30, p<0.005), that the patient/family would want to know (mean, 4.63 v. 4.30, p=0.02), and less likely to agree that the disclosure would do more harm than good (mean, 1.67 v. 2.14, p=0.02). Following the workshop, patient and clinician views showed greater concordance, with differences in ≥50% of expectation items, and no significant differences in the vignette responses. All (9/9) patients and 84% (46/55) of clinicians completing the program felt comfortable discussing errors together and nearly all (96%) clinicians reported patient/family participation was valuable to their learning. At 3-month follow-up, 79% (30/38) of clinicians stated workshop participation helped make their patient interactions more collaborative. All patients reported the same about clinicians.

Discussion:
An educational paradigm that includes patients/family members in error disclosure and prevention training is feasible and effective. Even with motivated, self-selecting clinicians, collaborative learning with patients/families highlights important differences in patient and clinician baseline perspectives, and brings patient and clinicians views about disclosure closer together.

10A.2 Medical Errors in Critically Ill Patients: The Perspectives of Surrogate Decision-Makers
Wednesday, 01 October 2014: 12:15 - 12:30; Room: Forum
Title: Medical Errors in Critically Ill Patients: The Perspectives of Surrogate Decision-Makers
Authors: Fisher, KA (Kimberly); Ahmad, SR (Sumer); Steinmann, CM (Christina); Mazor, KM (Kathleen)
Presenter: Fisher, KA (Kimberly)

Introduction:
Family members of critically ill patients are often called upon to serve as surrogate decision makers (SDMs) for their loved ones, a role made difficult by the severity and complexity of critical illness. Breakdowns in communication and medical care in the intensive care unit (ICU) compound the challenges faced by SDMs. The primary objective of this study is to examine the perspectives of SDMs of critically ill patients on preventable, harmful events in the ICU.

Methods:
In this ongoing, prospective, qualitative study, we are enrolling SDMs of critically ill patients with respiratory failure. In order to capture the entire ICU stay and avoid contacting SDMs at the sensitive time near ICU discharge or death, we contact SDMs by telephone, approximately 4 weeks after the patient is discharged from the ICU, at which time we screen for those that identify a problematic event. Problematic events are defined as something that “went wrong”, that could have been prevented, and resulted in significant harm for the patient or SDM. Participants who identify an event that meets the above criteria are invited to undergo an in-depth interview.

Results:
24 of the 52 participants (46%) in whom complete follow up is available have identified problematic events in the care of their loved one that they think could have been prevented, and resulted in significant harm. Of those who identified a problem, 9 (38%) described communication problems such as insufficient information to make necessary decisions; 4 (17%) identified medical problems, including delayed diagnoses, and preventable complications; 11 (46%) described problems with both communication and medical care. These breakdowns had a significant negative impact on patients and their families leading to medical complications, severe emotional distress, life disruption, and provision of medical care inconsistent with patients’ wishes.

Discussion:
SDMs frequently identify preventable problems in the care of critically ill patients. Major lapses in communication with health care providers play a role in the majority of these cases with significant adverse consequences for both patients and SDMs. These findings highlight the need for interventions targeted at improving communication between ICU providers and SDMs of critically ill patients.

10A.4 Patient involvement in shared decision-making in a Hong Kong trilingual Emergency Department

Wednesday, 01 October 2014: 12:45 - 01:00; Room: Forum

Title: Patient involvement in shared decision-making in a Hong Kong trilingual Emergency Department
Authors: Slade, Diana; Pun, Jack; Matthiessen, Christian (M.I.M.); Lam, Marvin; Eggins, Suzanne
Presenter: Slade, Diana

Introduction:
Research internationally has demonstrated that ineffective communication between patients and clinicians and amongst clinicians themselves is a leading and preventable cause of patient harm within hospitals. In Hong Kong (HK), the Hospital Authority has sought to address this by promoting patient-centred care and communication in its policy platform. Nonetheless clinicians’ communication skills continue to be a major source of patients’ dissatisfaction and complaints, particularly within HK Accident & Emergency Departments (AEDs). This paper explores the complexity of communication in the trilingual context of an AED in HK and assesses to what degree patient centred care is happening in practice. Through authentic recordings of the patients’ journey in the AED, transcripts of clinician-patient interaction are provided, contrasting those that effectively involve patients in their care to those where the patient is a passive recipient. It will detail the results from the in-depth linguistic analyses on both the interpersonal and informational patterns in the spoken interactions, and will relate what happens in the consultations to the contextual characteristics of HK AEDs. We will show points in the interactions where misunderstandings or misalignments in the communication can potentially lead to patient risk, thereby aiming to demonstrate the link between communication and patient safety.

Methods:
The research used complementary methods derived from quantitative and qualitative approaches, incorporating ethnography and discourse analysis, with questionnaire surveys, interviews with healthcare practitioners and management, and audio-recordings of patients’ journeys from triage to disposition.

Results:
The contextual characterisation highlighted the communicative complexity of AEDs—particularly the case in HK where many communicative challenges arise from the use of spoken Chinese in doctor-patient consultations, code-mixing in the practitioner-practitioner communication and the use of English in medical records. We demonstrate that failure to attend to the patient’s interpersonal needs can result in inadequate (or delayed diagnoses), lack of compliance with treatment, patient dissatisfaction and accumulatively can impact on patient safety.

Discussion:
We will present communication frameworks we have developed to help local practitioners establish effective communication strategies and will posit a concluding argument about the relationship between communication and patient safety.

10A.5 Communication between Hospital Units and Intention to Report Critical Incidents: The Mediating role of Teamwork Climate

Wednesday, 01 October 2014: 01:00 - 01:15; Room: Forum

Title: Communication between Hospital Units and Intention to Report Critical Incidents: The Mediating role of Teamwork Climate
Authors: Hamel, Lauren M.; Kilory, Steven; Flood, Patrick C.; Bosak, Janine
Presenter: Hamel, Lauren M.

Introduction:
Critical incident reporting by hospital staff is a crucial part of creating and maintaining a safe environment for patients as it allows for the identification of systemic issues and opportunities to learn from and correct failures. However, staff reporting levels are notoriously low for a variety of reasons. One such reason is whether the climate of the hospital facilitates reporting. As an extension of the Relational Coordination framework, we hypothesized that the communication between hospital units would positively influence a teamwork climate which, in turn, would influence intention to report critical incidents.

Methods:
We administered an online climate survey to 254 hospital employees from various units in a large hospital in Dublin, Ireland. We assessed a variety of climate related variables including staff communication between units — characterized by frequency, timeliness, accuracy, and a focus on problem solving; perceptions of a teamwork climate; and intention to report critical incidents. All measures were on Likert-type scales and were submitted to correlational and mediation analyses.

Results:
We tested our proposed mediation model using structural equation modeling techniques and relied on the $\chi^2$ value, the Root Means Square Error of Approximation (RMSEA), and the Comparative Fit Index (CFI) as goodness of fit indices. Mediation analyses revealed significant path coefficients between communication between units
108.1 “Caregiving is like on the job training but nobody has the manual” – What caregivers say about their roles, responsibilities and interactions within the healthcare system.

**Wednesday, 01 October 2014: 12:00 - 12:15; Room: E102**

**Title:**
“Caregiving is like on the job training but nobody has the manual” – What caregivers say about their roles, responsibilities and interactions within the healthcare system.

**Authors:**
Ormel, I (Ilja); Law, S (Susan)

**Presenter:**
Ormel, I (Ilja)

**Introduction:**
The increased complexity and duration of present-day caregiving in our society requires caregivers to have more specialized medical skills and knowledge of the care recipients’ illness and needs. Hence, caregivers are becoming more and more involved in complex medical tasks and responsibilities. At the same time, it is known that caregivers’ needs change during the course of their caregiving and that their needs cannot be generalized: each caregiver has their own individualized needs for support to continue the care at home. In addition caregivers remain to have an ambiguous relationship with health care professionals. From a health care perspective caregivers have been described as a co-client, co-worker or resource, less is known on how caregivers perceive their own role and responsibilities within our health care system.

**Methods:**
39 qualitative audio/video recorded interviews were conducted with adult caregivers in a maximum variation sample from across Canada. Data collection and analysis is via rigorous qualitative research. 25 topics or themes are identified reflective of the participants’ concerns, meanings and priorities. Results including video, audio or text clips, and evidence-informed resources are published on www.healthexperiences.ca. The methods are adopted from the award-winning website (www.healthtalkonline.org) from Oxford University, UK.

**Results:**
Caregivers expressed having different kinds of needs and expectations from the health care system. Caregivers described their experiences with the healthcare system as part of their role. They spoke about their perceived roles and responsibilities within the health care system and as being diverse and included: being in need of help and support themselves, wishing to become a part of the team that provides the care to the care recipient and dealing with unrealistic expectations or feeling like an unpaid resource.

**Discussion:**
In the findings there were only a few cases where caregivers directly described themselves as a co-client, co-worker or resource. Most caregivers describe the complexity of their own roles and responsibilities. Many caregivers are strongly involved in managing the caregiving situation; this is to say managing their own health and needs as well as the care for the care recipient. They encounter ambiguity in their role, their responsibilities and their position as a caregiver.

108.2 Patient engagement in chronic disease management: the pivotal role of partners.

**Wednesday, 01 October 2014: 12:15 - 12:30; Room: E102**

**Title:**
Patient engagement in chronic disease management: the pivotal role of partners.

**Authors:**
Barello, SB (Serena); Graffigna, G (Guendalina); Savarase, M (Marianosoria); Donato, S (Silvia); Bertoni, A (Anna)

**Presenter:**
Barello, SB (Serena)

**Introduction:**
To address social and economic costs of chronic disease, patients’ engagement (PE) in their health management is nowadays acknowledged as a key priority for healthcare systems. The current scientific debate is devoting increasing attention to the role of partners in supporting their loved ones in engaging in their care. PE is influenced by a number of patient subjective attitudes, such as knowledge of their health condition, self-confidence, and healthy lifestyle. Evidence showed that partners play a supportive role in helping patients both to cope with complex medical regimes and to manage changes in their daily life. Previous studies demonstrated that patient engagement is a process featuring different phases and specific patients’ needs along the medical course. This study aimed at describing the role of partners in supporting PE in their healthcare by detecting the specific supportive actions partners may enact to effectively address their loved ones’ needs along the engagement process.

**Methods:**
According to a grounded theory approach, we conducted 30 in-depth interviews with caregivers (N=10), patients (N=10) and physicians (N=10). The transcripts were thematically coded and subsequently categorized using NVivo software till saturation of emerging themes.

**Results:**
Data analysis is still ongoing. Preliminary results suggested that partners play a crucial role in supporting PE in their care. Partners mainly address patients’ needs in the following areas: disease management (i.e., monitoring clinical parameters), health maintenance (i.e., following diet prescriptions), emotional scaffolding (i.e., helping in managing the distressing consequences of illness), acquiring knowledge (i.e., being an alternative interlocutor for health providers) and social inclusion (i.e., supporting the patient’s social role despite the limitations due to the disease). Moreover, partners’ supportive actions change in their aims on the basis of patients’ specific needs across the different phases of the engagement process.

**Discussion:**
This study corroborates and extends previous findings highlighting that PE is a complex and dynamic process. Communication and educational programs to favor partners’ support should include a dynamic vision of the actions needed in each specific PE phase.

108.3 Guided by Experiences: Feasibility study of Experience-based Co-design in a Dutch University Hospital

**Wednesday, 01 October 2014: 12:30 - 12:45; Room: E102**

**Title:**
Guided by Experiences: Feasibility study of Experience-based Co-design in a Dutch University Hospital

**Authors:**
Zandbelt, L.C. (Linda); Ruiters, C. de (Christien); Molenaar, J. (Sjaak); Vermeulen, Hester

**Presenter:**
Zandbelt, L.C. (Linda)

**Introduction:**
To fuel quality improvement hospitals use varying ways to monitor their patients’ experiences with services and care, e.g. surveys, mirror meetings or shadowing. However, they hardly use experiences of their patients and staff or actively involve them to actually plan and implement improvements in their services and care. Experience-based Co-design (EBCD), as introduced by Bate and Robert (2006), is...
**108.4 “Stamped with an expiration date?”: Experiences and needs of less socio-economically privileged family cancer caregivers**

**Wednesday, 01 October 2014: 12:45 - 01:00; Room: E102**

**Title:** “Stamped with an expiration date?”: Experiences and needs of less socio-economically privileged family cancer caregivers

**Authors:** 
Geromeni, EG (Evi)

**Presenter:** 
Geromeni, EG (Evi)

**Introduction:** 
The shift of the majority of cancer care from inpatient to outpatient settings has given rise to a number of issues that have not yet been adequately addressed. This is especially true in countries undergoing rapid and profound political and socio-economic changes that have substantially affected the healthcare sector, such as Greece. This study sought to elucidate the experiences and needs of less socio-economically privileged individuals caring for a cancer patient at home.

**Methods:** 
Face-to-face, semi-structured interviews were conducted with 12 family cancer caregivers residing in socio-economically deprived areas of Attica, Greece. Interviews were recorded and transcribed verbatim. An interpretive thematic approach was used to analyze the data.

**Results:** 
Data analysis revealed three major themes: a) the truth within boundaries; b) the evil called 'cancer'; and c) being left 'high and dry'. All participants stated that both cancer diagnosis and available treatment options were initially or solely announced to them. Withholding the truth from the patient or telling the truth "within boundaries" appeared to be a common practice among caregivers, motivated by the need to "protect" the family member that is ill and does not have the strength (emotional and physical) to cope with the situation. Apart from the dominant belief that cancer is associated with death, several other socially dysfunctional beliefs were noted, including the belief that cancer is contagious. Although home care was the common preference among interviewees, the transition to the caregiver role was accompanied with feelings of helplessness and anxiety, which seemed to be augmented by a variety of systemic barriers.

**Discussion:** 
This study adds to the growing evidence base of informal caregiving by providing an in-depth understanding of the experiences and needs of lower socio-economic caregivers throughout the illness and treatment trajectory. The implications of these findings become more pertinent and challenging to consider, given the peculiarities of the study context.

**108.5 Communication network factors influencing disclosure of men facing a diagnosis of prostate cancer**

**Wednesday, 01 October 2014: 01:00 - 01:15; Room: E102**

**Title:** Communication network factors influencing disclosure of men facing a diagnosis of prostate cancer

**Authors:** 
Brown, D R B (Dot)

**Presenter:** 
Brown, D R B (Dot)

**Introduction:** 
The incidence of prostate cancer in New Zealand is increasing significantly and will continue to do so for the foreseeable future. Men’s relationships with others constitute their communication networks which can provide effective psychosocial support throughout active treatment and beyond. But the effectiveness of support depends on how the networks are structured. The aim of this study is to identify how men faced with a diagnosis of prostate cancer construct and access their communication networks around their own psychosocial health. Specifically, the research questions are a) What factors shape the structure of men’s communication networks prior to being diagnosed with prostate cancer? and b) What network factors shape their perspectives about disclosing their health status to those within their communication networks?

**Methods:** 
All male patients in a provincial centre in New Zealand who were referred by five urologists for a prostate biopsy were eligible for inclusion in the study. Semi-structured interviews were conducted with 40 men on a prostate biopsy waiting list. A thematic analysis of the interview transcripts was then conducted.

**Results:** 
The findings revealed the following factors about shaping networks: a) men who are in a stable partner relationship have networks centred around the partner; b) men who work full time have networks comprised primarily of colleagues; c) previous medical experience of the men or their wives resulted in a degree of health literacy with networks being comprised of more health-related individuals. The following factors appeared to increase the likelihood of disclosure: a) close geographical or electronic proximity; b) homophilius relationships-others with similar demographics and c) strong ties-meaningful close relationships.

**Discussion:** 
Men’s choice of whether to disclose their health status or not was a challenging and ongoing decision, shaped by the structure of their communication networks. The findings are interpreted in the context of the importance of disclosure of health status. Specifically, proactively engaging communication networks through disclosure can result in favourable health outcomes, improved social support and psychosocial care. This study might suggest that men with few others in close proximity and fewer homophilius or strong ties may be at risk from psychosocial complications of prostate cancer.
Title: The Impact of Delivery Style on Doctors’ Experience of Stress during Simulated Bad News Consultations
Authors: Shaw, JM (Joanne); Brown, RF (Rhonda); Dunn, SM (Stewart)
Presenter: Shaw, JM (Joanne)

Introduction: Breaking bad news (BBN) is a core component of medicine. Psychophysiological studies confirm doctors’ subjective reports that BBN is stressful compared to other medical interactions. The purpose of this study was to investigate the relationship between doctors’ bad news delivery style and their experience of physiological stress during simulated bad news consultations.

Methods: 31 doctors participated in two simulated BBN consultations with a standardised patient. Simulations were video recorded. Delivery styles were determined using time to deliver the bad news as a standardised differentiation as well as qualitative analysis of interaction content and language style. Doctors’ delivery styles were categorized as (1) blunt style characterised by doctors delivering news within the first 30 s of the interaction; (2) forecasting, a staged delivery of the news within the first 2 min or (3) stalling, delaying news delivery for more than 2 min. This avoidant style relied on the news recipient reaching a conclusion about event outcome without the doctor explicitly conveying the news. Doctors’ heart rate (HR) and skin conductance (SC) were recorded as consecutive 30 second epochs using the ProComp InfiniTel 8-channel multi-modality encoder (Thought Technology Ltd, Montreal Canada) during each interaction. Results: There was a significant decrease in at or near the end of the bad-news delivery in the doctors who used a forecasting (t = 5.37, p<0.001) or blunt (t=5.69, p<0.001) news delivery style. No such decrease was observed in the stalling group (t=1.96, p>0.05). Similar results were also observed for SC.

Discussion: The first few minutes of the BBN interactions were highlighted as particularly important in doctors’ experience of physiological stress. Doctors who avoided giving the news (i.e. stalling group) showed different physiological stress responses to those who delivered the news without preamble or prepared the patient for the bad news. These results suggest that doctors may experience a reduction in stress if they focus on the features of the BBN interaction rather than their own emotional response to it. This research provides a new template for approaching BBN training. Making doctors more aware of the strategies they use has the potential to change doctors’ experiences when BBN.

10C.3 Tailored delivery of bad news to suffering adolescents and young adults with cancer
Wednesday, 01 October 2014: 12:30 - 12:45; Room: E103

Title: Tailored delivery of bad news to suffering adolescents and young adults with cancer
Authors: Korsvold, L. (Live); Mellblom, A.V. (Anneli); Lie, H.C. (Hanne); Loge, J.H. (Jon Hävard); Ruud, E. (Ellen); Finset, A. (Arnstein)
Presenter: Korsvold, L. (Live)

Introduction: To receive a cancer diagnosis is emotionally stressful. Many patients react with strong negative emotions and display suffering behavior. Morse et al. describe suffering behavior as two different emotional states, labeled enduring and emotional suffering respectively. In a study of communication between adolescents and young adults (AYAs) and physicians we have audio recorded the consultations in which the physician tells the patients about the cancer diagnosis and planned treatment. In the data set we found major differences in patient reactions to the news. In the current presentation we explore how the delivery of bad news can be tailored to fit the patients’ suffering state.

Methods: The sample consists of two audio taped consultations. One consultation is an example of enduring suffering behavior, whereas the other represents emotional suffering behavior. In both cases the physicians seems to communicate effectively, although very differently. We applied conversational analysis (CA) to explore what the physicians did to tailor communication with these suffering patients.

Results: In the consultation with the “enduring patient” the physician calmly shows respect for the patient, in spite of the latter’s dissipative behavior. He gives direct answers, avoids optimistic projections, but sticks to the facts. In a sensitive way, but indirectly, he acknowledges the patient’s emotions. The physician reaches common ground with the patient by rather firmly inviting an explicit consent from the patient to adhere to the suggested treatment. The patient with “emotional suffering behavior” is met with empathy, and the attention is addressed towards the patient’s major emotional
concern in the beginning of the consultation. Not before the patient seems ready to receive information the physician finishes her mission of telling about the cancer treatment.

Discussion:

Patients’ suffering states demand different communicational behavior from the information providers. When the patient is in an enduring state the physician should recognize and respect the patient’s underlying emotions, but attune communication carefully to the patient’s state. On the other side the emotional suffering patients demands comfort and direct attention to their emotional concerns. The results illustrate how delivering bad news can be tailored to the suffering state of the individual patient.

10C.4 Patterns in talk about emotional concerns in follow-up consultations with adolescent survivors of cancer

Wednesday, 01 October 2014: 12:45 - 01:00; Room: E103

Title: Patterns in talk about emotional concerns in follow-up consultations with adolescent survivors of cancer

Authors: Mellblom, AVM (Anneli); Korsovd, LK (Liva); Lie, HCL (Hanne); Loge, JHL (Jon Hävard); Ruud, ER (Ellen); Finset, AF (Arnstein)

Presenter: Mellblom, AVM (Anneli)

Introduction:

Many childhood cancer survivors appear to adjust well to life after cancer. However, a subgroup of survivors struggle and express a number of concerns to their physicians at follow-up consultations. This study’s aim was to explore potential patterns in how adolescents and their pediatricians communicate about emotional concerns, especially, how this communication is initiated, responded to and concluded. Better knowledge on physicians’ practices in handling patients’ emotion may be helpful in designing optimal follow-up care.

Methods:

Sixty-six follow-up consultations between adolescent survivors of leukemia, lymphomas or a hematological disease treated with stem cell transplantation and their pediatrician were video-recorded. Expressions of negative emotions were coded using Verona Coding Definition of Emotional Sequences (VR-CoDES). Seven consultations with many such expressions (75 cues and concerns) were studied in closer detail according to the methods and sequential approach of conversational analysis (CA) in order to explore the sequential patterns associated with emotional talk. The analysis of emotional talk focuses on the form through which the emotional concerns are expressed and responded to (turn design), and the sequential patterns associated with initiation and disclosure of emotion.

Results:

We found that the emotional concerns followed after the pediatrician a) asked mostly open-ended questions (56%), b) used facilitating remarks more or less intentionally, such as “m-mh”, “yes”, or a nonverbal nod (16%), or c) provided information or made a comment about something (7%). The pediatrician initiated the emotional concerns in 80% of the cases. The extent to which cues and concerns where further explored in the consultations, and whether conclusions or consequences for further management was provided before the theme was shifted, varied considerably.

Discussion:

The nature and number of cues and concerns expressed by patients were associated with features in pediatrician’s communication behaviour, both in terms of physician practices which initiate cues and concerns, and of how the pediatrician’s responses to cues and concerns elicited further talk about patient worries or not. The findings have implications for designing optimal communication skills training.

10C.5 Full Catastrophe Working: Clinicians’ Recognition and Management of Emotions during Difficult Healthcare Conversations

Wednesday, 01 October 2014: 01:00 - 01:15; Room: E103

Title: Full Catastrophe Working: Clinicians’ Recognition and Management of Emotions during Difficult Healthcare Conversations

Authors: Martin, EB (Elliott); Heywood, M (Melissa); Luff, DF (Donna); Ritholz, MD (Marilyn); Zurakowski, D (David); Bell, SK (Sigall); Meyer, EC (Elaine)

Presenter: Martin, EB (Elliott)

Introduction:

There is sparse literature on how well clinicians recognize and manage their emotions during difficult conversations; less literature on educational models to enhance awareness and strategic utilization of emotions. This interprofessional study examines how well clinicians are attuned to their emotional states during difficult conversations – conversations with considerable emotional and value-system investment – with patients and families, and just what those emotions are. This is a collaborative, cross-cultural project between Boston Children’s Hospital and the Royal Children’s Hospital in Melbourne, Australia.

Methods:

Likert scales and open-ended questions were collected as part of the pre-questionnaires in the Program to Enhance Relational and Communication Skills (PERCS) simulation-based workshops during 2013-2014. Likert-scale items (1-5 scale) focused on clinicians’ awareness of, reflection on, and management of their emotions during difficult conversations. Additionally, participants were asked to describe qualitatively their most commonly experienced emotions and personal strategies developed to manage these.

Results:

To date we have analyzed quantitative data from our American participants (n=90), and common thematic elements from both American and Australian samples (n=121). (This is an ongoing project, estimated n=220.) Interprofessional communication thus far is: 46% physicians, 29% nurses, 11% medical interpreters, 4% social workers, 10% other allied professionals. Mean Likert score (1=not at all; 5=very) of awareness of emotions: 3.68; reflecting on emotions: 3.42; managing emotions: 3.72. On open-ended questions, the most commonly identified emotions were: anxiety/fear (60%), sadness/sorrow/grief (52%), empathy/compassion (23%), frustration (12%).

Discussion:

Most clinicians, through experiential learning, rated themselves as competent at baseline in recognizing and managing their emotions during difficult conversations, but with notable room to grow. They acknowledged both negative and positive impacts of these emotions, and had developed personal strategies to navigate such conversations. Our hope is to better understand and quantify emotional states amongst healthcare providers and ultimately to create through this initiative a feasible, effective, and comprehensive educational approach to recognizing and managing emotions, translatable across healthcare professions and the challenging conversations they hold. Future analyses will examine relationships among participants’ sociodemographic variables, their most commonly reported strategies, as well as unexpected emotions and strategies, and which they consider to be the most challenging healthcare conversations.

10D.1 Delayed provider responses - A Conversation Analysis approach

Wednesday, 01 October 2014: 12:00 - 12:15; Room: E104

Title: Delayed provider responses - A Conversation Analysis approach

Authors: Bergvik, SB (Svein); Wynn, RW (RoI)

Presenter: Bergvik, SB (Svein)

Introduction:

In a patient-centered perspective, it is assumed that patients’ negative emotional cues and concerns presented in consultations should be picked up and addresed by the health provider. However, when patients disclose their concerns, providers often fail (or choose
not) to pick up and follow such issues in patient consultations. Studies usually measure provider responses immediately following the cue or the concern. However, providers may choose to pick up on a topic later on in the consultation. Such events may thus be mistakenly identified as a new provider initiative, rather than a delayed response to a previous patient expression.

Methods:
We explored delayed provider responses in a Conversation Analysis approach. The material included a total of 15 consultations with four nurses and coronary heart surgery patients, with the purpose of planning and preparing patients for hospital discharge after their coronary surgery. We used VR-CODES principles to identify events of patients’ cues and concerns not immediately followed up by the provider.

Results:
Delayed provider responses to patients’ cues and concerns were present in some of these nurse–patient consultations. The nurse typically made an explicit reference to the patients cue/concern, but delayed responses could also be introduced without any such reference. Delayed responses seemed to follow the completion of another unrelated topic, and when the patient paused and did not introduce new topics him/herself. The delayed response included both open-ended and closed questions. As expected, the open-ended questions seemed to be followed by more extended responses by the patients.

Discussion:
In clinical consultations, the provider may face a range of potential topics related to the patient’s illness and needs. Choosing which topic to follow can be a challenge, both for the provider and the patient. Sometimes, the provider or the patient may choose to pick up on a previously introduced topic. In this study, we have focused on this phenomenon in nurse-patient conversations during hospital discharge consultation in a cardiac surgery unit.

100.2 Psychosocial factors of low back pain in general practice: doctor-patient communication in 1989-1995 and 2001-2008
Wednesday, 01 October 2014: 12:15 - 12:30; Room: E104

Title:

Authors:
Butalid, L (Ligaya); Verhaak, FPM (Peter); Bensing, JM (Jozien)

Presenter:
Butalid, L (Ligaya)

Introduction:
Growing evidence indicates that psychosocial factors, such as distress, depression, and somatization, play an essential role in the transition from an acute complaint of low back pain to recurrent or chronic back pain problems. Therefore, the national clinical guideline for low back pain in the Netherlands emphasizes the importance of asking about psychosocial factors when patients present low back pain complaints. However, patients and GPs may not always share their beliefs and perceptions of psychosocial factors regarding low back pain complaints. In this study, we aim to study doctor-patient congruence and communication on psychosocial factors prior to and after the introduction of the clinical guideline for low back pain in 1996.

Methods:
Consultations videotaped in 1989, 1995, 2001 and 2008 and in which patients presented low back pain complaints were selected (N=150) and analyzed using the Roter Interaction Analysis System (RIAS) and the Verona Coding Definitions of Emotional Sequences (VR-CoDES). Based on GPs' and patients' assessments of psychosocial issues, we categorized these consultations in four categories of doctor-patient congruence: somatic agreement, psychosocial recognition, missed psychosocial factors, and incorrect attribution of psychosocial factors. Using multilevel Poisson models, we estimated frequencies on communication categories for the two periods (1989-1995 versus 2001-2008) and compared these estimates.

Results:
In our study, patients and GPs more often attributed psychosocial factors to low back pain complaints during consultations from 2001 and 2008 compared to 1989 and 1995. However, patients more often voiced their worries, while GPs have put more emphasis on providing biomedical information and counseling during recent consultations (2001 and 2008) compared to older consultations (1989 and 1995). The proportion of consultations in which psychosocial problems were missed by GPs was low in both periods (13% and 9%).

Discussion:
Despite GPs' high awareness of possible psychosocial factors contributing to presented low back pain complaints, they tend to emphasize biomedical information and advice rather than supporting their patients emotionally. Remarkably, patients seem to have become somewhat more expressive in sharing their worries. It can be argued that these worries are hints to underlying psychosocial problems and may need emotional support from their GP.

100.3 “Ethics in the communicative encounter: Seriously ill patients’ experiences of health professionals’ nonverbal communication”
Wednesday, 01 October 2014: 12:30 - 12:45; Room: E104

Title:
“Ethics in the communicative encounter: Seriously ill patients’ experiences of health professionals’ nonverbal communication”

Authors:
Connie, CT
Presenter:
Connie, CT

Introduction:
In research literature, it is described that the patients who are suffering from a serious illness are in a particularly vulnerable existential situation and therefore, they are particularly sensitive to the sensory impressions associated with nonverbal communication. This sensitivity means that the health professionals have a special ethical responsibility in facing these patients. One could argue that health professionals have a responsibility to manage the power they inherently possess in the communicative encounter with the patients. In other words, they have a human as well as professional ethical obligation to attend to the vulnerability and dignity of the patients.

Methods:
The study is based on qualitative interviews and applies Paul Ricoeur’s phenomenological-hermeneutic theory of interpretation in processing the collected data. The interviews were collected from two medical wards from May to September 2011. Twelve patients with potentially life-threatening illnesses such as cancer, severe lung disease, liver cirrhosis and heart embolisms were included.

Results:
Through analysis and interpretation of the interviews, two themes were identified: 1) Experiencing being confirmed 2) Experiencing being ignored and being an inconvenience. Patients experienced that the health professionals’ body language, facial gestures, eye contact and tone of speech were imperative for their experience of being confirmed. However, the health professionals’ nonverbal communication could also affect them negatively by giving them the experience of being ignored and being an inconvenience.

Discussion:
The patients’ experience of being confirmed depended on whether the health professionals, in spite of a busy workday, were able to be attentively present in the relationship with them through body language and tone of speech. Conclusively, the health professionals’ nonverbal communication proved essential for the patients’ experience of well-being, dignity and a sense of security and therefore represents a significant ethical element in the communicative encounter.

100.4 Discovering relationships among patient activation, health literacy, and information seeking before the clinical appointment
Wednesday, 01 October 2014: 12:45 - 01:00; Room: E104
Title: Discovering relationships among patient activation, health literacy, and information seeking before the clinical appointment

Authors:
Ledford, CJWL (Christy); Cafferty, LA (Lauren); Russell, T (Travis)

Introduction:
While healthcare providers are cited as the preferred information source in health decisions, patients increasingly report seeking medical information outside the clinical encounter. This study tested differences in health literacy and patient activation between patients who did/did not seek information prior to the clinical appointment and also between those who did/did not introduce patient-obtained medical information (POMI) into the clinical appointment. Here, the conceptualization of health literacy goes beyond a simple functional approach, emphasizing that patients use cognitive, social, and analytical skills to make meaning from the information they encounter. Additionally, patient activation may help patients compensate for health literacy deficits.

Methods:
At two U.S. medical centers, 243 patients completed cross-sectional surveys before/after outpatient appointments over two weeks in 2013. This study used Ishikawa and colleagues’ (2008) Functional, Communicative, and Critical health literacy (FCCHL) measure, the patient activation measure (PAM), and single-item behavioral questions.

Results:
A factor analysis confirmed the three-dimension structure of the FCCHL. PAM correlated with each of the three subscales: functional, \( r(240)=.27, p<.001 \); communicative, \( r(240)=.20, p<.001 \); and critical, \( r(238)=.30, p<.001 \). Patients who sought information prior to appointment were significantly more activated than those who did not, \( F(1,237)=3.90, p<.05 \). They also scored significantly higher on communicative, \( F(1,240)=18.57, p<.001 \); and critical health literacy, \( F(1,239)=13.14, p<.001 \). However, seeking information prior to appointment was not related to functional health literacy.

Patients who shared POMI in their appointment were more activated than those who did not \( F(1,123)=3.325, p=.07 \), but not significantly. Patients who shared POMI also reported significantly higher functional health literacy, \( F(1,124)=5.36, p<.05 \), but no difference was detected on communicative or critical scales.

Discussion:
Patient activation rather than functional health literacy discerned who was more likely to seek information prior to appointment. However, while activation may predict information seeking, it is functional health literacy that may show if a patient introduces POMI into the clinical encounter. This is a critical finding if it reveals that patients with less ability to understand the information they find are also less likely to ask a doctor about that information. Physicians should consider being more proactive in asking patients about information sources outside the clinic and potential patient discovery.

100.5 The impact of client-professional communication on adolescents’ participation and learning processes in psychosocial care

Wednesday, 01 October 2014: 01:00 - 01:15; Room: £104

Title: The impact of client-professional communication on adolescents’ participation and learning processes in psychosocial care

Authors:
Jager, M. (Margot); Reijninweld, S.A. (Mennon); Metselaar, J. (Janneke);
Knorth, E.J. (Erik); Winter, A.F. de (Andrea)

Introduction:
Adolescents with emotional and behavioral problems often have poor treatment adherence, or drop out from psychosocial treatment, undermining its effectiveness. Client-centered communication, in which the professional adapts his or her communication style to the preferences of the individual client, may positively influence outcomes of care. The objective of this study was to examine adolescents’ preferred and experienced communication, and whether discrepancies in these are associated with clients’ participation and learning processes in psychosocial care.

Methods:
Adolescents receiving psychosocial care (n = 211) reported regarding communication in three domains: affective communication, information provision, and shared decision making. Communication preferences were measured before treatment started, and experiences three months later, using an adapted version of the Consumer Quality Index. Participation involved clients’ attendance and adherence (as reported by the professional). Learning processes involved clients’ improvement in understanding and improvement in confidence (as reported by the client and the professional).

Results:
Discrepancies between adolescents’ preferences and experiences were found for all three communication domains. Regarding the types of discrepancy, frequencies were rather similar for communication that was preferred but less often experienced, and for communication that was less preferred but experienced. Preferred but less often experienced affective communication was associated with low adherence (odds ratio: 95% confidence interval: 2.7: 1.1-6.6), less improvement in understanding (3.5: 1.4-8.5), and less improvement in confidence (4.1: 1.6-10.5). If information provision was preferred but less often experienced, adolescents were more likely to demonstrate less improvement in understanding (2.7: 1.0-7.4). Preferred but less often experienced shared decision making was also associated with less improvement in understanding (3.7: 1.5-9.3). The combination “less preferred but experienced” only had an effect regarding affective communication; these adolescents were more likely to demonstrate less improvement in terms of confidence (6.2: 2.4-15.9).

Discussion:
Discrepancies frequently occur between the communication that adolescents prefer and what they experience. These discrepancies negatively affect adolescents’ participation and their learning processes, although the pattern differs across communication domains. Care professionals should pay considerable attention to their clients’ communication preferences in the care process and adapt their communication style accordingly.

10E.1 How Do Patients Make Prescription Drug Decisions? The Role of Physicians, Pharmacists, and Personal Experience

Wednesday, 01 October 2014: 12:00 - 12:15; Room: £105/6

Title: How Do Patients Make Prescription Drug Decisions? The Role of Physicians, Pharmacists, and Personal Experience

Authors:
Rupert, DJ (Douglas); Taylor, OM (Olivia); Boudewyns, V (Vanessa); Holt, SL (Sidney); Sullivan, HW (Helen); Aikin, KJ (Kathryn)

Introduction:
Patients in the U.S. and Europe spend approximately $259 billion on prescription drugs each year, and almost half of adults take at least one prescription medication. At the same time, the healthcare environment has been steadily shifting from physician-directed to shared decision making, as patients take an increasingly active role in their medication and treatment decisions. However, there is limited information on how patients make prescription drug decisions, including what decision points exist. The goal of our qualitative study was to explore patients’ prescription decision making processes and develop a conceptual framework for how patients choose medications.

Methods:
We conducted ten in-person focus groups with patients who recently began taking a prescription medication (n=88). A trained moderator led participants through two activities: (1) a decision process worksheet outlining participants’ recent drug decisions and (2) a moderated discussion on how participants select prescription drugs.
Two researchers independently coded the worksheets and verbatim transcripts (NVivo 9.2), and we conducted thematic analysis to identify trends in participant responses.

**Results:**
Participants described prescription drug selection as an ongoing process with multiple decision points. Most participants reported learning about drugs from various sources (e.g., Internet, friends), assessing drug benefits/risks through personal research, and then discussing drugs with healthcare providers. After receiving prescriptions, many participants reported continuing to evaluate drugs through pharmacist discussions, cost comparisons, and trial usage periods to gain personal drug experience. Participants explained that multiple factors influence their drug decisions. Many participants reported using numerous information sources (e.g., physicians/pharmacists, medical Websites, others’ experiences) to learn about drug characteristics like efficacy and side effects, and participants also reported considering personal and environmental factors (e.g., illness severity, available treatment options, satisfaction with current treatment, quality of healthcare provider relationship) in assessing drug benefits and risks. Ultimately, participants explained that they use these factors—in consultation with their healthcare provider—to select medications with an acceptable balance of benefits and risks.

**Discussion:**
Programs that promote informed and shared medication decisions need to reach patients at multiple decision points, connect them with unbiased information sources, and provide guidance on incorporating personal values/preferences into drug decisions.

### 10E.2 Adherence in Hemophilia: Patients’ self-perception and physicians’ argumentative strategies

**Wednesday, 01 October 2014: 12:15 - 12:30; Room: E105/6**

**Title:** Adherence in Hemophilia: Patients’ self-perception and physicians’ argumentative strategies

**Authors:** Lamiani, G; Strada, I; Bigi, S; Mancuso, ME; Santagostino, E; Vegni, E

**Presenter:** Lamiani, G

**Introduction:**
Treatment adherence is a fundamental aspect in hemophilia care. Studies on other chronic diseases showed that adherence is related to treatment complexity, patient’s beliefs, and relational factors. The aim of this study was to explore: 1) patients’ perception of adherence and illness; 2) physicians’ argumentative strategies when facing non-adherent behaviors.

**Methods:**
The study was conducted in three hospitals of the North and South of Italy. Hemophilic patients (A or B), older than 12 years and without psychiatric disorders were recruited at the check-up consultations. Patients completed the Morisky Medication Adherence Scale (MMAS-4) and the II section of the Illness Perception Questionnaire (IPQ-R) to assess their perceived adherence and their opinion on disease and treatment, respectively. Check-up consultations were video-recorded. Data were analyzed with descriptive statistic methods using SPSS. Video-recorded consultations were transcribed verbatim for qualitative analysis of physicians’ arguments.

**Results:**
We video-recorded 39 consultations involving 39 patients (mean age=40 years) and 9 physicians. Most patients had a severe hemophilia (62%), type A (95%). 48% was on prophylaxis, 47% on demand, and 5% followed other treatments. Patients described themselves as very adherent (MMAS-4 mean=3.18) regardless of their treatment. High scores at IPQ-R were found in the following subscales: chronic condition (95%), treatment control (84%), illness coherence (79%), and personal control (74%). Low scores were found in negative emotions (90%), medical consequences (62%) and cyclical timeline of symptoms (56%). A preliminary qualitative analysis of 4 consultations showed frequent instances of critical discussions (i.e., conflicting opinions regarding adherence), but in all cases the resolution of the conflict of opinion was missing or procrastinated.

**Physicians’ arguments were mostly of the kind “from cause to effect” and “from risk”:**

**Discussion:**
Most patients had a clear understanding of hemophilia as a chronic condition and reported a high treatment and personal control. Although patients described themselves as very adherent, non-adherent behaviors were highlighted in the preliminary qualitative analysis. Physicians’ arguments addressing these behaviors seemed to be based more on the physician’s long-term concerns rather than on the patients’ short-term ones. Communication training could help make physicians’ arguments more focused to improve patient’s commitment and avoid procrastination.

### 10E.3 HIV PATIENT’S ADHERENCE: A PILOT STUDY ON ILLNESS PERCEPTION REPRESENTATIONS

**Wednesday, 01 October 2014: 12:30 - 12:45; Room: E105/6**

**Title:**
HIV PATIENT’S ADHERENCE: A PILOT STUDY ON ILLNESS PERCEPTION REPRESENTATIONS

**Authors:** Leone, D (Daniela); Borghi, I (Idilda); Bini, T (Teresa); D’Arminio Monforte, A (Antonella); Vegni, E (Elena)

**Presenter:**
Leone, D (Daniela)

**Introduction:**
Adherence to therapy is a complex behavior influenced by different factors as treatment regimen, patient’s variables and patient–provider relationship. Some studies highlighted that in HIV+ patients, health beliefs’ representations seem to influence adherence to HAART (highly active antiretroviral therapy)(Fogarty et al., 2002). This study aimed to explore HIV+ patients’ attitudes toward illness and treatment and to verify their correlations with patients’ adherence.

**Methods:**
The study was conducted at the outpatient clinics of Infectious Diseases, S.Paolo University Hospital, Milan, Italy. Patients were asked to fill out the Illness Perception Questionnaire-Revised (IPQ-R), which explores: disease’s identity; opinions and causes attributed to the disease. Socio-demographic and clinical data were collected. Patient’s adherence was measured by: clinical indexes (HIV-RNA copies/ml and CD4+ lymphocyte counts) and behavioural indexes (presence at the follow up). Descriptive and inferential statistics were used to analyze data.

**Results:**
At the moment 59 patients were recruited. Preliminary data showed that: with regard to the disease’s identity, patients attributed HIV symptoms coherently with their clinical condition. Most patients have an opinion of their illness as chronic (76%), stable (93%), and without serious physical, psychological and social consequences (61%). Patients appear to have a high perception that actions can be taken to effectively manage HIV (88%), a high confidence in the treatment (95%) and a high understanding of their clinical condition (90%). Most of the patients (66%) do not have a prevalence of negative emotions in response to the disease. Most patients believed that the causes of their disease are due to biological factors (93%), factors related to their own behavior or personality (68%) and/or related to the fatality (61%). Patients’ adherence seems to be very high (95% patients with HIV-RNA &<;40 copies/ml). Preliminary analysis showed no correlation between IPQ-R results and adherence; further analysis is necessary to clarify this data.

**Discussion:**
The present work shows that HIV+ patients seem aware and confident about the disease and treatment, but seem to underestimate the severity of the disease. These findings are critical because, nonetheless the effectiveness of the HAART treatments, a possible risk is that of patients’ decrease of attention in a preventive perspective.

### 10E.4 Meeting the needs of diabetes patients: sources of medication information and approaches of healthcare professionals

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### 10E.5 Discussions about ARV Treatment Adherence in Dominican Republic

**Wednesday, 01 October 2014: 01:00 - 01:15; Room: E105/6**

**Title:** Discussions about ARV Treatment Adherence in Dominican Republic

**Authors:**
Brooks, K. B. (Katie); Barton Laws, MBL (Michael); Wilson, IW (Ira)

**Presenter:** Brooks, K. B. (Katie)

**Introduction:**
Treatment rates of HIV/AIDS in the Dominican Republic have increased rapidly from 17% in 2005 to 89% in 2012. However there has been little research done looking at adherence rates and barriers to adherence. Our research aimed to understand how physicians allocated time in their visits with patients and to examine whether physicians are providing effective treatment adherence counseling to their patients.

**Methods:**
The investigator audio recorded fifty-three medical visits and conducted post-visit interviews, including semi-structured and structured elements, with each patient. Interviews were transcribed and coded for themes. Doctor patient interactions were assessed for time spent on various topics. Conversations discussing medication adherence were analyzed for topic and types of statements made.

**Results:**
The time of the doctor visits we recorded ranged from 4 to 36 minutes, lasting on average 12.3 minutes. We found that only 29.5% of time was spent discussing medical issues. The rest of the time was spent discussing logistics of appointments and lab work (35.5%) or in silence or interruption (34.7%). Of 53 recorded physician visits, only 18 included conversations about adherence to medications (33%). These conversations ranged from 10 seconds to 1.5 minutes. On average, they lasted 55 seconds and took up 8% of the visit time. Of all analyzed statements intended to discuss treatment adherence, 65% of them were made by the physician. Physician statements mainly comprised of questions (22.37%), information sharing (32.89%) and directives (26%). Negligible time was spent offering empathy or problem solving patients’ barriers to adherence.

**Discussion:**
Physicians in the Dominican Republic spend much less time talking about adherence to ARVs, than do their counterparts in the US. Some of this can be explained by the setting of limited resources, in which physicians have multiple responsibilities and minimal time with patients. Further research may elicit an understanding of why physician choose not to discuss treatment adherence.

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**10F: Teaching and using an evidence-based method for patient-centered interviewing**

**Wednesday, 01 October 2014: 12:00 - 01:30; Room: E107**

Auguste Fortin, Yale School of Medicine
Francesca Dwamen, Michigan State University
Richard Frankel, Indiana University School of Medicine
Brenda Lepisto, Michigan State University
Robert Smith, Michigan State University

**Rationale:**
Thirty seven years after George Engel first described the Biopsychosocial Model, clinicians still struggle with putting it into practice. Models of patient-centered interviewing often do not consider the time pressures of modern practice and so can appear unrealistic to both new learners and experienced clinicians. This workshop will provide hands-on experience for teachers and practitioners, of a 5-step patient-centered interviewing method that has been tested in a randomized, controlled trial. It has been shown to be efficient, effective and easily taught. Participants will practice using and teaching this interview method in facilitated small groups. Participants will receive access to online teaching materials, including videos and assessment forms.

**Objectives:**
By the end of this session, participants will:
1. Learn a model of integrated patient-centered and doctor-centered interviewing that makes virtually all encounters more efficient and effective
2. Observe the model demonstrated in an interview
3. Practice the model with colleagues using scripted role plays

**Session format/activities:**
- Introductions and review/refinement of learning objectives
- Definitions and description of 5-step model
- Demonstration and debriefing of interview using 5-step model
- Introduction to breakout groups
- Multiple roleplay interviews conducted in facilitated breakout groups, using prepared case scenarios and 3 participant roles: patient, clinician, observer/coach.
- Questions, comments, concluding remarks
10G: Teaching cross cultural communication to medical students: strategies and challenges from around Europe

Wednesday, 01 October 2014: 12:00 - 01:30; Room: E108

Chair details: Professor Marie-Louise Essink-Bot, MD PhD. Professor of Public Health Department of Public Health (J2-208) Academic Medical Centre / University of Amsterdam PO Box 22660, 1100 DD Amsterdam, The Netherlands T +31 20 5664707 M m.l.essink-bot@amc.uva.nl
Discussant details: Patricia Hudelson, PhD. Medical Anthropologist. Cultural Consultation and Interpreting Department of Community Medicine, Primary Care and Emergency Medicine. Geneva University Hospitals. Geneva, Switzerland.
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Symposium overview
C2ME “Culturally Competent in Medical Education” is a European project aimed at creating a faculty development program to facilitate effective integration of cultural competence content into the medical curricula. C2ME is funded by EACEA ERASMUS Lifelong Learning Program (2013-2015). Our symposium will consist of presentations from C2ME participating countries. The aim of the symposium is to analyze existing approaches to teaching cross cultural communication, and identify best practices and future research priorities.

Abstract:
Providing high quality and equitable health care to socially and culturally diverse populations is challenging. Difficulties arise from the diversity of patients’ health beliefs, values, preferences and behaviors, and from providers’ differing abilities to manage different perspectives as well as to communicate effectively across language and cultural differences. Communication barriers complicate the task of identifying, understanding and incorporating patients’ diverse beliefs, behaviors and preferences in the provision of health care. Many health professional organizations and political bodies, including the Council of Europe (Recommendation CM/Rec/2011/13), now recommend that health professionals be trained in cross cultural communication. However, despite calls to integrate cultural competence training into the pre and post graduate medical curricula, in many medical schools such teaching remains fragmented, and reflects conceptual confusion as well as a lack of policy and staff development efforts.
In our symposium, presenters will describes how cross-cultural communication is conceptualized and taught in their institution, whether/how it is integrated into general clinical communications training and reinforced through other training and clinical activities. Each site will highlight the successes and challenges of their particular approach to cross cultural communications training, and the discussion will focus on identifying best practices and future research priorities.

Presentation 1
Teaching cross cultural communication: AMC Medical Centre/University of Amsterdam
Dr Jeanine Suurmond C2ME Project coordinator
Academic Medical Centre / University of Amsterdam
Department of Public Health
P.O. Box 22700
1100 DE Amsterdam
Email: j.suurmond@amc.uva.nl
http://www.amc.nl/C2ME

Presentation 2
Teaching cross cultural communication: VU University Medical Center, Netherlands
Petra Verdonk
Assistant Professor
VU University Medical Center, Netherlands
PO Box 7057
1007 MB Amsterdam
Email:p.verdonk@vumc.nl

http://www.vumc.com/branch/research-in-education/7898865/7898225/

Presentation 3
Teaching cross cultural communication: University of Leicester
Dr Nisha Dogra Professor, Psychiatry Education, Honorary Child and Adolescent Psychiatrist University of Leicester Greenwood Institute of Child Health Westcotes House Westcotes Drive
Leicester LE3 0QU
Email: nd13@le.ac.uk
http://www2.le.ac.uk/departments/psychology/ppl/nishaDogra/nishaDogra

Presentation 4
Teaching cross cultural communication: University of Antwerp
Dr Kristen Hendrickx Professor Dept of General Practice University of Antwerp Campus Drie Eiken D.R.314 Universiteitsplein 1 2610 Wilrijk
Email: kristin.hendrickx@uantwerpen.be

EACH International Conference on Communication in Healthcare Amsterdam September 28 to October 1, 2014

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Poster sessions

P1.01.02 Moving beyond the Course: Advocating for Clinical Communication Programs
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Moving beyond the Course: Advocating for Clinical Communication Programs
Authors: Cary, J (Julie); DeBowes, R (Richard); Haley, D (Daniel); Jensen, R (Rachel); Kurtz, SM (Suzanne)
Presenter: Kurtz, SM (Suzanne)

Introduction:
Most western medical schools and many worldwide have now instituted formal communication training. More recently veterinary schools have begun to do so. Despite substantial progress, educators in both disciplines continue to identify common challenges, including how to: • Secure the status of communication as bona fide clinical skill, important across all types of practice
• Find adequate time and well-trained faculty for teaching/learning/assessment in already crowded curricula • Ensure mastery and retention of evidence-based communication skills/capacities and appropriate application in clinical practice over time. One effective way to address these challenges is to build an integrated, evidence-based clinical communication program rather than a stand-alone course/module.

Methods:
This poster depicts one such program. Applying the Calgary-Cambridge approach developed for human medicine, we have developed a comprehensive Clinical Communication Program (CCP) for veterinary medicine. During the past seven years, this CCP evolved to include five ‘co-reinforcing’ components: 1) the clinical communication course that is the program’s centerpiece; 2) preliminary experiences leading up to the course but occurring elsewhere; 3) an assessment strategy including formative and summative assessments that capitalize intentionally on educational impact; 4) translational experiences that extend communication skill/capacity development, application, and assessment beyond the course and further integrate communication with clinical reasoning, physical examination, and other procedural skills; 5) advancement of the profession including communication training for interns/residents, coaches/preceptors, and clinicians and collaboration with colleagues within and beyond our institution.

Results:
This poster presents graphic overall design of the CCP, outlines conceptual underpinnings and evidence base, describes how concrete elements within each program component contribute to or integrate with the course, and summarizes the program’s collateral benefits, especially regarding integration and carry-over to practice.

Discussion:
What we teach in effective communication training, how we teach it, and persistent challenges we face are remarkably similar in human and veterinary medicine. So are the strategies for addressing those challenges. The five-component clinical communication program we advocate and concrete elements within each component provide practical ways to address challenges and enhance communication teaching and learning that are useful for ‘new’ and well-established communication curricula in both human and veterinary medicine.

P1.01.03 Why we still do not know how to measure whether participants make informed decisions for cancer screening?
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Why we still do not know how to measure whether participants make informed decisions for cancer screening?
Authors: Timmermans, DRM (Danielle)
Presenter: Timmermans, DRM (Danielle)

Introduction:
In the Netherlands, yearly 500.000 women participate in cervix cancer screening, 950.000 women in breast cancer screening and 2.000.000 men and women are expected to participate in colorectal screening. While on a population level, these screening programs are seen as effective (although breast cancer screening is debated), the advantages on an individual level are less clear because of e.g. risks of follow up testing in case of a positive screening results (e.g. colonoscopy), overdiagnosis etc. While 0.05% of participants of breast cancer screening benefit, the large majority of 99.95% only have the harms (Muir Gray 2008). An important quality indicator of these population screening programs is therefore that individuals should make an informed decision for or against screening. Several interventions such as decision aids are developed in order to optimize informed decisions. The effectiveness of these interventions is mixed. In some studies the percentage of informed decisions increased, mainly because of an increase in knowledge, other studies did not show an effect. Information leaflets for potential participants have improved over the years, but it is not clear whether this information is used and decisions are better informed. Moreover, it is not clear whether individuals have the requisite capacities and/or motivation to process the information and make an informed decision. In this presentation, I will argue that we need another approach to optimize informed decisions and I will propose another way to measure informed decisions.

Methods:
Results:
Discussion

P1.01.04 Dutch psycho-social interventions for oncology patients: Balancing between effectiveness and health care policy
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Dutch psycho-social interventions for oncology patients: Balancing between effectiveness and health care policy
Authors: Visser, A.P. (Adriaan); Wildenbest, Marieke
Presenter: Visser, A.P. (Adriaan)

Introduction:
An increasing number of people with cancer and their proxies use psychosocial care facilities e.g. (self) reference to psychologists, psychiatrist and psychosocial oncology centres. The government intends to reduce the costs of the often still free of charge therapies and asked an advice Dutch Board of Health Insurance (CVZ), In a literature study we reviewed the reimbursement of psychosocial support for people with cancer according to the effectiveness principles of the CVZ.

Methods:
This study contains a literature research in the Cochrane Library, PubMed and sEURch for (systematic) reviews and meta-analyses on existing evidence regarding the effectiveness of the following therapies which are often applied in the Dutch psychosocial cancer care: individual psychotherapy, group counseling, hapotherapy, art therapy and mindfulness-based stress reduction courses. This included too a comparison of the psycho oncology literature with the offered psychosocial care at the Dutch Institutes of Psycho-oncology.

Results:
The literature review found 11 studies of EBMD level A1 and 2 studies of EBMD level B. Almost all reviews show positive improvements in different outcome measures: anxiety, depression, quality of life, fatigue and social well-being. The reviews indicated that there were only few RCTs and recommend additional RCT research in the field of psychosocial cancer to improve the strength of the outcomes of studies. Only the mindfulness-based stress reduction courses as offered at that particular institutes show accepted effectiveness. Effectiveness research done by the institutions itself does not meet the requirements of the CVZ.

Discussion:

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P1.01.05 Practice what you preach- Medical student–centered tutoring as a model for patient–centered medicine

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Practice what you preach- Medical student–centered tutoring as a model for patient–centered medicine

Authors: Meirovich, PHD (Adaya); Ber, Prof (Rosalie); Moore, Prof (Michael); Rotschild, Prof (Avi)

Presenter: Meirovich, PHD (Adaya)

Introduction: Patient-centered communication (PCC) is increasingly regarded as a critical area of medical education. One of the difficulties in this area is the marked difference between the explicit and implicit messages that medical students receive regarding PCC. In order to bridge this gap, patient-centered (PC) teaching and the use of student-centered (SC) pedagogical approach have been recommended. Teaching PC through observing excellent faculty physicians as role models is the preferable mode in medical education. However, little evidence supports the effectiveness of small group tutors as faculty role modeling. The Aim of the study is to examine the effect of a SC pedagogical approach on the development of PCC.

Methods: The study was conducted in the course "Being a Doctor: Exposure to the Medical Profession" at the Technion faculty of medicine. Study participants were medical students through their first three academic years and assigned to eight groups. The study involved repeated measurements of students' attitudes and empathy, comparing experimental with control groups, and assessing student behavior in simulated medical interviews.

Results: Results showed that tutoring in the experimental group was more student-centered than that in the control group. Specifically, in the experimental group course discussions were more student-centered compared to those in a communication workshop; whereas in the control group the situation was reversed. Despite these differences in tutoring style, no differences in empathy or attitudes were found between the two groups. However, the experimental group's behavior in simulated medical interviews tended to be more patient-centered than that of the control group.

Discussion: Our findings regarding students' attitudes and empathy, as well as their behavior in simulated medical interviews, showed stability in the professional development of medical students throughout the pre-clinical years. Our findings indicate that role modeling itself is not sufficient to create the desired effect. The parallel processing of tutoring and medicine must also address the hidden curricula and other components influencing attitudes and behavior.

P1.01.06 Usefulness of Personal Stories in Women’s Decision-Making for Breast Cancer Treatment: Qualitative Study

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Usefulness of Personal Stories in Women’s Decision-Making for Breast Cancer Treatment: Qualitative Study

Authors: OSAKA, W (WAKAKO); NAKAYAMA, K (KAZUHIRO)

Presenter: OSAKA, W (WAKAKO)

Introduction: Patient decision aids (PDAs) are evidence-based tools designed to help people make informed decisions among treatment, or testing options. Although many PDAs include narratives of others’ experiences with decision-making, there is limited evidence on how useful it is for patients’ decision making. The purpose of this study was to examine the impact of using personal stories in the treatment decision-making process among breast cancer patients and to consider developing a decision aid using other patient’s stories for early breast cancer patients.

Methods: Semi-structured interviewed with ten Japanese women with breast cancer were analyzed using content analysis.

Results: Most participants reported they accessed personal stories when facing medical decisions. Five positive and two negative themes emerged using personal stories in treatment decision-making process. Positive themes: (1) imaging of one’s life as usual during and after treatment over the long term; (2) more accurate understanding of medical jargon; (3) more tangible understanding of the treatment course (e.g., timeline, real-time, visual information); (4) improving self-efficacy and (5) encouragement for proactive coping. Negative themes: (1) inaccurate and misleading medical knowledge and (2) increasing patient concerns because of painful experiences (e.g., severe side effects of chemotherapy). A few participants did not use the narrative information, because of a deep sense of fear they might find out things they did not want to know, or it might reduce their self-confidence in their own decision-making.

Discussion: Participants faced conflict and anxiety when making decisions about treatment or genetic testing under time pressure. Findings suggested that, from the patients’ perspectives, personal stories might be of valuable as they attempted to shift their vision from an image of dying from breast cancer to living with breast cancer. It also provided them a forecast of future affective states and assisted in their constructing their preferences so they could actively participate in patient-centered care. If personal stories are used within PDAs, consider including stories about: decision-making process, typical experiences during treatment and after treatment over the long term and stories for identifying values and preferences and improving self-efficacy to enhance communication with healthcare providers about their decisions.

P1.01.08 Development and evaluation of a health literacy program for Australian adults undertaking foundation skills training

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Development and evaluation of a health literacy program for Australian adults undertaking foundation skills training

Authors: Morony, S (Suzanne); Smith, S (Sian); Dhillon, H (Haryana); Hayen, A (Andrew); Shepherd, H (Heather); Comings, J (John); Luxford, K (Karen); Wright, C (Claire); Nutbeam, D (Don); Meshreky, W (Wedyan); Muscat, D (Danielle); McCaffery, K (Kirsten)

Presenter: Muscat, D (Danielle)

Introduction: Low health literacy has a profound impact on a range of poor health outcomes including lower levels of health knowledge, medication and treatments; lower adherence and poorer self-care. Adults with low health literacy also receive less information, ask fewer questions, and are less satisfied with doctor-patient communication. We developed a program to improve health literacy for disadvantaged adults attending adult education classes in Australia.

Methods: We developed an 18 week (one semester) health literacy training program including an innovative Shared Decision Making (SDM) component for adults enrolled in basic Language Literacy and Numeracy training in Australia. The program was piloted in 2 colleges in NSW in 2012 (n=24). The program is being evaluated in a randomized controlled trial (n=300) in 6 adult education institutes across NSW. The primary outcome is functional health literacy.
assessed by objective measures of health skills (e.g. understanding medicine labels, using a thermometer); with measures of self-efficacy, communication and SDM skills as secondary outcomes.

Results:
The pilot study showed large improvements in health skills pre and post the program (mean scores 14.7 increased to 20.9) and increases in self efficacy (mean pre and post scores: 20.5 to 22.7) on a range of quantitative measures. Students and teachers also reported high levels of satisfaction with the program. Development of the program and pilot trial data (quantitative and qualitative) will be presented.

Discussion:
The program has the potential to increase health literacy among disadvantaged adults and has the advantage that it may be delivered by an established network of adult educators. The challenges and benefits of implementing health programs through the education sector will be discussed.

P1.01.09 How can an expert patient programme develop cognitive learning in a Podiatry context?
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
How can an expert patient programme develop cognitive learning in a Podiatry context?

Authors:
Newton, V.A. (Veronica)

Presenter:
Newton, V.A. (Veronica)

Introduction:
The onsite Podiatry teaching clinic at the University of Huddersfield provides undergraduate students the opportunity for supervised treatment of patients. Year 1 has an innovative expert patient programme integrated into the delivery of teaching. This provides a unique triangulated communication opportunity for 1(tutor 2(student)) and 3(patient facilitating an enriched learning experience. Expert patients are briefed on the theme of the session to attend and receive treatment by a qualified tutor. Communication themes are; history taking, developing rapport, and developing professionalism. Qualified tutors in Podiatry deliver the care for the patient whilst 7 students observe the techniques and skills used by the tutor. The students are challenged by the tutor to assess and diagnose foot pathologies by using subjective and objective reasoning. The patient will interact with the students and the conversation is guided by the tutor. Participation in these sessions helps to develop the students understanding of the complexities of communicating with patients. Cognitive learning theory is the underpinning approach within the module.

Methods:
A survey method was used to assess student participation with the expert patient programme. The aims of the survey was to measure the perceived impact of student understanding and skills in communicating with patients pre and post participation in the expert patient programme. The survey outcomes will draw from the cognitive theories of learning as applied in a healthcare education setting. Cognitive theorists believe the key to learning and changing is the individual’s cognition (perception, thought, memory, and ways of processing and structuring information). Cognitive learning, a highly active process which involves perceiving the information, interpreting it based on what is already known, and then reorganizing the information into new insights or understanding.

Results:
The outcome of the survey revealed students perceived benefit and reaseurance in observing the tutor interacting with patients which reinforced and enhanced prior learning. With tutors facilitating the discussion students had a greater understanding of the patients perspective much more than if they had treated the patient themselves.

Discussion:
The innovative expert patient programme at the University of Huddersfield uses a cognitive theory approach in developing podiatry students communication skills in a healthcare setting.
Their wide range of life experiences and cultural backgrounds influence their perception of illness, willingness to adhere to medical regimens and ability to communicate effectively with health care providers. Communication is further challenged by the normal aging process, which may influence physical, cognitive and social aspects. High quality communication is of utmost importance to establish the needs of the elderly person, including physical, emotional and spiritual dimensions, in addition to improve adherence to medication, treatment and social activities. The study is part of an international project and aims to: • Describe communication practice in home health care visits to identify best practices • Explore how older persons receiving home health care express their concerns and how health care providers respond.

Methods:
In Norway 20 nurses and 20 nurse assistants have each audio taped 5 home visits (n=200). The patient sample consists of patients able to give informed consent who receive home health care from one of 4 home health care institutions participating (age 265). All encounters are coded with the Verona Coding Definitions of Emotional Sequences (VR-CoDES) and with the Emotional Tone Rating Scale.

Results:
This observational study will provide results concerning how elderly patients display emotions in home health care visits and how these are met by the providers.

Discussion:
Person centered care is linked to increased patient satisfaction and may have a positive effect on adherence and adequate health care utilization. Communication is an important skill to practice person centered home health care and address the patients' needs at the patients’ own terms. Research that aims to describe and explore this is therefore needed.

P1.01.13 Results of Randomized Controlled Trial: Can we simultaneously support Healthcare Professionals and Patients in a Web-based intervention?

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Results of Randomized Controlled Trial: Can we simultaneously support Healthcare Professionals and Patients in a Web-based intervention?

Authors:
Sassen, B. (Barbara)
Presenter:
Sassen, B. (Barbara)

Introduction:
Research to assess the effectiveness of interventions to improve the processes of shared-decision making and self management are limited. A Web-based intervention was developed to complement and optimize health services in patient-centered care. The aim was to increase healthcare professionals’ awareness of their thoughts, skills and strategies in supporting patients in their self management.

Methods:
Randomized Controlled Trial, using a pre and post-test design, with on-line recruited healthcare professionals in an intervention group and a (waiting-list) control group. Healthcare professionals invited their patients to participate. The study was a closed trial with face-to-face components. Outcomes were self-assesses through questionnaires. Continuous data collection took place for a follow-up period of 12 months.

Results:
A total of 69 healthcare professionals were randomized to the intervention (n=26) and the waiting-list control group (n=43). The website provided several modules: 1) the module to extend the professional behavior was used by 45.2% (n=12); 2) the module to support the health professional in his encouraging behavior towards patients was used by 47.6.8% (n=14), and; 3) the module to improve patients’ risk-reduction behavior was provided to 44.4% (n=24). In the intervention group, no differences in social-cognitive determinants, intention and behavior were found, compared with the control group. We narrowed the intervention group by transferring professionals who did not use the website to the control group, no significant differences between the intervention and control group were found in social-cognitive determinants, intention and behavior, except for barriers. Results showed a significant overall difference in barriers between the intervention and the control group (F-test=4.128, p<0.02). Professionals in the intervention group experienced higher levels of barriers to encourage patients, than professionals in the control group.

Discussion:
Since attendance and use of the Web-based intervention was sub-optimal, we cannot conclude that the intervention is ineffective, rather, the health professionals were not able to extend their professional encouraging behavior and were withheld to use the website intensively because of time and organizational constraints. We were not able to detect clear improvements in the processes of shared-decision making and self-management of the patient.

P1.01.14 Teaching healthcare staff to share information: mixed-methods investigation of experiential inter-professional training

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Teaching healthcare staff to share information: mixed-methods investigation of experiential inter-professional training

Authors:
Cocksedge, S (Simon); Deakin, C (Corinne); Barr, N (Nicky)
Presenter:
Barr, N (Nicky)

Introduction:
Patients’ subjective opinion of, and satisfaction with, healthcare relates to their perception of the information they have been given. Sharing information also makes an objective difference to patients’ healthcare outcomes [eg reduced post-operative pain; shorter hospital admissions; improved adherence]. Hence UK health policy notes that ‘sharing good information is pivotal to improving care quality, safety and effectiveness.’ Despite the consequent educational implications of this, sharing information, explanation and planning have been described as the ‘Cinderella subjects of communication skills teaching’. This study investigated the immediate and sustained effects of a three hour inter-professional experiential workshop (theoretical input, group work, rehearsal) training health workers in sharing information using a clear structure (PARSLEY).

Methods:
Staff in one UK hospital participated. Questionnaires before/immediately after/eight weeks after training. Analysis: SPSS statistics package; Wilcoxon paired signed ranks test. Audio-recorded semi-structured interviews seven weeks after training: standard thematic qualitative analysis.

Results:
Questionnaire participants [n=76] were from a wide variety of occupations [26% non-clinical]. Self-efficacy, outcome expectancy [participants’ beliefs about the consequences of sharing information], and motivation to use the structure taught were significantly increased immediately following training and at 8 weeks. Participants at eight weeks post session [n=35] reported their clinical practice in sharing information had changed within a mean of seven days after training. Interviewees seven weeks post training [n=13] found the PARSLEY structure straightforward and quick and most reported confidently using it several times daily in varied settings. Alongside developing new skills, all interviewees had re-evaluated their current communication practice, raising confidence and awareness. They also believed the structure helped their patients to feel more ‘listened to’. Key learning points were actively using listening skills in clinical work and, before sharing any information, asking patients what already knew and wanted to find out.

Discussion:
This three hour skills-based inter-professional training on sharing information altered communication behaviour of healthcare staff. Changes were reported as incorporated into everyday work and sustained over time. As sharing information is a core component of communication curricula and health policy, and is also key to shared decision making, the effectiveness of brief teaching interventions has
economic and educational implications.

P1.01.15 Delirium as a focus of attention for Intensive Care Nurses
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Delirium as a focus of attention for Intensive Care Nurses
Authors: Stach Parejo, LSP (Lucineia); Mara Braga, EMB (Eliana)
Presenter: Stach Parejo, LSP (Lucineia)

Introduction: Delirium is a manifestation of acute brain dysfunction which is frequent in critically ill patients and associated with increased morbidity and mortality. This study aimed at understanding the concepts attributed to Delirium by ICU nurses for preventive, diagnostic and therapeutic approaches in the care for patients showing this diagnosis.

Methods: It was a qualitative study with a methodological framework based on Content Analysis and conducted in two adult ICUs in public hospitals in São Paulo state - Brazil, by means of semi-structured.

Results: 18 female nurses participated. The results in the study originated seven categories according to the following topics: Delirium is confusion, agitation, hallucination and aggressiveness. It has multiple causal circumstances associated with the ICU environment, abstinence from drug and alcohol use, previous psychiatric disease and the use of pharmaceuticals/sedatives.

Discussion: In the topics related to possible prevention strategies: greater contact with one’s family, functional and structural adequacy of the environment and intentionality of communication with the patient. As regards the Delirium diagnosis, nurses reported that behavioral changes define it, and special attention must be paid to non-verbal communication signs. Delirium treatment may take place by mechanical restriction as a therapeutic method and by the use of pharmaceuticals as a means of patient restraint, pointing out verbal communication as a valuable instrument in this situation. It can be concluded that Delirium is associated with multiple causal circumstances, however, with many gaps regarding the knowledge related to its diagnosis, particularly with in relation to prevention strategies and patient management. It was also evident that verbal and non-verbal communication constitutes an important strategy used by nurses from prevention to therapeutics. Hence, this study provided reflective attitudes by nurses about the conceptualization and contextualization of Delirium, when, in their discourses, they pointed out the adversities of coping with this disorder and actions that will enable to create strategies that will positively change the intensive care environment and the care for patients with behavioral alterations, thus expanding the possibilities of designing new training programs and the implantation of Delirium monitoring scales.

P1.01.16 How Does a Shared Decision-Making (SDM)-Intervention Affect Participation in Breast and Colon Cancer Patients?
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: How Does a Shared Decision-Making (SDM)-Intervention Affect Participation in Breast and Colon Cancer Patients?
Authors: Bieber, CB (Christiane); Nicolai, J (Jennifer); Leuschner, M (Maren); Reuter, K (Katrin); Buchholz, A (Angela); Ganten, M (Maria-Katharina); Eich, W (Wolfgang); Härter, M (Martin)
Presenter: Bieber, CB (Christiane)

Introduction: Most cancer patients prefer collaborative roles with their oncologists in treatment decision making. However, there is evidence that patients persistently experience less involvement in the decision-making process than they would like, and this mismatch has been linked to adverse patient outcomes such as anxiety, dissatisfaction, and decision regret. Therefore our objectives were: To assess patients’ preferred and perceived decision-making roles and preference matching in a sample of German breast and colon cancer patients. To investigate how a shared decision-making (SDM) intervention influences patients’ preferred and perceived decision-making roles and the attainment of preference matches. To assess the impact of decision-making roles and preference matching on patient-related outcomes.

Methods: We analysed 107 breast and colon cancer patients faced with serious treatment decisions. Eleven of these patients’ 27 treating oncologists had been trained in SDM in a randomised controlled trial (RCT). Patient questionnaires elicited information on patients’ preferred and perceived decision-making roles, patient-related outcomes concerning the decision making process and patients’ psychological well-being. Questionnaires were administered immediately following a decision-relevant consultation (t1) and at a three-month follow-up (t2).

Results: A majority of patients (60%) preferred SDM. A match between preferred and perceived decision making roles was reached for 72% of patients. The patients treated by SDM-trained physicians perceived greater autonomy in their decision making (p &lt; 0.05), but their preference matching was not influenced. Patients experiencing SDM were more satisfied with their treatment decisions and exhibited greater confidence in their decisions than did patients who experienced paternalism.

Discussion: An SDM training program for physicians boosted patient autonomy but did not improve preference matching. The module of the SDM training program on role clarification must be intensified, and preference matching must be stressed as the gold standard in SDM.

P1.01.17 Breast cancer patients’ involvement in decisions: perspective and type of adjuvant therapy matter
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Breast cancer patients’ involvement in decisions: perspective and type of adjuvant therapy matter
Authors: Engelhardt, E.G. (Ellen); Griffioen, A.J. (Anine); Duijn-Bakker, N. van (Nanny); Hout, A. van der (Anja); Hoeven, J.J.M. van der (Koos); Smets, E.M.A. (Ellen); Haes, J.C.J.M. De (Hanneke); Pieterse, A.H. (Arwen); Stiggelbout, A.M. (Anne)
Presenter: Engelhardt, E.G. (Ellen)

Introduction: Deciding about adjuvant hormonal and/or chemotherapy for breast cancer can be difficult. Many factors, medical as well as personal, need to be considered. Currently, there is no consensus about which instrument best captures patient involvement in decision-making, or whom (patient or observer) can best determine it. We used the Control Preferences Scale (CPS) to determine the actual involvement patients experienced and their involvement as assessed by observers.

Methods: We audiotaped and transcribed consultations with oncologists in which hormonal and/or chemotherapy was discussed. Based on these transcripts, two researchers independently assessed the patient’s level of involvement using the CPS categories. Within three days after the consultation patients were interviewed by telephone and asked whom they felt had made the final treatment decision (open-ended question). Two other researchers independently coded the patient’s answer using the CPS categories. All analyses were performed using SPSS 20.

Results: We included 67 patients, involved in a total of 84 decisions about hormonal and/or chemotherapy. On average they were 61 years (range: 38-87) and 30% was highly educated. Overall, agreement between patients and observers was about who had made the final treatment decision was 49% with a Kappa of 0.16 (95% CI 0 – 0.33).
According to both patients (chemotherapy 6% and hormonal therapy 14%) and observers (chemotherapy 8% and hormonal therapy 2%) few decisions were shared. For both hormonal (68% vs. 26%) and chemotherapy (72% vs. 41%) decisions, patients more often indicated that they had made the final decision themselves than the observers. However, irrespective of assessor, patients seem to be more involved in chemotherapy than in hormonal therapy decisions.

Discussion:
The observers’ assessment of patients’ actual involvement in decision-making differed from the patients’ assessment, with patients experiencing a higher level of involvement. According to the observers’ assessment, patients were rarely involved in hormonal therapy decisions. Results suggest that observers are less lenient when it comes to judging behavior as participation than patients.

P1.01.18 How to prepare pharmacy students for pharmaceutical care? The development of communication skills
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: How to prepare pharmacy students for pharmaceutical care? The development of communication skills
Authors:
Blom, L.T.G (Lyda); Wolters, M.J. (Majanne); ten Hoor-Suikerbuijk, M.E.G. (Marjoni); van Paassen, J.G. (Jacqueline); Bouvy, M.L. (Marcel)
Presenter:
Blom, L.T.G (Lyda)

Introduction:
Medication is one of the most frequently applied medical interventions in health care. Being medication experts, pharmacists are expected to contribute to medication safety. Increasingly community pharmacists and hospital pharmacists are involved in pharmaceutical care, thereby focussing on the desired patient outcomes. To develop pharmacy student’s competency to provide pharmaceutical care, more is needed than becoming a drug expert. Also students’ communication skills are to developed, in order to be able to communicate effectively with patients as well as with doctors.

Methods:
A starting point for the development of student’s communication skills, is student’s understanding of patient’s beliefs, decisions and behavior concerning the prescribed medication. Therefore students start with a ‘meet the patient’ project: in their first year students interview two chronically ill patients at their homes and afterwards they reflect on these patient meetings. Additionally, students’ communication skills, needed in patient contacts and professional contacts, are developed stepwise. This starts in year one with training the basic skills (questioning, summarizing, structuring) and continues during the curriculum. Finally, in their internships students have to demonstrate to be able to communicate about complicated drug problems with patients. Similarly, students’ skills to communicate effectively with doctors are developed. Thereby we distinguish the individual daily pharmacist-doctor interactions about prescriptions (including how to present the doctor his/her prescription error) and the interprofessional communication in drug therapy meetings. The educational methods used are instructions, discussion, observations, exercises with simulation patients/doctors, reflection and videofeedback training.

Results:
Yearly about 200-300 students enter the 6 years lasting pharmacy curriculum. From year one on, all students receive communication skills training and have to pass different assessments. Thereby rather limited training is provided; the basic education provided to students concerns 20 hours in total. Students rather soon have assessments and to those who fail to pass the assessments (50% of all students in their first efforts), additional tailored education is provided.

Discussion:
Pharmacy students differ in their needs for educational support to develop their communication skills. We experienced that student’s assessment-results are a useful diagnostic tool to provide students tailored education. In this way teaching communication skills of large numbers of students remains affordable.

P1.01.19 The Relationship of attitude towards tooth brushing with subjective norm and perceived behavioral control
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: The Relationship of attitude towards tooth brushing with subjective norm and perceived behavioral control
Authors:
Bermek, G (Gülçin); Usal, P (Pınar)
Presenter:
Bermek, G (Gülçin)

Introduction:
The aim of the study is to find out whether attitude towards tooth brushing is in relation with subjective norm and perceived behavioral control in a semiburban adult population sample of Marmara Region Turkey.

Methods:
The data collected with a self-reported questionnaire from a sample of 317 women 304 men of housewives, public workers and farmers with approximately 5 years of education and average age 35. A questionnaire was designed by the researchers including a 4-item scale with .63 Cronbach alpha coefficient to evaluate participants’ attitude towards tooth brushing and one question to measure subjective norm as “Does your husband/wife think that you should have well-cared teeth” with three response categories as “Yes, she/he does”, “It doesn’t matter for my husband/wife”, No, he/she doesn’t” and one question to measure perceived behavioral control as “Do you find it difficult to brush your teeth regularly as everyday?” with three response categories as “Yes, I find it difficult”, “I sometimes find it difficult”, “No, I don’t find it difficult”.

Results:
A relationship between the positive attitude and subjective norm was found F(1,579)=14.99 p<0.001. The participants whose spouses appreciated well cared teeth (X=4.79;SS=1.2) had more positive attitude towards brushing than the participants whose spouses didn’t care (X=5.35;SS=1.5). The participants who found regular brushing is sometimes difficult (X=4.91;SS=1.27) and not difficult (X=4.69;SS=1.16) had more positive attitude than the respondents who found regular brushing is difficult (X=5.25;SS=1.65).

Discussion:
The results of this study indicating attitude which is one of the main determinants of oral health care behaviour is related with perceived behavioral control and subjective norm draws attention that oral health promotion programs designed in close social environments might be more beneficial than isolated efforts.

P1.01.20 The Importance of Internet for Professional Communication: Preliminary Findings from Turkish Chambers of Pharmacists’ Websites
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: The Importance of Internet for Professional Communication: Preliminary Findings from Turkish Chambers of Pharmacists’ Websites
Authors:
Sozen Sahne, B. (Bilge); Postma, M.J. (Maarten J.); Yegenoglu, S. (Selen)
Presenter:
Sozen Sahne, B. (Bilge)

Introduction:
Internet is an important communication channel. A significant part of Internet users also benefit from this when seeking health information. Notably, health professionals need up-to-date information from Internet. Pharmacists are among those professionals. In Turkey, many systems including the drug reimbursement system are also dependent on the information via the Internet. Moreover, professional organizations such as the Chambers of Pharmacists use websites for announcements and for dissemination of information. Therefore, these websites’ reliability and being up-to-date are crucial aspects. These websites are the
main communication channel for pharmacists during in information provision and acquiring. In this research, we aim to evaluate the content of the websites of Turkish Chambers of Pharmacists to potentially identify missing aspects and propose some criteria for guiding in this context.

Methods: In this study, the websites of Turkish Chambers of Pharmacists were analyzed. Their contents were evaluated according to specific preselected criteria, such as staff information, pharmacies on duty, contact information, announcements on legal amendments, health-related news and social activities.

Results: According to the Turkish Pharmacists’ Association’s data, there are 54 Chambers of Pharmacists all over Turkey. These websites’ content vary from chamber to chamber. All of them have information on their staff, pharmacies on duty and some changes in relevant regulations for the pharmacy profession. Other types of information on, for example, news bulletins and social activities differ between chambers’ websites. In addition, there are some missing items regarding reliability of announcements and sources of news items.

Discussion: In Turkey, community pharmacists are organized within the context of the Chambers of Pharmacists. The Chambers have crucial roles in providing information on pharmacy related issues. Therefore, the quality of the Chambers of Pharmacists’ websites is crucial, for example, regarding, standardization and being up-to-date. Notably, pharmacists’ access to accurate information has to be warranted for providing highly-qualified pharmaceutical services. The quality of these websites is also important for the appropriate and contemporary information provision and healthy communication between pharmacists and between pharmacists and clients. Developing criteria for such websites and subsequent introduction may help to improve this further.

P1.01.21 Assessing and Teaching Effective Communication Skills to Medical Students

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Assessing and Teaching Effective Communication Skills to Medical Students

Authors: Chutka, D. S. (Darryl); Romanski, Susan; Kasten, Mary Jo

Presenter: Chutka, D. S. (Darryl)

Introduction: The education of a physician includes more than acquiring competence in medical knowledge and technical expertise. Excellent communication skills are also necessary, both to communicate with patients as well as with other health care professionals. The benefits of good communication skills have been documented in medical literature. It provides the foundation for a good patient-provider relationship and has been shown to improve patient outcomes by obtaining more accurate and thorough data. Patients are also more likely to improve their treatment compliance, play a more active role in their health and engage in healthier activities.

Methods: Since its inception, Mayo Medical School has placed a high priority on teaching communication skills and has always ensured the curriculum is rich in this subject. Communication skills are taught in our Multi-Disciplinary Simulation Center with the assistance of trained standardized patients. The course starts with instruction in the basic format of the medical history, then progresses as the students are introduced to more challenging patients utilizing effective listening skills, agenda-setting, non-verbal communication and establishment of empathy. Issues such as prioritizing a complex list of patients’ problems, efficiently collecting information in rambling patients, managing angry patients, and obtaining medical histories in patients with dementia are routinely covered. We also assess competence in detecting subtle symptoms of depression, or the presence of domestic abuse. Students also gain experience in giving patients bad news regarding their health care prognosis. We have developed a communication assessment tool to point out areas of excellence and to detect communication skills in need of improvement. This completed tool allows the students to receive immediate feedback on their communication skills.

Results: The course has been extremely popular with our students and always receives extremely high student evaluations and ratings. It has been shown to be effective at both identifying problem areas in communication as well as teaching effective techniques in improving communication skills.

Discussion: This course has allowed us to assess and teach communication skills under very lifelike clinical situations, but in a non-threatening learning environment. Our teaching technique has now been expanded to teaching communication skills to our residents as well as staff physicians.

P1.01.22 Perspectives on clinicians training needs in end-of-life communication: Results of an ongoing study

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Perspectives on clinicians training needs in end-of-life communication: Results of an ongoing study

Authors: Bourquin, C (Céline); Orsini, S (Sandy); Krenz, S (Sonia); Singy, P (Pascal); Stiefel, F (Friedrich)

Presenter: Bourquin, C (Céline)

Introduction: Since there is evidence that ineffective communication affects both patients and clinicians, training clinicians by means of Communication Skills Training (CST) programs constitutes a promising approach to change their communication attitudes and behaviour. CST programs have been widely developed in the field of oncology over the last decades. Despite the fact that communication in end-of-life (EOL) care has now become a major topic of interest, a literature search highlights the lack of CST that specifically addresses EOL communication. Based on the postulate that a variety of specific issues emerges in the communication with dying patients and that most of these issues represent psychological challenges for the clinician and require specific skills, this study aims to develop a specific EOL-CST for clinicians caring for dying patients, based on clinicians’ self-perceived training needs.

Methods: The study follows a three-step approach: 1) gathering information on clinicians’ training needs in EOL communication, 2) developing and 3) piloting, implementing and assessing the EOL-CST. Clinicians’ training needs were collected by means of exploratory interviews (N=8) and focus groups (N=8) with physicians and nurses of medical disciplines with high prevalence of dying patients: e.g., internal medicine, oncology, palliative care, geriatrics. Interviews were subjected to a content analysis and a grid was developed, which classifies clinicians’ responses into categories, themes, and clustered themes.

Results: As regards the results of the focus groups, training needs of self and others identified by the physicians and nurses can be classified into three clustered themes: communication and relationship building (e.g., communicating with relatives, sharing decision-making), practical know-how (e.g., discussing advance directives), and introspection (e.g., facing death). Challenges for the clinician identified by the participants can also be classified into three clustered themes: psychological challenges (e.g., being empathic, being capable of introspection), communication and relational challenges (e.g., being capable to work interdisciplinarily), practical challenges (e.g., having knowledge of psychology).

Discussion: What was evoked or not in the exploratory interviews and the focus groups was contrasted with the literature. We are now developing the curriculum of the training: a short intensive course based on case vignette and focused discussions, and video-based teaching.
Title: Barriers and facilitators for general practitioners to engage in advance care planning: a systematic review.

Authors: De Vleminck, A; Houtekiet, D; Pardon, K; Deschepper, R; Van Audenhove, C; Vander Stichele, R; Deliens, L

Introduction: The long-term and often lifelong relationship of general practitioners (GPs) with their patients is considered to make them the ideal initiators of advance care planning (ACP). ACP is defined as a voluntary process of discussion about future treatment and end-of-life care preferences between an individual, their family and their care providers should the individual become incapable of making decisions. The aim of this systematic review is to identify the perceived factors hindering or facilitating GPs in engaging in ACP with their patients about care at the end of life.

Methods: Studies (1990-2011) were searched in four electronic databases (PubMed, CINAHL, EMBASE, PsycINFO); by contacting first authors of included studies and key experts; and searching through relevant journals and reference lists. Studies were screened, graded for quality and analyzed independently by two authors; those reporting the perception by GPs of barriers and facilitators to engagement in ACP were included.

Results: Eight qualitative studies and seven cross-sectional studies were included for data-extraction. All barriers and facilitators identified were categorized as GP characteristics, perceived patient factors or health care system characteristics. Stronger evidence was found for the following barriers: lack of skills to deal with patients' vague requests, difficulties with defining the right moment, the attitude that it is patients who should initiate ACP, fear of depriving patients of hope. Stronger evidence was found for the following facilitators: accumulated skills, the ability to foresee health problems in the future, skills to respond to a patient's initiation of ACP, personal convictions about who to involve in ACP, a longstanding patient-GP relationship and the home setting.

Discussion: Initiation of ACP in general practice may be improved by targeting the skills, attitudes and beliefs of GPs but changes in health care organization and financing could also contribute.

Title: Development and validation of a questionnaire to assess the implementation fidelity of health education programs

Authors: Schinkus, L (Louise); Van den Broucke, S (Stephan)

Introduction: Implementing health education programs the way they are intended is a challenging task. Oftentimes provider, participant or organizational constraints require an adaptation of the program to meet cultural or organizational needs. Moreover, participatory approaches in health education often encourage program modifications to enhance ownership and empowerment. However, such modifications may produce different, less effective outcomes than those expected if the program would have been implemented as originally designed. A lack of effectiveness may thus incorrectly be attributed to shortcomings of the program, whereas it resulted from its poor implementation. To counter this “type III error”, assessing the quality of a program’s delivery can clarify the contribution of a program’s implementation to its (lack of) effectiveness. This study presents the development and validation of a generic questionnaire to assess implementation fidelity, or the degree to which programs are delivered as intended.

Methods: A self-report questionnaire, to be completed by the program implementer(s), was developed based upon Carroll & al.’s (2007) implementation fidelity model. Content and face validities were established through focus group with providers of diabetes education programs. Internal consistency will be evaluated by applying the questionnaire to different (individual, group and IT-based) diabetes education programs. Observation of the program implementation will allow to assess concurrent validity.

Results: Data attesting to the reliability and validity of the questionnaire will be collected in January 2014. Discussion: This instrument will help to monitor the implementation of health education programs and allow to compare different programs in terms of their implementation fidelity.
P1.01.27 Effects of Education Video about Radiotherapy Process on Patient Satisfaction and Treatment Accuracy

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Effects of Education Video about Radiotherapy Process on Patient Satisfaction and Treatment Accuracy

**Authors:** Heo, Jaesung; Chun, Mison; Oh, Young-Taek; Noh, O Kyu; Park, Antae; Nam, Sang-Soo

**Presenter:** Heo, Jaesung

**Introduction:** The cancer patient’s understanding about radiotherapy (RT) process is necessary for safe and accurate delivery of radiation. We developed an education video about RT process. The purpose of this study was to evaluate the educational effectiveness of the video in a clinical setting.

**Methods:** An eleven minutes video was developed instructing whole RT process including consultation, simulation, radiotherapy treatment planning, verification and irradiation. After consultation for RT, each patients was required to see the video posted on YouTube through provided laptop or tablet PC in our clinic. The questionnaire about patient satisfaction with the video and knowledge of RT was carried out by interviewing after watching video. Set up error was measured at the first verification process.

**Results:**
Twenty patients who visited to radiation oncology clinic and watched video were enrolled in the study. Of 20 participants, 11 (55%) rated the video as ‘recommended’ and 15 (75%) responded that the video was ‘helpful to understand radiation treatment’. After watching the video, average set up error at the first verification process was significantly decreased compared to the historical values of 124 patients (2.6 mm versus 2.2 mm, p = 0.03).

**Discussion:** Implementation of education video instructing the radiotherapy process helped to reduce anxiety and increase patient satisfaction. Patient education using the video can improve treatment accuracy in terms of decreasing set up error.

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P1.01.28 Effect of the HF patients education and monitoring on clinical and economical outcomes.

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Effect of the HF patients education and monitoring on clinical and economical outcomes.

**Authors:** Begrambekova, JB (Julia); Mareev, V.Y. (Viacheslav); Danielan, M.O. (Marina)

**Presenter:** Begrambekova, JB (Julia)

**Introduction:** The prevalence of Heart Failure (HF) in Russian Federation (RF) is about 6.2% of population. HF imposes a significant economic burden, primarily due to hospitalizations and repeated emergency calls. HF disease management programs are not widely accepted by Health Care System.

**Methods:** 537 patients, included in National Heart Failure on-line Registry were prospectively randomized to a Management Program (MP) delivered by doctors/nurse team (Active group) (n=288) and usual care (Control group) (n=249). MP consists on structured education and follow up (phone calls). Patient health status and medications did not significantly differ between groups. 6 months prior the study inclusion data and prospective data during 6 months regarding hospitalizations, doctor home visits and emergency calls were obtained.

**Results:** After 6 month upon inclusion in Registry 6 minutes distance significantly increased in the Active group by 34.42 m (p<0.001) and by 9.39 min in the Control group (p<0.001). The difference between groups was 25, 03 m (p=0.046.) The mean MLHQF score at baseline was 57.79 in the Active group and 56.96 in the Control group. In both groups MLHQF score significantly decreased at 6 months –11.1; (p<0,001) and – by -9,33 (p<0,001) respectively. The difference between groups was not statistically significant. The NYHA class improved in both groups. In Active group number of patients having I and II class has increased in 6 month from 42,36% to the 65,02 %. In the Control group number of patients having I and II NYHA class has increased in 6 month from 47,39% of patients to the 68,86 %. Main clinico-economical outcomes have demonstrated positive dynamic in both groups. CHF-related readmission have decreased by 69 % (p<0.001) in Active groups and by 48% in Control group (p<0.001). The CHF-related emergency visits have also decreased by 24% (p<0.001) in Active group and by 9,5% (p<0.015).

**Discussion:** Inclusion to the observational study statistically significant increased quality of life regardless on receiving or non receiving of education. Clinical outcomes and economical outcomes have shown significantly greater reduction in Active group, which could be explained by the improving of self care and additional control, delivered by phone calls in Active care group.

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P1.02.01 Resident’s confidence in relational skills through a short training program

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Resident’s confidence in relational skills through a short training program

**Authors:** Barbosa, A (António); Guerreiro, V (Vivelindia); Barbosa, M (Miguel)

**Presenter:** Barbosa, A (António)

**Introduction:** Training programs in communication skills for residents assumed different modalities depending on conceptual framework and contingent determinants. We developed a relational skills training program for the residents of the University Hospital of Lisbon centered on the principles of patient-centered care and relational ethics.

**Methods:** The training course included 3 half day sessions for groups of 3 residents (n=52, mainly from internal medicine and oncology departments, between the 2nd and 3rd year of their internship) and educational methods included: instruction, role-play techniques with clinical relevant simulated patients on two main issues (breaking bad news and discussion direction of care), video-taping and self-appraisal, discussion constructive feedback, reflexive exercises and formative assessment, accompanied by written material. The participants complete communication attitudes, self-confidence and training satisfaction questionnaires before, 4th and 90th day.

**Results:** The training has been highly valued as useful, informative effective, enjoyable, practical by the residents and they used skills from the training during their clinical work with patients. The feedback was considered constructive and 91.9% would recommend the training for other residents and 83.8% considered it could be compulsory for all residents. Trainees’ self-assessment of perceived competence at communication and confidence with specific issues significantly increased in 4th day (p < 0.01) and was sustained at 90th day (p<0.01).

**Discussion:** A short course on relational skills for residents in a very busy central university hospital can be well valued by the residents and increase in a sustained way their confidence in communicational skills.
P1.02.02 Pilot Results of a Behavioral Communication Intervention for Patients with End-Stage Renal Disease Awaiting Transplantation  
**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Pilot Results of a Behavioral Communication Intervention for Patients with End-Stage Renal Disease Awaiting Transplantation  

**Authors:** Traino, HM (Heather); West, SM (Stacy); Nonterah, C (Camilla)  

**Presenter:** Traino, HM (Heather)  

**Introduction:** Communication about transplantation is associated with improved transplant-related outcomes (e.g., improved access, decreased wait times, decreased dialysis-related mortality). However, patients with end-stage renal disease (ESRD) awaiting kidney transplant are challenged in managing both the logistical and content-related aspects of discussions about transplantation. A behavioral communication intervention was developed in response to patients’ expressed need for guidance in initiating and managing transplant-related conversations. This evaluation study was conducted as a preliminary assessment of the intervention’s efficacy.  

**Methods:**  
ESRD patients (n=10) waitlisted for kidney transplantation at one mid-Atlantic transplant center participated in one 2-hour educational session held as a group-based workshop. A quasi-experimental, pre-post design, with no controls, was used to evaluate the intervention’s impact on the outcome variables of interest. Semi-structured telephone interviews conducted before and after session attendance gauged patients’ knowledge of deceased and living-donor transplantation (yes/no); communication difficulties (yes/no), self-efficacy (rated from 1-100), and intentions (yes/no); and self-reported discussion of transplantation (yes/no).  

**Results:**  
Participants were predominantly Black (80.0%) and male (60.0%). The plurality were also married (50.0%) completed some college, but held no degree (50.0%), and reported a household income of less than $20,000 (50%). Although all participants reported previous conversations about transplantation prior to attending the session, one indicated a desire for no further discussion; after program attendance, however, all were considering, planning or going to continue to hold transplant-related conversations. Results of pair-sample t-tests revealed increases in knowledge (p=.06) and communication self-efficacy (p=.009). Specifically, the number of correct responses to the 12-item knowledge scale improved from 7.6 (SD=2.0; range, 5-12) pre-intervention to 9.5 (SD=1.8; range, 6-11) post-intervention. Similarly, averaged ratings of confidence (i.e., self-efficacy) managing 17 aspects of transplant-related conversations increased from 73.9 (SD=14.1; range, 55.9-93.5) to 89.0 (SD=6.7; range, 77.3-94.7) post-intervention. Perceived conversational difficulties decreased from a pre-intervention average of 4.5 (SD=3.3) to 3.5 (SD=3.0) post-intervention (p=.53).  

**Discussion:**  
Results of the pilot provide preliminary support for the intervention’s efficacy. Moreover, participant evaluations of the session were overwhelmingly positive (data not reported here). However, a more definitive test of the intervention is needed using a larger, more diverse sample, and a control group.  

Communication skills can be improved by specific training (CST) as proven in meta-analysis. There is broad agreement that practicing with actor patients, feedback and observing help to improve the skills. Up to now, it is unclear whether the didactic element of a structured and behavioral oriented feedback is responsible for this improvement. (1) Does structured feedback improve communication skills of medical students? (2) Do medical students feel more competent in a CST with structured feedback?  

**Methods:**  
69 medical students in the first clinical year participated in a research orientated CST after informed consent. All were randomized in a training as usual (control group) and a training with optimized feedback (intervention group). Training as usual focused on practice and self-experience, whereas training with optimized feedback integrated a precise behavioral orientated feedback by actor patients, feedback from peers who were asked to fill out an observational questionnaire and a summary of the trainer with recommendations for improvements. All students had a pre and post assessment with standardized patients, which were videotaped. Blinded raters rated these videos by using the Com-On checklist established in other research. Questionnaires about self-competence were handed out pre and post. Manova is calculated to compare differences between training and control group for significant changes.  

**Results:**  
By the time of conference we will present data of (1) changes of communication skills of control and intervention group; (2) changes in selfcompetence of control and intervention group.  

**Discussion:**  
This study provides information about a didactic concept of how communication skills can be taught and what didactic tools can be more efficient than others. This study also gives information what concept improves the feeling of selfcompetence. It is a study which is integrated in a typical educational setting, so external validity is high. It can trigger discussion of how to optimize teaching methods in communication skills.

P1.02.03 Does structured feedback improve communication skills of medical students? RCT about an optimized training course  
**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Does structured feedback improve communication skills of medical students? RCT about an optimized training course  

**Authors:** Wuensch, AW (Alexander); Engerer, Cosima; Dinkel, Andreas; Berberat, Pascal  

**Presenter:** Wuensch, AW (Alexander)  

**Introduction:**

Communication skills can be improved by specific training (CST) as proven in meta-analysis. There is broad agreement that practicing with actor patients, feedback and observing help to improve the skills. Up to now, it is unclear whether the didactic element of a structured and behavioral oriented feedback is responsible for this improvement. (1) Does structured feedback improve communication skills of medical students? (2) Do medical students feel more competent in a CST with structured feedback?  

**Methods:**  
69 medical students in the first clinical year participated in a research orientated CST after informed consent. All were randomized in a training as usual (control group) and a training with optimized feedback (intervention group). Training as usual focused on practice and self-experience, whereas training with optimized feedback integrated a precise behavioral orientated feedback by actor patients, feedback from peers who were asked to fill out an observational questionnaire and a summary of the trainer with recommendations for improvements. All students had a pre and post assessment with standardized patients, which were videotaped. Blinded raters rated these videos by using the Com-On checklist established in other research. Questionnaires about self-competence were handed out pre and post. Manova is calculated to compare differences between training and control group for significant changes.  

**Results:**  
By the time of conference we will present data of (1) changes of communication skills of control and intervention group; (2) changes in selfcompetence of control and intervention group.  

**Discussion:**  
This study provides information about a didactic concept of how communication skills can be taught and what didactic tools can be more efficient than others. This study also gives information what concept improves the feeling of selfcompetence. It is a study which is integrated in a typical educational setting, so external validity is high. It can trigger discussion of how to optimize teaching methods in communication skills.
whether or not elements of the Calgary-Cambridge model are present. We will also try out grading the dialogue with regards to suitability for teaching communication skills.

Discussion:
A filmographic index of fictional medical encounters could be a resource for teachers in clinical communication skills training of all levels, with the potential to show students examples of effective and substandard clinical communication. We also see the further development of a filmographic index as a possible collaboration project across nations and medical schools worldwide.

P1.02.05 Physician Perception of their Communication Skills and Interest in Additional Training
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Physician Perception of their Communication Skills and Interest in Additional Training
Authors: Quirindongo-Cedeno, OQC (Onelis); Rabatin, JTR (Jeffrey); Kasten, MKJ (Mary); Mitchell, JDM (Jay); Chutka, DSC (Darryl)
Presenter: Quirindongo-Cedeno, OQC (Onelis)

Introduction:
Effective communication skills are required by all clinicians in order to deliver excellent care to patients and their families. Formal training in communication is now a key part of curriculums at medical school and graduate school levels. Excellence in communication is now considered a core competency. At our institution there is a commitment to continue the delivery of communication training to our staff physicians. Over the last six years, 371 new clinical physicians at Mayo Clinic Rochester Minnesota have participated in a 4 hr workshop on communication skills.

Methods:
Assessing the perceived self-rated importance of the medical interview and clinician's confidence in their ability to communicate was essential for course directors of this workshop in order to better understand participant's needs. Physicians were asked to complete a pre-workshop questionnaire prior to participating in the workshop.

Results:
The survey was completed by 284 physicians for a 77 % response rate. Of the physicians that completed the survey 37% (n=104) were females, 63% males (n=180), and 69% were between the ages of 31-40 years (n=196). Overall the physicians rated their ability to communicate with patients as above average or excellent 84% (n=239). A majority, 82% (n=234) agreed with the need to improve their communication skills. Most of the faculty, 92% (n=263) reported that it would be beneficial or essential to receive further education to improve their communication skills. Only 52% (n=148) of the learners reported receiving previous training in physician-patient communication.

Discussion:
Although new physicians self-reported their ability to communicate with patients as above average or excellent, they also desired further training in physician-patient communication. These results demonstrate a need for academic institutions academic to offer opportunities for their new physicians to participate in faculty development sessions that focus on communication skills.

P1.02.06 Living with hip osteoarthritis: What experiences and needs do patients have in clinical decision making and daily living?
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Living with hip osteoarthritis: What experiences and needs do patients have in clinical decision making and daily living?
Authors: Brembo, E (Espen Andreas); Kapstad, H (Heidi); Månsson, L (Lukas); Dulmen, S van (Sandra); Eide, H (Hilde)
Presenter: Brembo, E (Espen Andreas)

Introduction:
Osteoarthritis (OA) is the commonest form of arthritis worldwide, affecting a growing number of people in the ageing populations. It affects at least 50% of people over 65 years of age, and occurs in younger individuals following joint injury. There are currently no disease-modifying treatments for OA, hence treatment includes self-management and surgical joint replacement in suitable individuals. People have both ethical and legal rights to actively participate in decisions related to treatment choices. The optimal timing to make these choices is difficult to standardize, as individuals differ in their ability to grasp the provided information and also in their motivation to manage treatments that require behaviour changes.

Methods:
The overarching aim of this mixed-methods study is to develop an innovative web-based decision aid that enables patients with OA of the hip to make informed value-based decisions as active participants in clinical encounters. The decision aid is expected to stimulate self-management, aid communication between the patient and GP and support shared decision making, as perceived by the patient. As existing research on the development of patient decision aid shows, a qualitative assessment of patients' needs is essential as a first step in the development process. This paper will explore patients’ experiences in living with hip OA and their preferences and needs for decision-making. The research questions of the first study are explored by using audio-taped semi-structured interviews with individual patients conducted in the spring of 2014. Transcribed data will be thematically analyzed. Participants are 14 patients diagnosed with hip osteoarthritis, 7 recruited from an orthopedic outpatient clinic and 7 recruited from primary care (GP office).

Results:
Findings of this qualitative study will, in addition to supplement existing research, add up with valuable and necessary information to the knowledge base when developing the web-based decision aid.

Discussion:
Research on implementation of patient decision aids has shown promising results both on clinical communication and patient satisfaction. However, a number of possible barriers exist, and more research is needed to explore patients’ needs and preferences to use as input for developing interventions.

P1.02.07 Does the content and quality of feedback provided by tutors to medical students during formative assessment sessions differ according to their clinical profile?
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Does the content and quality of feedback provided by tutors to medical students during formative assessment sessions differ according to their clinical profile?
Authors: Junod Perron, N; Louis Simonet, M; Pfarrwallner, E; Sommer, J; Demaurex, F; Cerutti, B; Nendaz, M
Presenter: Junod Perron, N

Introduction:
Medical students are given the opportunity to practice clinical skills with simulated patients during pre-clinical years. In Geneva, these practice sessions, called formative assessment sessions (FAS), are supervised by tutors who observe the interaction and give a feedback on history taking, physical exam and communication skills. The aim of the study was to evaluate whether the content and process of feedback varied according to the training specialty of the tutor. We had a special interest in the attention paid to communication skills.

Methods:
During 2013, all 2nd and 3rd year medical students and tutors involved in 3 FAS were asked to take part into the study. Tutors were divided into two groups: 1) primary care, general internist and educationalist physicians 2) "content expert" physicians such as cardiologists, neurologists and gastroenterologists. Outcome measures were: students’ self-perception of the usefulness and quality of the feedback received on their performance (a 15 item questionnaire using 5 item Likert scale); objective analysis of the
content (history taking, physical exam and communication items) and process (feedback skills) of the feedback.

Results:
251 (out 305 students of 2nd and 3rd year) medical students and 38 tutors took part. Students self-reported that feedback was considered to be useful to improve history taking (mean 4.36±0.82), physical exam (4.25±0.95) and communication skills (4.18±1.04). A linear regression analysis showed that students felt they improved their communication skills to a higher extent with tutors from group 1 than from group 2 (p<.024) independently from the age (p=.246) or gender (p=.942) of the tutors, or from the type of FAS (p=.450) (effect size 2.18). No change between groups was found for history taking and physical exam. Objective analysis of the content and process of videotaped feedbacks is still ongoing and will be presented during the conference.

Discussion:
These preliminary findings suggest that “content expert” physicians pay less attention to communication issues during feedback than primary care/general internist/educationalist physicians, without improving learning in other domains such as history or physical examination. If these findings are confirmed, these tutors should be specifically more trained to identify and teach communication skills during FAS.

P1.02.08 The road to healthy lifestyle changes: Using narratives to bridge the intention-behavior gap
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: The road to healthy lifestyle changes: Using narratives to bridge the intention-behavior gap

Authors:
Boeijinga, A. (Anniek); Hoeken, H. (Hans); Sanders, J. (José)
Presenter: Boeijinga, A. (Anniek)

Introduction:
With regard to health, truck drivers are a high risk, underserved group. The nature of the work, the working environment, and the individual characteristics of truck drivers (i.e. low SES and low health literacy) typically pose great challenges for health promotion. As a result, truck drivers’ health and lifestyle risks have remained – despite previous health prevention interventions. According to the Health Action Process Approach (HAPA) (Schwarzer, 2006), interventions are most effective when tailored to the target group’s particular mindset on the way to behavior change. Hence, an important question to ask is whether truck drivers typically live an unhealthy lifestyle because they are not motivated to obtain a healthier one (i.e. are nonintenders), or because they are unable to put their intentions to obtain a healthier lifestyle in action (i.e. are intenders)?

Methods:
To obtain a deeper understanding of truck drivers’ perception of health and their particular mindset (nonintenders or intenders), we conducted semi-structured in-depth interviews among Dutch truck drivers (n=20). Using Dedoose as a digital tool and guided by coding principles of the Grounded Theory Approach (Corbin & Strauss, 2008), the interview data passed through three stages of reiterative coding: open, axial, and selective coding.

Results:
Our qualitative study indicated, among other things, that truck drivers generally intend to eat healthier and/or exercise more. However, the detrimental working conditions characteristic for the trucking occupation, are perceived as barriers to translate these intentions into actual behavior; indicating an intention-behavior gap. In addition, we found that previous health communications, generally described as “clichéd” and “stereotyped”, were little appreciated.

Discussion:
Based on our findings we advocate a new, narrative approach to health promotion for truck drivers. The narrative format is particularly appropriate for supporting truck drivers’ planning strategies that are, according to the HAPA, essential in bridging an intention-behavior gap: Characters can show how to put intentions into action, what obstacles to expect, and how to navigate past them (Green, 2006). Moreover, narratives facilitate attention, comprehension, and recall (Kreuter et al., 2007), which makes narrative approaches in particular promising for health communication targeting truck drivers and other low-SES groups.

P1.02.09 The State of Communication Education in US Family Medicine Residency Programs
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: The State of Communication Education in US Family Medicine Residency Programs

Authors:
Jansen, K.L.; Rosenbaum, M.E.
Presenter: Jansen, K.L.

Introduction:
Communication skills teaching is more consistently implemented and evaluated in medical school curricula than in graduate medical education. This study explores how communication skills are taught in Family Medicine residency programs, which have historically emphasized communication skills more than other disciplines.

Methods:
Faculty members in US family medicine residencies were contacted via email and professional organization list serves and invited to complete an online survey. 145 programs out of 458 family medicine residency training sites responded (32%), with 48 out of 50 US states represented. Analysis identified response frequencies and ranges complemented by thematic analysis of narrative comments.

Results:
The amount of time dedicated to communication education varied across programs (6 to 225 hours). Over the 3 years of residency training, 33% of programs provided less than 40 hours of communication education, 25% of programs indicated 40-79 hours, and 41% indicated 80 or more hours. The majority of communication education occurred during the first year of training (40%), and decreased across years 2 and 3 (34% and 26% respectively). While almost all programs used lectures as part of their communication curriculum (94%), most programs utilized multiple instruction methods (75% indicated 4 or more teaching methods). Frequently utilized instruction methods included direct observation (77%), video review (71%), and small groups (69%). Most respondents (68%) indicated that their residency utilizes a formal communication model (e.g. Mauksch, Kalamazoo, Calgary Cambridge, etc) as part of their communication curriculum. Perceived strengths of current programs included: having a formal curriculum; use of video review; and/or direct observation in teaching. Respondents noted these same components as the main areas for improvement in those programs not currently using them. In addition, increasing faculty buy-in and development were identified as ways to enhance current efforts.

Discussion:
This study addresses a major gap in the current literature by conducting a broad survey of current practices in residency communication skills teaching. These findings can provide a comparative reference and rationale for residency programs seeking to evaluate their current approaches to communication skills teaching and develop new or enhanced curricula.

P1.02.10 Co-students as linguistic preceptors for enhancing linguistic communication skills in undergraduate medical students.
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Co-students as linguistic preceptors for enhancing linguistic communication skills in undergraduate medical students.

Authors:
Vagha, PROF (Jayant); Jagazape, tushar Tushar
Presenter: Vagha, PROF (Jayant)
Introduction: Communication skills (CS) are taught and learned as part of core curriculum in the western world, but unfortunately in India the scenario is different. CS is associated with improved patient health outcomes, adherence to treatment, enhanced patient satisfaction and decreased frequency of litigations. Many undergraduate students coming to this institution are from different states with different mother tongue, while some are from the local state and speak the local language. Patient coming to our hospital predominantly speak the local ‘Marathi’ language. There is a gap in communication between the undergraduate students from other state and the local patients.

Methods: Objective: To improve the linguistic skills of non local students using local students as linguistic preceptors. Method: We carried out a pilot study and introduced a module for enhancing the linguistic communication skills of non local students. In this, one local student was given a batch of 10 students of the same year under him. The preceptor communicated with the students under him in the local language and encouraged the small group under him to speak in the local language only. This exercise was carried out at all times in the campus for e.g. in the clinics, in the food court, in the library, in the games etc.

Results: We found encouraging results on qualitative data obtained by focus group discussion in that the linguistic skills increased a lot in the non local students and that these students found this method to be better than referring to the dictionary.

Discussion: this method of co students acting as linguistic preceptor was well accepted and was found to be effective.

P1.02.11 Introduction of an early clinical experience for first-year medical students: one school’s experience
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Introduction of an early clinical experience for first-year medical students: one school’s experience

Authors: Shibli-Rahhal, A (Amal); Brenneman, A (Anthony); Sreen, M (Mary); Nielson, D (Deanna); Rosenbaum, M (Marcy)

Presenter: Shibli-Rahhal, A (Amal)

Introduction: In an effort to integrate classroom and simulation-based communication skills training for first year medical students with the realities of clinical practice, a Longitudinal Clinical Mentorship (LCM) program was developed to allow students to practice and observe communication skills with real patients early in their training.

Methods: Every student (N=153) is paired with a clinician in their outpatient clinic for 6, 2- hour sessions during the year. For each session, students practice their interviewing skills with at least one patient and spend the rest of the time observing how clinicians implement these skills in real practice. Each session focuses on communication skills they are currently learning in class: 1) building a relationship with a patient, 2) working with an interdisciplinary team; 3) eliciting the history of present illness including patient perspective; 4) picking up on and responding to patient emotional cues; 5) gathering a full history; 6) clinical reasoning and presenting/writing patient histories.

Following each session, students write a brief “Critical Analysis” describing what they experienced and observed, the outcome achieved as a result of using these skills, and how these insights will guide their subsequent interactions with patients. Students complete an LCM evaluation survey at the end of each semester.

Results: Overall ratings of LCM by students (N=153) were high (>4 on a 5 point scale). Analysis of comments revealed that students appreciated LCM for allowing them to observe and apply what they are learning with real patients, gain insight into patients’ perspectives, and build a relationship with a practicing clinician. Both students and mentors suggested that even more time be devoted to these sessions.

Discussion: The LCM reinforces and deepens the communication skills students learn in the classroom by enabling them to practice and observe these skills in the context of real clinical practice and the impact they have on the quality of the physician-patient interaction. Strengths of the program include having specific focus for each LCM session that mirrors students’ developmental skills learning and critical analysis of what was learned from the experience. The primary challenges are recruitment of enough mentors and time required for program coordination.

P1.02.12 Discussing Death, Dying, and End-of-Life Care: Development of a Communication Skills Training Module for Nurses
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Discussing Death, Dying, and End-of-Life Care: Development of a Communication Skills Training Module for Nurses

Authors: Manna, RM (Ruth); Shen Johnson, Megan; Coyle, Nessa; Banerjee, Smita; Pehrson, Cassandra; Penn, Stacey; Krueger, Carol; Maloney McConnell, Erin; Bylund, Carma

Presenter: Manna, RM (Ruth)

Introduction: The purpose of this study was to develop a communication skills training (CST) module for oncology nurses on how to communicate more effectively when the patients’ goals of care change from curative therapy to end-of-life care. We also sought to evaluate the module in terms of participant self-efficacy and satisfaction.

Methods: The development of this module was based on a review of current literature. The module consisted of a 45 minute didactic, exemplatory video, and 90 minutes of small group interaction and experiential role-play with a simulated patient. Using a 5-point Likert scale, participants (inpatient and outpatient nurses) completed pre and post surveys rating their self-efficacy in discussing death, dying, and end-of-life goals of care with patients. Participants also rated their overall satisfaction with the module.

Results: The final sample included 238 inpatient and 68 outpatient oncology nurses from a Comprehensive Cancer Center in New York City who participated in the CST during the years 2012-2013. Separately, the inpatient and outpatient nurses’ confidence in discussing death, dying and end of life goals of care increased significantly after attending the workshop (p’s<0.001). Combining both groups, nurses indicated satisfaction with the module by agreeing or strongly agreeing to 5/6 items assessing satisfaction 95-98% of the time. Out of four aspects of the course (didactic, exemplary video, role play, course booklet) most inpatient nurses responded that the exemplary videos (94.9%) and role play experiences (95.5%) aided learning somewhat to a lot whereas the majority of outpatient nurses selected the didactic (98.5%) and role play (98.8%) as aiding learning somewhat to a lot.

Discussion: We have developed a CST module for oncology nurses, both inpatient and outpatient, on how to discuss death, dying, and end-of-life goals of care with patients, which is both effective and useful. Supporting nurses’ improved communication may have a positive effect on their comfort in discussing end-of-life issues and patient satisfaction with end-of-life care. Though the preferred components of the module differed slightly between groups, all nurses responded positively about the usefulness of this module.

P1.02.13 The Use of Patients with Diabetes for Teaching Communication Skills in Long-Term Conditions.
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
The Use of Patients with Diabetes for Teaching Communication Skills in Long-Term Conditions.

Authors:
Parker, F (Fiona); Riddell, R (Rebecca); Watson, W (Wendy); Bate, E

Presenter:
Parker, F (Fiona)

Introduction:
Long-term conditions are a major problem facing global healthcare systems worldwide(1) and diabetes mellitus is one of the most common long-term conditions in the UK(2). Simulated and volunteer patients are used for communication and clinical examination teaching at the University of Aberdeen. In 2011, a new teaching initiative was introduced; inviting patients with diabetes to attend a clinical skills centre to help medical students develop their communication skills with patients living with a long-term condition. The aim was to assess whether this approach was beneficial for students and acceptable to patients.

Methods:
Patients with diabetes were recruited from various sources, but primarily from secondary care diabetic clinics. Year 2 medical students had a 45-minute patient consultation and completed a diabetic patient clerking sheet. To further enhance their learning experience, the students presented their findings in a small group, facilitated by a diabetes clinician and tutor. Students then completed anonymous, online feedback to evaluate the learning experience and the patients were also invited to complete a postal evaluation questionnaire retrospectively.

Results:
185 second-year medical students attended this teaching session and their feedback was extremely positive e.g. "the use of real patients with a disease we had previously been taught in lectures was excellent..." 23 patients with diabetes volunteered to participate in the four afternoon teaching sessions and reported, "a very pleasant experience...the students were interested and listened to what I had to say." 86% reported that the information provided to them prior to the session was "good.

Discussion:
The patients with diabetes outlined their own history and experiences for the students to learn from. Patients had the opportunity to discuss the impact this long-term condition had on their lives. The General Medical Council requirements state that patients involved in undergraduate teaching should be appropriately prepared for their role(3). Each patient received individual information about their own role from a tutor and our patients were satisfied with the information they received. Recruitment of real patients is time-consuming and the sustainability requires consideration. This initiative has been very well received by both students and patients and may be applicable to other long-term conditions e.g. asthma and renal disease.

P1.02.14 Deconstructing Fear of Independence Loss (FOIL) among Seniors

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Deconstructing Fear of Independence Loss (FOIL) among Seniors

Authors:
Cameron, KA (Kenzie); Ramirez-Zohfeld, V (Vanessa); Sunkara, P

Forucci, C (Chris); Huisingsh-Scheetz, M (Megan); Lindquist, LA (Lee)

Presenter:
Cameron, KA (Kenzie)

Introduction:
Remaining in one’s own home is often one of the highest priorities of seniors. As their physical, functional, cognitive, and social needs increase, seniors may require additional services and care in order to remain safely in their homes. However, many adults refuse such care. We sought to understand seniors’ perceptions and fears regarding the need for additional services, relocation, or receipt of care in their homes.

Methods:
We conducted eight focus groups with 68 seniors (age 65 and older) living in rural, suburban and urban areas. Our interview protocol prompted participants to discuss advanced planning, decision-making, perceived loss of independence, barriers, and resources that might have an impact on their ability to remain in their own home. Three independent coders used content and constant comparative analysis to analyze results.

Results:
Participants’ mean age was 73.8 (SD = 6.55); 73.5% were female. Several major themes related to fear of independence loss (FOIL), as well as strategies to overcome FOIL emerged. FOIL was associated with loss of control, resentment of depending on others, annoyance with working around others’ schedules, and guilt of being burdensome. One subject stated: “I had to depend on friends and neighbors to fix food or shop or do anything, and I thought, I don’t want to be in that position.” Lack of trust in others and concerns about exploitation were also identified as reasons for FOIL.

Conversely, some subjects reframed the concept of independence, viewing actions as more inter-dependent. One subject focused on the aspect of continued contribution to society, saying “I think we forget what the other person is contributing... the person who is able to see his grandchildren to smile at them; I mean he’s giving them something as well.” Another identified strategy was recognition that others may engender positive emotions by helping someone who is in need: “When I’m on the receiving end, I’ve got to remember that that’s giving somebody else some joy.”

Discussion:
Addressing and promoting strategies to reframe FOIL may aid in assisting seniors to accept needed care, enabling them to remain safely in their own homes.

P1.02.15 The ars moriendi model for spiritual history taking: a mixed method evaluation

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
The ars moriendi model for spiritual history taking: a mixed method evaluation

Authors:
Vermandere, Mieke; Warmenhoven, Franca; Van Severen, Evie; De Lepeleire, Jan; Aertgeerts, Bert

Presenter:
Vermandere, Mieke

Introduction:
Spiritual wellbeing in patients with advanced illness is strongly associated with quality of life. In clinical care, however, the provision of spiritual care remains difficult. Many assessment instruments are available for spiritual history taking in palliative care, but health care providers often experience difficulties in addressing spiritual themes with patients. This study aims to investigate the experiences of health care providers using the Ars Moriendi Model for spiritual history taking in palliative home care.

Methods:
Seventeen registered nurses and four family physicians were included in the early quantitative phase, and 19 registered nurses and five family physicians participated in a semi-structured interview during the later qualitative phase. A survey was used to investigate first impressions after a spiritual history taking with the ars moriendi model. An exploratory qualitative study was undertaken a few weeks later. The quantitative and qualitative results were compared to see whether the findings were confirmative.

Results:
Most of the health care providers felt comfortable during the history taking. The model was perceived as valuable and most tension fields were discussed. Many patients shared important wishes and expectations about the end of life. Almost three quarters of the health care providers felt that the patient-provider relationship was strengthened as a result of the spiritual history taking. Furthermore, almost all the history taking raised new issues, although many dyads had informally discussed spiritual issues before.

Discussion:
The ars moriendi model is a useful guidance tool for spiritual history taking. Guided by the model, health care providers can gather information about the context, life story, and meaningful connections of patients, which enables them to organize person-centered palliative home care with respect for the spiritual dimension.

P1.02.16 Effectiveness of a modular, media rich, online resource for blended learning of healthcare communication skills

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Effectiveness of a modular, media rich, online resource for blended learning of healthcare communication skills

**Authors:** Novack, DH (Dennis); Daetwyler, CI (Christof)

**Presenter:** Novack, DH (Dennis)

**Introduction:**
In 2004, the Institute of Medicine (IOM) Report “Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula” was published. This marked a consensus on the competencies for communication skills at the medical school and residency levels in the United States. Novack and colleagues proposed to use this report as the framework for a comprehensive state-of-the-art media-rich online learning resource – and were able to secure a grant from the Arthur Vining Davis Foundations. He then brought in Christof Daetwyler from Dartmouth Interactive Media Lab, and 4 years and 42 DocCom modules later, DocCom was completed. It is now being used in over 70 medical schools and residencies, with over 16000 active users. Studies on DocCom have shown improved trainee learning with DocCom. We will present an overview of these studies.

**Methods:** Various research designs.

**Results:**
In 2009, Spagnolletti et al. tested the effect learning with 4 basic DocCom modules on 31 residents. They found that knowledge improved significantly (average MC pre-test score 89% vs. post-test 95%, p = 0.006). Most (67%) felt that completing the modules will improve their outpatient communication skills, and 62% their inpatient skills. A study by Daetwyler, Novack et al. 2010 (N=17) on the impact of learning with DocCom module 33 “breaking bad news” on how many of 13 effective interpersonal skills were employed showed a gain of 14% in the IG compared to 8% in the CG. In 2011, Eugene Barone et al. did a pre- and post-module (DocCom module 30 on Substance Abuse screening and counseling) survey with 99 medical students in their clerkship year. They found statistically significant changes in 5 of the 13 survey items and concluded that learning with the module can effectively influence medical students beliefs and attitudes toward patients with substance use disorders. In 2012 Lanken et al conducted an RCT featuring blended learning with DocCom module 30 and found improved attitudes and skills in medical residents at two institutions.

**Discussion:**
The presented studies show that DocCom is an effective learning resource.

Several studies on chronic diseases have underscored the need for personalized healthcare, taking into account patients’ information needs and preferences, to support their proactive health management. However, little research has been conducted to determine cardiovascular disease patients’ information needs from a patient perspective and the psychological factors associated with these needs. Our study aimed to explore the priorities and the correlates of information needs among patients with coronary artery.

**Methods:** 357 newly diagnosed patients with acute myocardial infarction or acute coronary syndrome completed an assessment questionnaire evaluating different psychological factors and the need for further information on six topics related to disease management. Patients had a mean age of 56.8 years (range 35-75; SD=7.9) and were primarily men (85%). Descriptive analyses were conducted to identify information needs; correlation analysis were conducted to explore the relationship between need for information and psychological factors.

**Results:**
Overall, patients wanted to be extensively informed in each domain; the key information need was for a full understanding of the disease, while information about behavioral habits emerged as a minor theme. Correlation between coping strategies, anxiety, psychological well-being and need for information were found. In particular, adaptive coping strategies were positively associated with need for further information for all domains, while anxiety was positively associated with information on distress management and risks and complications associated with the disease. Orientation to happiness was negatively associated with information on behavioral habits and life activities.

**Discussion:**
Not all patients want and need the same information in order to understand how to adaptively manage their condition. Taking into account information needs and the relationship between these needs and psychological factor could enhance quality of chronic disease management, leading health-care system to move toward a patient-tailored care.

P1.02.19 A tool to assess and communicate health risks in dental practices during pregnancy.

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** A tool to assess and communicate health risks in dental practices during pregnancy.

**Authors:** Acke, Sofie; Hambach, Ramona; Schmickler, Marie-Noëlle; Allen, Yves; Sprundel, Marc van

**Presenter:** Acke, Sofie

**Introduction:**
The aim of this research project was to learn more about work-related health risks among dental assistants in Flanders, Belgium. There was a need for a tool to assess health risks in dental practices, especially during pregnancy. The development of such tool could ease the assessment and communication of health risks in dental practices during pregnancy.

**Methods:**
A questionnaire was sent by mail in June 2008 to all 73 dental practices who were affiliated to Mensura Occupational Health Services in Flanders, Belgium. Collection of data was carried out cross-sectional in a three months’ time period. A task analysis of the dental assistants was performed. Exposure to chemicals, biological agents, ionizing radiation and the application of collective and personal protective equipment were questioned. Also, the prevalence of work-related complaints such as allergies, musculoskeletal disorders and occupational stress were evaluated.

**Results:**
In total, 47 dental assistants completed the questionnaire. Twenty-three percent of the assistants did not wear consistently a radiation dosimeter badge; 80% wore a mouth mask and 33% wore protective glasses. 82% was vaccinated against hepatitis B. Almost 10% reported
verbal or physical aggression by patients. Stress level was scored at 3.95 on a visual scale from 0 to 10. Three out of four assistants did not participate in the mandatory recruitment medical examination and twenty percent did not undergo the annual medical examination at the Occupational Health Service. Sixty-two percent continued their work while pregnant, of which 40% without adjusted work.

**Discussion:**
The results of the questionnaire contributed to the formulation of a number of recommendations for the improvement of the health of dental assistants, especially during pregnancy. Based on the results of the questionnaire and taking into account the current Belgian legislation, a tool was proposed to assess health risks in dental practices during pregnancy. The tool was developed in collaboration with the dental association and was taken over by the Belgian Association of Occupational Health Services, Co-Prev, as a national guideline. It can be used by, among others, occupational physicians to ease the assessment and communication of health risks in dental practices during pregnancy.

**P1.02.20 Radiotherapy for people with cancer: what do written information materials tell them?**

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
Radiotherapy for people with cancer: what do written information materials tell them?

**Authors:**
Dhillon, HD (Haryana); Yan, BY (Ben); Smith, SKS (Sian); Milross, CM (Christopher)

**Presenter:**
Smith, SKS (Sian)

**Introduction:**
People undergoing radiation therapy for cancer need information to participate in treatment decision-making, prepare them for treatment and manage their side effects and follow-up care. Few studies have assessed how comprehensive written radiotherapy information is, in addressing patients’ information needs. This study reviewed the content of written information materials available to patients through Australian radiotherapy hospital departments and cancer control organisations.

**Methods:**
A coding framework, informed by previous studies examining the information needs of patients undergoing radiotherapy, was developed and applied to the patient information materials. The final coding framework included a total of 71 categories, which fell into 11 broad themes: cancer diagnosis, preparing for treatment, treatment planning, daily treatment information, external radiotherapy, internal radiotherapy, impact on daily activities, post-treatment, prognosis, psychosocial health and well-being, and finally, ‘extra content,’ which includes sections such as glossaries and question prompt sheets. Our analysis compared and contrasted how different information sources, namely (i) hospital radiotherapy departments vs cancer control organisations and, (ii) generic vs tumour specific materials addressed patients’ information needs.

**Results:**
A total of 54 information resources were included in the final analysis. Overall, general radiotherapy information available from cancer control organisations was more comprehensive than materials available at radiotherapy departments (P<0.001). Hospital department sources provided more information about the logistics of undergoing treatment compared to resources produced by cancer control organisations. Internal radiotherapy and long-term consequences of radiotherapy were poorly covered by most sources. Compared to general radiotherapy information resources, tumour-specific resources were found to be superior at providing information about cancer diagnosis, prognosis, daily treatment and side effects to general radiotherapy information resources.

**Discussion:**
Different types of radiotherapy sources provide different information to patients. It is important that together, they comprehensively address all patient information needs. However, further research is needed to determine whether radiotherapy information is suitable for low literacy populations.

**P1.02.21 Discussing schizophrenia: A qualitative study of practitioner-patient communication barriers in psychiatry.**

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
Discussing schizophrenia: A qualitative study of practitioner-patient communication barriers in psychiatry.

**Authors:**
Outram, S (Sue); Loughland, CM (Carmel); Harris, G (Gillian); Kelly, B (Brian); Cohen, M (Martin); Bylund, C (Carma); Levin, T (Tomer); Sandhu, H (Harsimrat); Vamos, M (Marina); Kissane, D (David)

**Presenter:**
Loughland, CM (Carmel)

**Introduction:**
Evidence suggests that people with schizophrenia and their families want clear information about their diagnosis and treatment. However, mental health practitioners are often criticized for failing to communicate well and share diagnostic information with patients and families. A generic qualitative methodological approach was used to examine clinicians’ reasons for giving, or not giving, a diagnosis of schizophrenia, and to document the process of communicating a schizophrenia diagnosis, so as to better understand the complexities facing clinicians in communicating diagnostic news.

**Methods:**
Sixteen mental health clinicians were recruited from a public mental health service in regional Australia. Semi-structured interviews were used to explore their perceptions and experiences of communication with patients and their family concerning a schizophrenia diagnosis. Interviews were recorded, transcribed and thematic analysis undertaken.

**Results:**
Over half the clinicians interviewed believed in giving a diagnosis, but a large proportion also felt reluctant to do so in practice. The reason stated for not giving a diagnosis included diagnostic uncertainty, loss of hope, stigma, and ineffective treatment options. Communicating diagnostic news to patients and families was generally not planned for, and was often described by clinicians as chaotic and ad hoc with little consistency regarding leadership approaches, how the team operated with regard to management, or the way diagnostic information was communicated to patients and family. This contributed to tensions between different team members.

**Discussion:**
This study provides insight into the barriers that prevent clinicians from communicating a schizophrenia diagnosis and highlights the need for specialist communication skills training in psychiatry.
Methods:
Communication skills training modules were developed based on an existing theoretical framework (ComSkill), adapted for discussing a diagnosis and prognosis of schizophrenia with a patient and a parent of an adult patient, using simulated patients. Pre-post training ratings of self-reported confidence in a range of communication tasks was obtained, along with trainee views on the training methods.

Results:
Thirty-eight participants completed the training. Significant improvements were reported in confidence in discussing schizophrenia diagnosis and prognosis. Participants reported a high level of satisfaction with the program that included improved confidence in working with simulated patients, the utility of small group training, and digital feedback methods.

Discussion:
The findings support the translation to psychiatric training of a well-established educational model addressing core clinical communication tasks. This preliminary study provides the foundation for developing a more comprehensive evaluation and an extended curriculum regarding other aspects of care of patients with schizophrenia: ongoing management and recovery; shared decision making; dealing with conflict; and conducting a family interview.

P1.02.23 Breast cancer specialists’ views on risk prediction models and their use in clinical practice
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Breast cancer specialists’ views on risk prediction models and their use in clinical practice
Authors: Engelhardt, E.G. (Ellen); Pieterse, A.H. (Arwen); Duijn-Bakker, N. van (Nanny); Smets, E.M.A. (Ellen); Haes, J.C.J.M. De (Hanneke); Stiggelbout, A.M. (Anne)
Presenter: Engelhardt, E.G. (Ellen)

Introduction:
Undergoing endocrine and/or chemotherapy carries potential survival benefits, but also side-effects. Risk prediction models (RPM) quantifying survival benefit, e.g. Adjuvant! Online, appear to be increasingly used during consultations. However, most RPM were not originally designed for such use. Also studies have shown that patients have difficulty understanding information from RPM. We investigated if, why and how oncologists use RPM.

Methods:
As there is limited literature on this subject, we first conducted structured interviews and online focusgroups (OFG) with medical oncologists from Dutch academic and general hospitals. We used the findings from the interviews and online focusgroups to develop an online-survey. All medical oncologists, surgical oncologists, nurse practitioners and nurses member of all the breast cancer working parties of the Comprehensive Cancer Centers the Netherlands were approached via e-mail and asked to complete the online-survey. A reminder was sent after one month. The data was analyzed using NVivo 9 and SPSS 20.

Results:
Eighty-seven participants (partially) completed the online-survey. Adjuvant! Online is the best known (95%) and most frequently used RPM (>80%). Adjuvant! Online is most often used during consultations to inform (96%) and help patients decide about treatment (88%) or to persuade them to follow the proposed course of treatment (80%). Specialized nurses have a supportive role, checking whether patients understood the information. The majority of participants (>75%) believe that using Adjuvant! Online helps patients to better understand their prognosis.

Discussion:
RPM have found a place in daily practice, especially Adjuvant! Online. Moreover, oncologists think that using RPM, such as Adjuvant! Online, helps patients understand their prognosis better. However, some small studies have found that is not always the case. These findings highlight the importance of exploring whether patients understand the information provided by RPM, how they evaluate their use during consultations, and whether their use affects decision-making. RPM could be valuable tools in clinical practice, promoting more open discussion between patients and oncologists about prognosis and potential treatment benefits, but it is imperative to determine whether RPM and associated risk communication will benefit patients rather than provide a source of unwanted cognitive burden or anxiety.

P1.02.24 Different Processing of Fear and Emotional Tears in Autism as Clinically Relevant Variables
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Different Processing of Fear and Emotional Tears in Autism as Clinically Relevant Variables
Authors: Balsters, M.J.H. (Martijn); Bates, H. (Kiek); Postma, M. (Marie); Krahmer, E.J. (Emiel); Postma, E.O.; Plaat, A. (Aske)
Presenter: Balsters, M.J.H. (Martijn)

Introduction:
In clinical practice, patient-centered communication (and its related behaviors) forms one of the important underlying factors regarding successful health care. In general, people do differ from each other in terms of ability to judge affective behavioral cues. A physicians’ ability to interpret these cues correctly seems related to clinically relevant variables. In previous studies with healthy individuals, we demonstrated that fearful faces and voices have a natural priority in terms of processing and attention. Moreover, we found that emotional tears facilitate the recognition of sadness and provision of support. Individuals with Autism Spectrum Disorder (ASD) form a special case in terms of emotion processing and recognition. Almost by definition, they are known to have difficulties with the perception and interpretation of emotional information.

Methods:
In two behavioral studies, in which we measured reaction times and perceived need for support, we therefore investigated the perception of fearful and sad tearful faces by individuals with ASD to test whether the same pre-attentive perceptual mechanisms found earlier in healthy individuals operate at similar or different processing speeds as in individuals with ASD.

Results:
Our findings suggest that ASD individuals experience more trouble with implicit rather than explicit instructions and features. Although they are considerably slower in responding compared to healthy controls, they perform equally well in terms of accuracy when explicitly asked to recognize a sad facial expression, or to what extend the depicted individual was in need for support. On the other hand, ASD participants seem to have more difficulties with implicit processing when compared to non-ASD individuals; they are not or less susceptible to subtle visual cues such as tears, and they do not clearly display an attentional bias towards fearful faces and vocalizations.

Discussion:
Our results thus strongly suggest that it is foremost the pre-attentive processing of emotional information that is disturbed in ASD. A better understanding and interpretation of these behavioral cues could possibly lead to improved communication skills, and thus to better outcomes and clinical decision making with this patient group.

P1.02.25 Educational Program for Nurses about communication skill in care of Malignant Pleural Mesothelioma
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Educational Program for Nurses about communication skill in care of Malignant Pleural Mesothelioma
Authors: Nagamatsu, Y (Yasuko)
Presenter: Nagamatsu, Y (Yasuko)
Introduction: Malignant Plural Mesothelioma (MPM) has a poor prognosis and causes debilitating physical symptoms as well as emotional distress. Nurses experienced strong distress when attempting to communicate with MPM patients with MPM. Nurses must make use of effective communication skills to understand and sympathise with patients with MPM and their families. This study evaluates the effects of the Communication Skills Education Program for MPM care in Japan.

Program: The Communication Skills program was a part of the educational program for MPM (7 hours). The Communication program (3 hours) consisted of narratives by MPM patients followed by role-playing in small groups with facilitators. The cases for the role-play were suggested by the participants.

Methods: Nurses who attended the program rated each of the following items from least difficult to most difficult, based on a 5-point scale: ‘relieving anxiety’, ‘closing the gap between patient’s wishes and family’s wishes’, ‘drawing out honest feelings from a quiet patient’, ‘introducing palliative care’, ‘being with patients who say “I do not want to die” before, after and 1 month after the program.’ The scores were compared using a t-test. Participants also provided feedback regarding the validity, clarity, usefulness for clinical settings and facilitators.

Results: 24 nurses with nursing 3-31 years of experience working at respiratory wards, home nursing stations, palliative care units, and the like, participated. The total difficulty scores were lower at the post-test than the pre-test (p<0.004) and follow-up test (p<0.000). All items except ‘introducing palliative care’ were significantly lower at the post and follow-up tests. Participants highly evaluated the program for its validity, clarity, usefulness for clinical settings and facilitators. Participants mentioned that the order of program and excellence of cases motivated them and they could learn to empathize with patients.

Discussion: Though the number of participants was small, the results indicate the usefulness of the communication skills program in MPM for nurses. The narratives nurtured empathy and role-play using actual cases motivated participants. This program is recommended for health institutions that conduct MPM care in Japan.

However, participants who benefit from relaxation and biofeedback drop significantly more out of training.

Discussion: Findings suggest that those two types of training show short term effects, but migraine sufferer’s are more involved in EC training. Further studies should explore if trainings display long term effects and why there is a dropout in relaxation and biofeedback training.

P1.02.27 Issues relating to the performance of newly qualified doctors during the transition from medical student to F1

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Issues relating to the performance of newly qualified doctors during the transition from medical student to F1

Authors: PAPAGEORGIOU, AP (ALEXIA); Miles, SM [Susan]; Cavenagh, PC (Penny); KELLETT, JK (JOANNE); Salters, CS [Charlotte]; Levinster, SM [Samuel]

Presenter: PAPAGEORGIOU, AP (ALEXIA)

Introduction: There is evidence to show that new medical graduates feel unprepared for the roles and responsibilities they face as junior doctors, which may have implications for patient safety.

Methods: This research investigated areas which junior doctors find difficult during the early weeks of practising as a doctor from the perspective of the doctors themselves and senior doctors who supervise them.

The evidence was gathered through interviews with 22 supervisors and interviews and focus groups with 45 junior doctors (across multiple hospitals in the region)

Results: Specific areas where junior doctors felt and were reported to be unprepared included: prescribing and knowledge of pharmacology, administrative tasks such as writing discharge summaries, developing differential diagnoses, challenging communications, responsibility, decision-making, hand-over, task prioritisation and time management. Junior doctors also felt the need for more in-depth departmental inductions.

Discussion: The findings support existing research evidence that junior doctors are unprepared for work in some, but not all areas. There was consistency between the views of junior doctors and supervisors.

This study confirms earlier findings that there is a need for better management of the transition from student to junior doctor. The findings have informed recommendations made to medical schools and employing hospitals in order to improve the transition between medical school and work as a newly qualified doctor and thus to enhance patient safety. Implications The transition from medical student to F1 doctor needs to be handled more effectively.

P1.02.26 Emotional competence training: an effective new way of treatment in migraine sufferers

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Emotional competence training: an effective new way of treatment in migraine sufferers

Authors: Miliche, S [Stephanie]; Monsieur, V [Virginie]; Demortier, C [Charlotte]; Mikolajczak, M [Moira]

Presenter: Miliche, S [Stephanie]

Introduction: Emotional competence refers to individual differences in identifying, understanding, expressing, regulating and using one’s own feelings (intrapersonal EC) and those of others (interpersonal EC). Evidence suggests that the level of interpersonal EC has a protective impact on migraine frequency and migraine sufferers’ quality of life (QoL). The aim of this study was to explore whether an EC training could improve mental and physical health in migraine sufferers.

Methods: 78 fully diagnosed migraine sufferers take part in a 18 hours training (either EC training or biofeedback and relaxation training, the latest has been described in the literature as the most effective psychological treatment by far). They completed measures like EC, QoL, negative and positive emotions, anxiety, depression and migraine frequency before and 3 months after the formation.

Results: Results showed that those two types of trainings improve the level of EC, decreases migraine frequency and enhance quality of life.

P1.02.28 Provider Education about Glaucoma and Glaucoma Medications During Video-taped Medical Visits

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Provider Education about Glaucoma and Glaucoma Medications During Video-taped Medical Visits

Authors: Sleath, BLS (Betsy); Blalock, Susan; Carpenter, Delesha; Muir, Kelly; Sayner, Robyn; Robin, Alan

Presenter: Sleath, BLS (Betsy)

Introduction: Glaucoma is one of the leading causes of blindness and visual disability. An estimated 1.5 million Americans suffer from glaucoma while approximately 120,000 of them have been blinded by the disease. The primary goal of glaucoma treatment is to reduce intraocular pressure. Taking available glaucoma medications can significantly lower intraocular pressure and reduce the progression of
glaucoma. Little is known about ophthalmologist-patient communication during glaucoma visits. One prior study interviewed patients about what their ophthalmologists discussed during visits, but they did not video-tape the patients’ visits to examine actual communication. The purpose of this study was to examine: (a) the extent to which doctors provide education about glaucoma and glaucoma medications and (b) what patient and provider characteristics are associated with whether providers educate patients about glaucoma and glaucoma medications.

Methods:
Two hundred and seventy-nine patients with glaucoma who were newly prescribed or already on glaucoma medications were recruited at six ophthalmology clinics. Patients’ visits were video-tape recorded and patients were interviewed after visits. Generalized estimating equations were used to analyze the data.

Results:
Providers educated patients about glaucoma during 74% of visits and about glaucoma medications during 63% of visits. Providers were most likely to educate patients in the following areas about glaucoma: (a) diagnosis, (b) goals of treatment, (c) intraocular pressure, and (d) physical changes that can occur with glaucoma and/or how to manage these changes. The medication areas that providers educated patients about most often included: (a) side effects, (b) purpose, (c) adherence and adherence strategies, (d) frequency of use, (e) which eye to use the medicine in, and (f) how to administer the medicine. Providers were significantly more likely to educate patients about glaucoma and glaucoma medications when prescribing glaucoma medications for the first time. Providers were significantly less likely to educate African American patients about glaucoma. Providers were significantly less likely to educate patients of lower health literacy about glaucoma medications.

Discussion:
Eye care providers did not always educate patients about glaucoma or glaucoma medications.

P.1.03.01 Shared Decision Making for Prenatal Life Support Decisions for Extremely Premature Infants

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Shared Decision Making for Prenatal Life Support Decisions for Extremely Premature Infants

Authors:
Kavanaugh, PHD, RN, FAAN (Karen); Savage, Teresa PHD, RN; Eggly, Susan PHD; Nantais-Smith, Leanne PHD, NNP-BC; Kimura, Rob MD; Meert, Kathleen MD; Natarajan, Girija MD, FAAP; Kilpatrick, Sarah PhD, MD

Presenter:
Kavanaugh, PHD, RN, FAAN (Karen)

Introduction:
Shared decision making between parents and providers regarding prenatal life support decisions for the anticipated birth of an extremely premature infant (22-25 weeks gestation) is recommended because of the high stakes consequences of these decisions. However, scant research on parent involvement in these decisions demonstrates that parents report much less shared decision making than do health care professionals. We examined parents’, physicians’, and nurses’ perspectives on whether decisions were shared, rather than made by providers or parents, for prenatal life support decisions.

Methods:
Data came from a prospective, longitudinal, multiple case study of decision making surrounding the birth and neonatal care of extremely premature infants. The sample included 39 cases (39 mothers, 14 fathers; 35 physicians and 17 nurses who counselled the parents) at 3 U.S. tertiary care hospitals. Recruitment occurred when mothers were between 21 – 25 6/7 weeks gestation; digitally recorded interviews (prenatal, n = 137; postnatal, n = 66) began within two days of recruitment of parents. Interviews were transcribed and coded using ATLAS. ti software. For this analysis, all coded data from the prenatal interviews that described parent roles in prenatal treatment decisions were analyzed within and across cases.

Results:
For 7/39 (18%) of the cases, parents and providers agreed that no treatment options were offered prematurely and care was given according to usual practice. For the remaining cases (n = 32/39, 82%), either parents or providers reported that parents were asked to make at least one of four life support decisions: infant resuscitation, route of delivery, cerclage placement/removal, or termination of pregnancy. For only 7/39 (22%) of these, parents and providers agreed decision making was shared. Parents reported more shared decision making than providers, whereas providers more frequently reported that parents made the decision. Among the four types of decisions, the greatest amount of disagreement regarding decision roles was for resuscitation.

Discussion:
Findings suggest that parents and providers have differing perceptions on who makes decisions, most notably for resuscitation. This discrepancy suggests the need for further clarification and improvement of decision making processes in this high-stakes context.

P.1.03.02 The impact of medical school climate on weight bias and preparedness to counsel obese patients

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
The impact of medical school climate on weight bias and preparedness to counsel obese patients

Authors:
Phelan, SM (Sean); van Ryn, M (Michelle)

Presenter:
Phelan, SM (Sean)

Introduction:
Many health care providers have implicit or explicit biases against obese patients. The implications of these attitudes are not known, but we hypothesize that they may negatively affect communication with obese patients, interest in providing care for obese patients, and preparedness to provide behavior change counseling to obese patients. Furthermore, we hypothesize that students at medical schools with more anti-fat climates (more frequent instances of derogatory humor toward or discrimination against obese patients and students) have increased bias during medical school, and less desire or self-efficacy to provide care for obese patients.

Methods:
We conducted a longitudinal study of a national cohort of medical students from 50 US medical schools. We measured implicit and explicit weight bias, stereotypes about obese people, and beliefs about the causes of obesity in 4732 1st year medical students. We reassessed those attitudes, as well as self-efficacy to provide weight loss counseling and interest in providing care to obese patients, during those students’ 4th year. Additionally, we surveyed a different cohort of students at each school to measure the school climate and curriculum around obesity and obese patients. We will assess the impact of school climate on change in weight bias and attitudes about providing care for obese patients.

Results:
We will present findings on the impact of school climate on changes in implicit and explicit attitudes, attitudes about providing care for obese patients, and self-efficacy to provide behavior change counseling. Preliminary analyses with incomplete data suggest that schools where faculty more frequently make derogatory comments or jokes about obese patients have 4th year students with lower self-efficacy to provide behavior change counseling to obese patients.

Discussion:
Many health care providers do not feel comfortable counseling patients to lose weight or discussing health behaviors with obese patients. If bias or school climate contribute to this trend, then this study may point to intervention strategies to reduce the impact of bias and improve provider comfort with communicating with their obese patients.
P1.03.03 HEALTH LITERACY (HL) AND METABOLIC CONTROL (A1c) IN PATIENTS WITH TYPE I DIABETES

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: HEALTH LITERACY (HL) AND METABOLIC CONTROL (A1c) IN PATIENTS WITH TYPE I DIABETES

Authors: COVINHAS, ANA-LUCIA; Varela, Margarida; Raposo, Joao-Filipe

Presenter: COVINHAS, ANA-LUCIA

Introduction:
Type 1 diabetes is a highly prevalent chronic disease with a very demanding daily management, where the patient understanding and participation in the treatment of diabetes is vital. Health Literacy (HL) has been defined as a measure of an individual’s ability to perform basic reading and numerical tasks required to optimally function in the health care environment and more broadly as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. In a disease like the type 1 diabetes whose treatment requires the individual to gain a variety of self-management behaviours, literacy levels are decisive for the success of therapies and metabolic control, so the patient can make the healthier decisions as possible, mostly, in everyday nutritional choice management, since this variable is correlated glycaemia levels and the insulin-therapy success. Based on an ongoing pre-study with 60 individuals, where a highly strong correlation between HL and A1c is revile, we designed the present study protocol. The objective is to assess the relationship between HL and A1c in type 1 diabetes patients.

Methods:
A quantitative descriptive and correlated study with a non-probability convenience sample of 100 patients, adolescents and adults, with type 1 diabetes. The evaluation protocol includes socio-demographic, clinical questionnaire, the test Newest Vital Sign (NVS) to measured literacy and the laboratory test HbA1c to measure Metabolic Control.

Results:
We expect to obtain a consistent and significant variety of outcomes by June’2014 that allows us to understand the Health Literacy impact in metabolic control and its different correlation with variables such as age and lifetime Diabetes diagnose, Social environment and relatives’ engagement with the disease management’ perception.

Discussion:
The results will enhance the importance of health literacy in health outcomes. Since successful diabetes care involves interactive communication, share decision-making and patient’s empowerment with regard to self-care and goal-setting, those with inadequate literacy are less prepared to care for their condition. Nor less important is the possibility to raise new information that improves the design of New Intervention Programs conducting the information transmission, addressing patient’s specific needs.

P1.03.04 Attitudes and behavior’ development of medical students through their undergraduate medical education

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Attitudes and behavior’ development of medical students through their undergraduate medical education

Authors: Meirovich, PHD (Adaya); Ber, Prof (Rosalie); Moore, Prof (Michael); Rotschild, Prof (Avi)

Presenter: Meirovich, PHD (Adaya)

Introduction:
Medical students’ attitude and behavior towards patient-centered communication (PCC) as well as their empathy are included as part of the official curricula of Medical Schools. Curriculum planners and medical teachers make attempts to improve these components. However, research indicates that the medical students’ empathy is often stunted during medical education. Studies suggest that attitudes, empathy and communication skills are influenced by personal factors. The aims of the study are: a) Understanding the professional development of medical students during their preclinical stage of studies; b) Examine the influence of gender and origin of the students’ attitude, empathy and behavior.

Methods:
The study was conducted in the course “Being a Doctor: Exposure to the Medical Profession” at the Technion faculty of medicine. Study participants were medical students through their three first academic years (comprised of 7-8 students per group). There was an equal distribution of gender and origin in the groups. The study involved repeated measurements of students’ attitudes and empathy and assessing student behavior in simulated medical interviews through three different tools. A comparison was made between women and men and between students of Jewish origin and Arab.

Results:
Our findings regarding students’ doctor-patient attitudes and empathy showed stability in the professional development of medical students throughout the pre-clinical years. Female students expressed more patient-centered attitude compared with male students. However, the male students’ behavior was evaluated as being more patient-centered. Students of Jewish origin expressed more patient-centered attitudes compared with students of Arab origin, and their behavior was evaluated as being more patient-centered.

Discussion:
Our fining show stability in the professional development of medical students throughout the pre-clinical years. Understanding the effect of culture in the context of the medical education can help to promote the students’ capabilities in the medical interview. This is especially important in a medical school that serves a minority population.

P1.03.05 Feedback communication skills: perceptions of undergraduate nursing

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Feedback communication skills: perceptions of undergraduate nursing

Authors: AMORIM, RKFCCA (ROSELY KALIL); Braga, EM (Eliana); Puggina, AC (Ana Claudia); Santos, KM (Kátia); Razera, APR (Ana Paula); Biral, A (Angélica); Silva, MJP (Maria Júlia)

Presenter: Silva, MJP (Maria Júlia)

Introduction:
Feedback is an important learning strategy, since it permits a reflective review, permeated by the sharing of observations and opinions, allowing students to gradually build and practice their observational skills, listening and interpersonal exchange relationships. The objective was to conduct a pilot study of a questionnaire which assessed how nursing students perceive feedback from teachers regarding the progress of their communicative abilities.

Methods:
A field study, exploratory, descriptive and quantitative in four Higher Education Institutions. The sample consisted of 139 final year nursing students. The questionnaire consisted of 28 items of positive statements totalling five points each with (1) being strongly disagree and (5) being strongly agree.

Results:
The sample of students was mostly women (n = 129, 92.8 %). The questions of the instrument with higher averages, ie higher concordance demonstrated the importance of communicative exchanges between the student and the teacher for learning, the opportunity to develop communication skills in the practical field; consideration of gestures and expressions of the students in interpersonal relationships; the responsibility of the student in the teaching-learning process in communication and understanding about what the teacher conveyed during teaching activities.
questions of the instrument with lower averages, i.e. greater disagreement were about the reception of feelings in the teaching-learning process, the teacher in monitoring students’ activities without creating obstacles / barriers to communication; feedback of student performance when appropriate, direct and constant relationship with the teacher, the accepted views of pupils cosily and willingness of students to express their feelings resulting from the teaching-learning process.

Discussion:
The strong and important points from the student teacher feedback were the communicative exchange, the opportunity, the consideration of gestures and expressions, the responsibility, as well as the understanding of what was transmitted. The highlighted aspects requiring attention were the rejection of feelings, not following the teacher, inadequate feedback, inconsistent relationship, not accepting the opinions of pupils and the unwillingness to express one's feelings.

P1.03.06 Barriers to using communication skills in healthcare practice
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Barriers to using communication skills in healthcare practice
Authors: Perkovic, L.P. (Lada); Taksic, I.T. (Iva); Biliç, M.B. (Morana); Pučjak Iricanin, P.Z. (Zrinka)
Presenter: Perkovic, L.P. (Lada)

Introduction: Despite their education in communication, healthcare workers do not always apply their knowledge or skills in practice. The aim of this pilot study is to explore some barriers to effective communication with patients experienced by nurses and physiotherapists. Objectives: a) to identify the main barriers to effective communication and implementation of communication skills knowledge in practice, b) to investigate differences in perception of communication barriers between nurses and physiotherapists, c) to investigate the relation between perception of communication barriers, satisfaction with the job and satisfaction with relationship with patients and other healthcare workers.

Methods:
The study included 101 undergraduate students; 63 nurses and 38 physiotherapists; 82% of them were female; with an average age of 30.5 and an average of 10 years’ work experience - mostly in public hospitals. They completed a questionnaire compiled of 25 items considered barriers to implementation of communication skills in practice. Participants assessed their agreement with given statements on a 5-point Likert scale. They also assessed their satisfaction with their job and relationships with patients, their families and other healthcare professionals.

Results:
Main barriers, as perceived by both groups, are: insufficient education and when doctors don’t recognize the importance of communication. Nurses do not perceive significantly more barriers than physiotherapists (t=0.286; p>0.05), but they differ on some items: nurses agree more with statement that formal nursing education doesn’t emphasize enough the importance of communication; they feel they lack education in communication skills; they are more concerned with noise and that talking to patients can upset them; they are less task-oriented than physiotherapists. There are no significant correlations between the perception of communication barriers and job satisfaction and relationship with patients and coworkers, participant age or working experience. All participants took a course in communication skills at University, but only 12% had some other type of communication training or education at work.

Discussion:
It seems that nurses are more sensitive to some communication barriers than physiotherapist who are more task oriented. They both need more education in communication skills. Further clarification of the causes of barriers to effective communication is essential in order to plan appropriate interventions.

P1.03.07 Health literacy and desire for autonomy in the interaction between physicians and obstinate pain patients
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Health literacy and desire for autonomy in the interaction between physicians and obstinate pain patients
Authors: Divianí, N. (Nicola); Buser, M. (Maria); Schulz, P.J. (Peter)
Presenter: Divianí, N. (Nicola)

Introduction: Good doctor-patient relationships require the sharing of information and a common understanding of the goals of the consultation. Conflicting levels of knowledge and control can sometimes make sharing perspectives difficult and thus patients advance inappropriate requests for tests or treatments and do not accept to be wrong. It is hypothesized that obstinate behaviors emerge in particular when there is a disagreement regarding the patient’s health literacy and desire for autonomy during the medical decision making process. The main aim of the present study is to identify and describe obstinate patients and understand how obstinate behaviors impact the satisfaction of the actors involved in the medical consultation.

Methods:
The perspectives of 222 pain patients and their doctors (N = 9) were assessed using a dyadic research approach. Both patients and physicians were asked to assess the patient’s health literacy and desire for autonomy. In addition, several questions for the physicians were devoted to identifying obstinate patients.

Results:
12% of the patients were classified as obstinate. In our sample, respondents with a higher educational level, younger age, and without pain were slightly more likely to be obstinate. Only higher levels of pain were significantly associated to obstinate behavior (p<.01). While health literacy and desire for autonomy were not shown to be associated with obstinate behaviors, the doctor-patient agreement on the patient’s health literacy level was, with higher agreement resulting in decreased obstinate behaviors (p<.001).

Furthermore, obstinate behavior was associated with lower satisfaction in the medical consultation for both the patient and the physician and in less trust in the physician (p<.01).

Discussion:
Our findings confirm the importance of a shared understanding of the patient’s health literacy level in mitigating obstinate behaviors potentially resulting in decreased satisfaction in the medical encounter. A better understanding of these mechanisms will facilitate the improvement of doctor-patient relationships to the benefit of the patient’s health.

P1.03.08 PROMOTION OF HEALTHY FOOD CHOICES FOR CHILDREN IN FIRST GRADE
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: PROMOTION OF HEALTHY FOOD CHOICES FOR CHILDREN IN FIRST GRADE
Authors: Do Ő, Dulce; Varandas, Lurdes; Serrabulho, Lurdes; Raposo, Joao-Filipe
Presenter: Do Ő, Dulce

Introduction: The increasing prevalence and incidence of overweight and obesity in childhood is a serious public health problem. Thus health nutrition habits and physical activities are fundamental to deal with this trend. The aim is to develop a communitarian intervention project in a first-grade school to promote healthy eating habits and physical activity in first grade children.
Methods:
This project was based in Betty Neuman’s Systems Model and in health planning methodology. 46 third-grade-students filled in a nutrition and physical activity questionnaire for the assessment and diagnosis of the situation. The results showed a high consumption of non-healthy food, especially in the snacks and moderate physical activity for most children. Subsequently, semi-structured interviews were made to experts, who validated the results obtained in the questionnaires. The experts considered important an intervention on healthy eating, with priority incidence on the snacks. The promotion of physical activity was not considered a priority area for community intervention. Then, we defined priorities, objectives and intervention strategies. The interventions involved teachers, students and parents. We developed activities with interactive group methodologies, using facilitating, empathetic and positive reinforcement attitudes. Considering the relationship between the students and parents/legal guardians, during the implementation of the several interventions, there were proposed some activities to be jointly developed.

Results:
The intervention results were analyzed according to indicators such as productivity, adherence, quality, direct effect and efficiency. This analysis showed that the initial objectives were achieved. The participation of parents was higher in activities to be undertaken with students at home. After 8 weeks of intervention, the students’ nutrition choices during the snacks improved – there was a decrease of sugar intake (48,5% to 16,7%) and an increase of fruit intake (3,2% to 19,1%), cereals and vegetables (21,2% to 28,2%) and milk products (20,4% to 30,2%).

Discussion:
The results are according to the consulted bibliography, underlining the importance of intervention in schools for the promotion of healthy food choices, with the parents’ involvement, using flexible educational tools enabling the participation in students’ homes.

P1.03.09 Toward a grounded conceptualization of medical error disclosure competence (MEDC)
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Toward a grounded conceptualization of medical error disclosure competence (MEDC)

Authors:
Rothenfluh, F. B. (Fabia); Hannawa, A. F. (Anneget); Bellandi, T. (Tommaso)

Presenter:
Rothenfluh, F. B. (Fabia)

Introduction:
Medical errors have attracted significant interdisciplinary attention in recent years. Despite public efforts, physicians only disclose errors in less than a third of all cases (Blendon et al., 2003; Gallagher et al., 2003; Lamb et al., 2003; Mizrahi, 1984; Wu et al., 1991), and such disclosures often fail to meet patients’ expectations (Gallagher et al., 2006). One of the reasons for this gap is that research to this date has not yet properly conceptualized and operationalized the components that constitute skillful disclosures. In an attempt to fill this void, the present study integrates communication competence theory (Spitzberg & Cupach, 2002), a relational message perspective (Burgooon & Hale, 1987), and typologies of symptomology and coping tactics (Spitzberg, 2002) into a model of Medical Error Disclosure Competence (MEDC).

Methods:
Focus group discussions with patient participants from Switzerland and Northern Italy were conducted to identify verbal and nonverbal behaviors that contribute to perceptions of appropriate and effective medical error disclosures.

Results:
Results from the focus group discussions were compiled and operationalized into a Medical Error Disclosure Competence (MEDC) self-report scale.

Discussion:
The developed MEDC scale can be used to (1) measure and evaluate the competence of physicians’ medical error disclosures to patients, and (2) serve as a tool for future interventions.

P1.03.10 Person centered care and communicative challenges in home care
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Person centered care and communicative challenges in home care

Authors:
Sundler, AJS (Annelie J); Holmström, Inger (K)

Presenter:
Sundler, AJS (Annelie J)

Introduction:
Central challenges for health care providers in home care are the complexity of the care and communication situations. The encounter between the older person and the care provider is hardly ever equal. To increase older peoples’ participation and to improve the care of older people in home care more knowledge is needed on how to facilitate person-centered care and communication. There is a lack of research on communicative challenges in the context of home care, and on how to deal with challenging communicative situations. The aim of this study was to analyze communicative challenges in the context of home care.

Methods:
This presentation will be based on a case study from a research project with focus on power and vulnerability in communications and encounters in home care. The data material consists of a selection of 50 critical incidents from 200 tape-recordings on conversations between older persons and care providers during home visit. Selected critical incidents will be distinct to situations where the elderly person has been identified as particularly vulnerable and caregivers’ communication skills come to a head. These selected tape recordings will be transcribed verbatim and analyzed with a qualitative discourse analysis according to Foucault.

Results:
In the presentation communicative challenges in the context of home care will be described. Some cases will be presented to illustrate and discuss complex situations and communicative challenges in these situations.

Discussion:
The communicative challenges in presented cases will be discussed in relation to person centered care. The findings in this study will be implemented in an educational intervention on communication in an international project on “Person centered communication with older persons in need of health care. Development of a research based education platform”, led by Professor Hilde Eide, Buskerud University College, Norway, and based on collaboration between educators and researchers in Norway (Buskerud University College and Ahus), Sweden (Mälardalen University), Netherlands (NIVEL) and the United States (Johns Hopkins University and the University of Chicago).

P1.03.11 Improving health literacy as a strategy to facilitate early intervention for chronic patients
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Improving health literacy as a strategy to facilitate early intervention for chronic patients

Authors:
Behzad, MS (Fatemeh); Peyman, PHD (Nooshin); Taghipour, PHD (Ali); Esmaily, PHD (Habboliah)

Presenter:
Behzad, MS (Fatemeh)

Introduction:
Health literacy is defined as the extent to which an individual is able to read, understand and act regarding health information. In the present study, our objective was to determine the promotion level of chronic patients’ health literacy in health centers through instructing health literacy to health workers in Mashhad - 2013.
Methods:
This study was an experimental research on 240 patients with chronic diseases who were selected by multistage random sampling. The instruments used in the current study were an Adult Primary Care Questionnaire, health literacy "friendliness" (Chew’s Screening Questions and Health Literacy Assessment). An intervention was performed in a form of Focus group discussions, in 3 educational sessions (45-60min) and workshops in the experimental group. In order to analyze the data, SPSS16 package was employed and independent-sample t-test, Chi-square and ANOVA were utilized.

Results:
The demographic features of the studied population in the two groups were similar before the intervention (p=0.05). Differences between the scores of Health Literacy in health workers and patients in the experimental group, after (p=0.001) and before (p=0.05), intervention, were totally different.

Discussion:
Based on the results, the design and implementation of educational Study findings indicated that education on health providers in experimental group, can improve patients health literacy.

P1.03.12 Working Memory, Executive Function, and Novel Problem Solving in Health Literacy
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Working Memory, Executive Function, and Novel Problem Solving in Health Literacy

Authors:
Ownby, RL (Raymond); Acevedo, A (Amaris); Waldrop-Valverde, D (Drenna)

Presenter:
Ownby, RL (Raymond)

Introduction:
The abilities-skills-knowledge (ASK) model of health literacy accurately accounts for performance on measures of health literacy. Previous evaluation of the model has not included an assessment of the relations of working memory, executive functions, and novel problem solving to health literacy. Previous studies have suggested these cognitive abilities may be important in understanding health literacy.

Methods:
As part of a larger study of a new test of health literacy, participants completed measures of cognition, academic skills, and health literacy. General verbal abilities (a composite of general information and verbal reasoning), nonverbal reasoning (Wechsler Adult Intelligence Scale, 3rd edition [WAIS-III] Matrix Design subtest), working memory (WAIS-III Digit Span Backwards), executive function (Color Trails), and novel problem solving (WAIS-III Block Design) were evaluated. Other elements of the ASK model included assessment of reading comprehension and general health knowledge. Health literacy was assessed with the new test of health literacy, FLIGHT/VIDAS, and the Test of Functional Health Literacy in Adults (TOFHLA).

Results:
Analyses are based on data from 475 participants aged 18 to 86 years (188 men and 287 women; education range 0-20 years). In regression models first included demographic variables to take the effects of age, SES, language, and race into account. After including these, general verbal ability, working memory, executive function, and novel problem solving predicted performance on FLIGHT/VIDAS (all p ≤ 0.05), although nonverbal reasoning (Matrix Reasoning) did not (p = 0.57). Reading skills and general health knowledge were also significant predictors (p ≤ 0.001). The same model (except for novel problem solving, p = 0.32) predicted performance on the TOFHLA (all p ≤ 0.05). The ASK model with these variables predicted 48% of variability in the TOFHLA and 78% in FLIGHT/VIDAS (adjusted R squared values).

Discussion:
Results show that several cognitive abilities that change with increasing age may be important in understanding health literacy. They clarify the cognitive abilities important for health literacy and further establish the validity of the ASK model. Interventions to improve health literacy in older adults should take age-related cognitive abilities into account, perhaps by following the principles of cognitive load theory in their design.

P1.03.13 Participatory design of a decision aid for prostate cancer patients aimed at the implementation in clinical practice
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Participatory design of a decision aid for prostate cancer patients aimed at the implementation in clinical practice

Authors:
Al-itejawi, H.H.M. (Hoda); Uden-Kraan, C.F. van (Cornelia); Vis, A.N. (André); Nieuwenhuijzen, J.A. (Jakkio); Moorselaar, R.J.A. van (Jeroen); Verdonck- de Leeuw, I.M. (Irisa)

Presenter:
Al-itejawi, H.H.M. (Hoda)

Introduction:
For the treatment of localized prostate cancer, several equivalent treatment options are available, each with their own side effects. A patient should be able to make a choice based on arguments that weigh the most for him, supported by a patient decision aid (PDA). Despite proven benefits of PDA’s, structural implementation falls short of expectations. This study was undertaken to develop a PDA which fits the needs and preferences of healthcare professionals and patients, in order to achieve successful implementation.

Methods:
To acquire insight in preferences of patients and healthcare professionals, focus group interviews (N=3) were conducted. Based on these results, a prototype of the PDA was developed and consequently presented to healthcare professionals (N=13) and patients (N=14) in semi-structured interviews. Additionally, we aimed to obtain insight in how to optimally fit the PDA within the current clinical practice and accompanying barriers and facilitators. Finally, a usability test with patients (N=5) was conducted. Data were inductively analyzed, supported by Atlas.ti software and Morae Manager by two independent coders.

Results:
The focus group interviews revealed that a PDA needs to include all treatment options with risk information, presented in a concise manner and from the patients’ perspective. Semi-structured interviews revealed that the PDA was expected to be of added value when it is handed immediately after diagnosis. Patients preferred a paper version, whereas healthcare professionals preferred a web-based version. According to healthcare professionals, a requirement for usage was basing the PDA on recent guidelines and risk information. Barriers indicated by healthcare professionals were mostly patient-related issues, e.g. elderly or less educated patients. Both patients and healthcare professionals indicated that healthcare professionals should be involved in developing the PDA and the implementation strategy. Usability tests identified some weaknesses that resulted in adjustments, e.g. adding a glossary of definitions.

Discussion:
Study results provided us with insight in the characteristics needed for the development of a PDA. The process of participatory development can be used as a model when developing PDAs for other illness conditions. Based on the results of this study, the PDA is refined, and currently studied in a multicenter implementation study.

P1.04.01 Preparing first year medical students for a longitudinal primary care clinic: a competency based approach.
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Preparing first year medical students for a longitudinal primary care clinic: a competency based approach.

Authors:
Fancher, TF (Tonya)

Presenter:
Fancher, TF (Tonya)
Introduction:
Medical schools can address the primary care physician shortage by offering rewarding, efficient, comprehensive tracks for students intent on primary care careers. In June 2014, we will start a 6-year UME-GME program that bridges medical school and primary care residency. Early longitudinal primary care clinics will be the foundation of the program. Students will start to work with a panel of patients within the first weeks of medical school and develop progressive competence in team-based patient-centered primary care over three years.

Methods:
Using the AAMC Entrustable Professional Activities as a starting point, we have developed longitudinal milestones for medical students. We have identified the core behaviors required of students at early, mid and late stages thought medical school and tools to assess progressive competence. In summer 2014, we will pilot the curriculum implementation and assessment of early stage competence required before students enter the clinic. We will compare students in the new curriculum with students in the classic curriculum.

Results:
We anticipate that when compared to students in the classic curriculum, student in the new curriculum will demonstrate superior knowledge, skills and attitude toward caring for patients in a primary care clinic within an integrated health system.

Discussion:
Through a brief overview of our program, we hope to stimulate thought and future in-depth discussion about defining, assessing and teaching competencies for primary care practice.

P1.04.03 Efficacy of a Motivational Intervention in adherence to APAP treatmente in Obstructive Sleep Apnea Syndrome
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Efficacy of a Motivational Intervention in adherence to APAP treatmente in Obstructive Sleep Apnea Syndrome

Authors:
Teles Dantas, AP (Ana Patrícia); Winck, JC (Joao Carlos); Figueiredo-Braga, M (Margarida)

Presenter:
Figueiredo-Braga, M (Margarida)

Introduction:
Treating Obstructive Sleep Apnea Syndrome (OSAS), a serious disorder with significant health consequences, is often challenging by a poor adherence to Auto‐titrating Positive Airway Pressure (APAP).

Mounting attention has been given to the influence of psychological factors on adherence to APAP, and educational programs aiming to enhance patients' ability to cope with the treatment appear to have beneficial results. In the present work we investigate the effectiveness of a brief educational intervention using motivational strategies in treatment adherence among patients with OSAS.

Methods:
This randomized, controlled study included 61 patients diagnosed with OSAS meting criteria for APAP therapy, randomly allocated to an intervention group (IG) and two control groups (CG1 and CG2). Patients were consecutively recruited from a Sleep Disordered Breathing Clinic. In the IG motivational strategies were applied according to patient's change stage, assessed by the degree of confidence and conviction. Specific strategies were used in an individual 10 minutes interview - authorization request to give information, assessment of patients' beliefs, expectations and feelings and reinforcement of treatment benefits, according patients motivation to use APAP. In the CG1, participants received exclusively standardized information and in the CG2 routine procedures were followed. Adherence to treatment was measured after one (T1) and two months (T2) through the APAP software.

Results:
At T2 the IG presented higher adherence to APAP: percentage of days of use=4 hours (p=0.013) and mean effective use per effective day (p=0.000) when compared with the others two groups. Confidence was higher in the IG group at T2 than at T1 (p=0.000). Day time sleepiness presented a significant reduction (p=0.000) in the IG and in the CG1 (p=0.008) but was higher in the CG2 (p=0.015).

Discussion:
We confirmed that an intervention using specific strategies according with the motivational phase enhanced patients adherence to APAP therapy. To assess patients' beliefs, listening to their emotions and fears permitted to amplify confidence and tailored information conducted to a more regular use of APAP than delivery of standardized information. Results reinforce the feasibility of a brief approach performed by prepared technicians, confirming that similar interventions could be easily incorporated in routine care.

P1.04.04 Persian (Arabic) Gulf Internet Health Overview and Site Credibility
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Persian (Arabic) Gulf Internet Health Overview and Site Credibility

Authors:
Weber, ASW (Alan)

Presenter:
Weber, ASW (Alan)

Introduction:
The objective was to retrieve all functional Gulf Cooperation Council (GCC) health websites, characterize them (typology), and apply a novel credibility instrument to assess the quality of the sites. The research question was "what kind of Internet health information is available in the GCC and does it follow international medical informatics best practices?"

Methods:
This study retrieved all functional health and medically related websites (N=928) originating in the Gulf Cooperation Council (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the UAE) during the period November 2012 to December 2012. Basic analysis on authorship, language, date, information content and type of site was carried out and recorded. A simple website credibility “Scorecard” was developed by the author and applied to the websites based on the key reliability, credibility, and trust criteria previously established by the most widely consulted third-party assessment organization instruments such as HON, Discern, and AMA criteria (Silberg criteria).

Results:
Arabic (14.5%), English (59.5%), and Arabic/English (25.9%) are the primary website languages in the GCC; 10.1% posted a privacy policy; ~97% of information was unattributed / anonymous; 50.6% of websites disclosed ownership and 80.4% provided contact details. Only 1.7% of sites reported advertising policies and 23.3% revealed sponsorships. 385 sites (42.5%) were undated.

Discussion:
This is the first comprehensive survey of Internet health in the GCC and serious deficiencies in health websites in this region emerged.

The author recommends: 1) Technical medical information needs to be dated, and the authorship and credentials of the authors disclosed; 2) Sites should be available in the languages commonly used in the Gulf such as Nepali, Urdu, and Tagalog, not just Arabic and English; 3) Sponsorships, site ownerships, and advertising policies should be disclosed for the sake of transparency and to allow users to determine any potential bias or undeclared motivation for providing the information; 4) Privacy and security policies need to be implemented and clearly articulated in plain language.

P1.04.05 Influencing Food Choice Through Novel Health Messages: Repetition May Matter More than the Specific Message
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Influencing Food Choice Through Novel Health Messages: Repetition May Matter More than the Specific Message

Authors:
Mazza, MC (Mary Carol); McGinn, KL (Kathleen); Tucker, AL (Anita); Dynan, L (Linda); Siegel, R (Robert)

Presenter:
Mazza, MC (Mary Carol)

Introduction:
In order to educate consumers about healthier food choices and ultimately combat obesity, nutrition labels and calorie counts have been placed on packaged food items and menus in a wide variety of venues. However, the majority of labeling efforts have focused on discrete calorie counts, an information form which may be less applicable to consumers than other means of expressing the same information. This field study examines two forms of nutritional health messages to assess their impact on food and beverage choices in a hospital cafeteria.

Methods:
Targeting chip and beverage products, the health messages stated either the amount of exercise (walking) one would need to engage in to burn off the calories in an item or the percentage of recommended daily calories an item contained. Given that the average calories in both products (an individual bag of chips and a 20-ounce bottle of regular soda) were equivalent, the messages were the same across the two product categories (“almost an hour of walking” and “12.5% of your recommended daily calories”). The pair of messages, one for chips and one for beverages, was presented for 3 weeks followed by a 3-week “baseline” period and then the second pair of messages. The order of the messages was counterbalanced across the two product categories such that the exercise message was shown first for chips and the percentage of recommended daily calories message appeared first for beverages.

Results:
For both beverages and chips, the second health message resulted in significantly greater healthful purchases; the first health message yielded no change. Given that the two types of health messages were counterbalanced across the two categories, this suggests that it may not be the exact message so much as the repetition of novel health messages that improved the healthfulness of product sales.

Discussion:
Recognizing that caloric information can be conveyed through means other than direct calorie count may allow public health officials and policymakers more opportunities to influence consumer food choice and improve obesity rates. The exact message may be less important than repeating the health information in new, readily-understood and applicable ways.

P1.04.06 The “online reputation” vaccine information on the internet
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: The “online reputation” vaccine information on the internet

Authors: Cuesta Cambra, UCC (Ubaldito); Gaspar Herrero, Sandra

Presenter: Cuesta Cambra, UCC (Ubaldito)

Introduction:
The aim of this study was to: 1) identify sites, blogs and digital media in dealing with vaccines and build a taxonomy 2) daily monitoring of the speech analyzing qualitative and quantitative variables 3) to develop quantitative and qualitative discussions terms of the “Theory of Frame” (Entman, 1993). We have established three Research Questions: RQ1: Objectively measured and quantified can be established an identification and classification of the sites in which information appears on vaccines? RQ2: Is the information sites, could be classified according to certain taxonomic variables? Additionally, is this classification would determine whether such information is rigorous and scientific? RQ3: Have the discussions that appear are relevant? Are rigorous or, provide anecdotal information and valuation?

Methods:
Search engines were used (Mayer, Leis, 2009) for finding files stored on Web servers and to facilitate the discovery of new pages with content related to vaccines. The results of searches were classified in a database with blogs and anti vaccine information items. The sample consisted of a total of 100 media analyzed in digital media and 20 websites and blogs, which after analyzing the messages are divided into different communication channels. Three types of templates were used for coding qualitative and quantitative data using the social discourse of “Frame Theory” (Entman, 1993).

Results:
The results allow obtaining an objective classification of contemporary social discourse on vaccines. The channel where you get as much information on vaccines is “general digital media” (80%). It confirms the use of negative stereotypes by certain issuers of low social impact (anti-vaccine). The most significant topic, in which vaccines appears, is “Public Health Programs” with 326 articles (35%). A total of 97% (700 stories) were written with scientific rigor.

Discussion:
The results are discussed from the theories of social cognition (Bandura, 1986). We suggest that the “trust” in information on the net about vaccines is greater than that initially might appear due to “apparent noise” of the “anti vaccine” sites. Also, we are developing a quantitative method to analyze the time and that a sample of engaged users browse these pages and to measure the value attributed reputational.

P1.04.07 Challenging consultations in forensic medicine: A needs assessment for a communication skills training
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Challenging consultations in forensic medicine: A needs assessment for a communication skills training

Authors: Roschlaub, S; Bachmann, C; Scherer, M

Presenter: Roschlaub, S

Introduction:
Forensic or legal medicine in Germany is expanding its profession in regard to clinical consultations. Apart from postmortem sections, forensic pathologists today increasingly have to communicate with patients and relatives. The Department of Forensic Medicine at Hamburg University expressed needs to enhance their communication skills and asked us to develop a communication course for faculty and for undergraduate medical education. Investigation showed that such trainings hardly exist. Aim of our project was I) to provide information about effective communication II) to elicit communication challenges in forensic medicine, III) to emerge learning objectives for faculty and for undergraduate medical education and IV) to provide a task-oriented communication skills training.

Methods:
In January 2014, we conducted an expert focus-group workshop with 12 forensic pathologists (5 female, 7 male). The workshop included a theoretical input on “effective communication and evidence in communication” followed by a mentored focus-group-discussion in order to elicit experiences and challenges in communication in forensic medicine. Communication challenges were collected and divided into different topics.

Results:
The professional experience of the focus-group participants ranged from 2 to 25 years. The focus-group discussion revealed a multiplicity of challenging communication topics in forensic medicine: Communication with victims of sexual or domestic violence, with aggressive patients under alcohol, with parents of deceased children, with relatives needed to be convinced to give permission for organ donation as well as showing empathy towards bereaved over the phone. Health care team communication revealed challenges in hierarchical communication, in lack of respect towards the own profession and in being treated as a service provider. Most important needs for training communication skills was seen in communicating with parents of deceased children, with victims of domestic violence and in gathering permission for organ donation.

Discussion:
Communication challenges in forensic medicine could be specified and needs for a task-oriented communication skills training for faculty and for students become evident. Based on our results we will
P1.04.08 Physiotherapy students enhance awareness of motivational interviewing skills needed in health promotion

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Physiotherapy students enhance awareness of motivational interviewing skills needed in health promotion

Authors: Ringby, MRS (Betina); Løjte, Vilbeke

Presenter: Ringby, MRS (Betina)

Introduction: Health professionals who are skilled at communicating are a prerequisite for providing services of high quality. Physiotherapists work within health promotion and support people in change of lifestyle. The aim of this project was to gain insight into physiotherapy students’ motivation to train their practical communication skills and what students learned after a training session. The theory of motivational interviewing and the Calgary Cambridge guide served as a basic framework.

Methods: Training was undergone as an audiovisual training session with an actor. 5th semester physiotherapy students with an average age of 27.4 years (range 21-40) brought forward cases from self-experienced communication challenges from internships. Students answered an online 16 item questionnaire concerning their motivation and self-perceived learning outcome. 50 students had access to the online questionnaire. 23 students completed the questionnaire (46%). A content analysis of data was made, themes categorized and developed.

Results: Students expressed personal development and working with own cases as important motivational factors for coming to class. 83% had read all or parts of the literature suggested by the teachers. Students emphasized the importance of the learning environment being safe, appreciative and inclusive. All 23 students stated that they learned from playing, observing and/or giving feedback. Learnings were focused around personal issues such as seeing one self and others from without, the impact of silence and how it takes courage to give patients time to reflect and answer, and the impact of body language. Students found that they gained skills around active listening, setting an agenda, being non-judgmental and allowing the patient to be the expert on their own lives. 91% of students evaluated that they acquired more skills - training in the audiovisual setting than they would in an ordinary lecture.

Discussion: Findings comprise important issues related to learning; based on involvement, peer learning, feedback and responsibility for own and others’ learning processes. In the light of the present focus on communication as an important skill for health professionals, we hope the project can contribute to further didactic discussions around how to train communication skills in health professional education.

P1.04.09 Fundamentals of nursing home care, the essence of communication!

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Fundamentals of nursing home care, the essence of communication!

Authors: Zwakhalen, SMG (Sandra); Heinen, M (Maud)

Presenter: Zwakhalen, SMG (Sandra)

Introduction: Nursing is founded on effective communication. Providing support in daily care activities like bathing, eating and walking requires frequent communicative interaction. The needs for interventions to enhance staff patient communication are warranted. Tailored communication contributes to health outcomes known to be crucial for recovery and quality of life. In recent years we have seen an increase in communicative interventions employed in patients with communicative impairments. However evidence based interventions are still limited. This study aims to investigate the effectiveness of a Person-Centred washing and bathing intervention to enhance communication in cognitively impaired nursing home care residents in comparison to conventional care.

Methods: Design- We will conduct a multicenter clustered controlled trial design in which 8 nursing homes will be randomly assigned to the ‘person-centred care washing intervention’ group (n=4 nursing homes) or usual care group (n=4 nursing homes). Primary outcome - communication (quality and quantity verbal/ nonverbal interaction) and patient’s behavior by means of the Cohen-Mansfield agitation inventory.

Results: The study will start in May 2014 as a part of a larger project (Basic care Revisited) in which 3 universities and 6 post doctoral researchers in nursing will participate. Themes within the larger project will focus all on the essentials of nursing care (e.g. communication, eating, mobility as well as bathing and dressing) in several settings. The design of the study will be focus of attention.

Discussion: The study will generate substantial evidence on how to enhance communication in working with older nursing home residents with communicative and cognitive impairments.

P1.04.10 Perceptions of distress of men with prostate cancer and their partner

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Perceptions on distress of men with prostate cancer and their partner

Authors: Neyens, IN (Inge); Vermeulen, B (Bram); Bijhouw, D (Diola); Van Audenhove, Ch (Chantal)

Presenter: Neyens, IN (Inge)

Introduction: It is well known that patients with prostate cancer and their partners experience higher levels of distress. The National Comprehensive Cancer Network defines distress as ‘a multifactorial unpleasant emotional experience of a psychological (cognitive, behavioral, emotional), social, and/or spiritual nature that may interfere with the ability to cope with cancer.’ Yet, it remains unclear to what extent (1) partners are aware of the distress of the patient and (2) physicians are aware of the distress of patients and partners. This study, supported by the Flemish League against Cancer, aims to examine differences in perceptions between patients, partners and physicians.

Methods: 193 patients, 134 partners and 99 physicians of five Flemish hospitals completed a questionnaire on the psychosocial needs and support of men with prostate cancer and their partner. Distress was measured by the Distress Thermometer, i.e. a visual scale measuring ‘the degree of difficulty one experienced during the last week’ on an 11-point Likert scale (0= completely not difficult, 10= extremely difficult). Analyses were performed by unpaired t-tests.

Results: The results indicate that the judgments of patients about their own distress (3.0/10) are significantly lower than the amount of distress experienced by the partners (3.7/10). Yet, the judgments by partners of the distress of their man (5.2/10) are significantly higher than the estimations by patients of their own distress (3.0/10). Moreover, physicians significantly underestimate the distress of both patients (1.2/10) and partners (0.9/10).

Discussion:
First, we conclude that not only patients, but also partners require sufficient attention of professionals in coping with distress. Second, this study shows that physicians not always detect the emotional needs of patients and partners. Yet, some studies highlight the importance of their role in reassuring the patients and partners by offering information and support. Third, future research might examine to what extent the Distress Thermometer can be used to enhance communication between patients, partners and physicians on patients’ and partners’ distress.

P1.04.11 Two sides of the same coin? Patients’ and nurses’ attitudes towards education in chronic care
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Two sides of the same coin? Patients’ and nurses’ attitudes towards education in chronic care
Authors: Lauwerein, E; Deschamps, A; Pottlebergh, G; Van; Martin, S; Zupancic, N; Vandamme, A; Moons, P
Presenter: Lauwerein, E
Introduction: Chronic care has evolved from a disease-oriented towards a patient-centered approach. Within such an approach, patient education is defined as an interactive process between patient and caregiver. This process may be improved by exploring both patients’ and caregivers’ attitudes towards education. The aim of this study was to investigate current experience, perceived (dis)advantages, barriers and preferences of both patients as well as nurses regarding different education strategies.

Methods: A qualitative study based on tape-recorded semi-structured interviews was conducted. Purposive sampling was used for participants’ recruitment. Adolescents with congenital heart disease (n=5), adults with kidney disease (n=16), and nurses (n=18) were recruited from a tertiary care setting in Belgium. Interviews were coded based upon their content.

Results: Both patients and nurses reported to be most experienced with a combination of oral and written education (e.g., brochures). This combination was also the most preferred. Common advantages to oral education observed in both groups involved information sharing in a safe environment and tailored manner. A major asset of written education concerned elaborate learning through repetition and visual aids, provided that the material is clear and relevant. Both groups had little to no experience with interactive (e.g., DVD, CD-ROM, group education) and new-technological (e.g., serious gaming, mobile apps) education strategies. These strategies may nevertheless be preferred in certain cases and for differing purposes. Different attitudes and perceived barriers regarding those strategies of education were observed across groups. Adolescents, for example, were most keen about entertaining computer-based material (e.g., serious health games). Adult patients mentioned the asset of using internet, provided the link is safe and reliable. Group education was seen as most advantageous by nurses, although practical barriers may hamper its use.

Discussion: This study showed that patients and nurses share the same overall experience and preference regarding oral and written education. With regard to newer-developed education strategies, experience is limited. Since perceived disadvantages and barriers differ greatly between groups, controlled studies in larger groups are needed to further invigorate our findings. Overall, future studies may need to incorporate patients’ and professionals’ attitudes and needs in implementing new educational material.

P1.05.02 Exploring Associations between Coping Style and Aspects of Information Gathering among Arthritis Patients
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Exploring Associations between Coping Style and Aspects of Information Gathering among Arthritis Patients
Authors: Geryk, LLG (Lorie); Carpenter, DMC (Delesha); Blalock, SJB (Sue); Devellis, RFD (Robert); Han, PKH (Paul)
Presenter: Carpenter, DMC (Delesha)
Introduction: Prior research has shown consistent findings and support for assessing “monitoring” and “blunting” coping styles to help understand patient information seeking tendencies in the face of acute health situations (e.g., screening positive for cancer). Results are less consistent related to the value of applying the same theory to patients living with chronic diseases. This study utilized a sample of arthritis patients to explore associations between coping style and arthritis related communication and information gathering.

Methods: Online surveys were collected as part of the Information Networks for Osteoarthritis Resources and Medications Study (n=328). Arthritis patients completed scales related to aspects of information seeking and validated measures of ambiguity aversion (AA) and medication adherence (Vasculitis Self-Management Survey (VSMS)). Coping style was assessed using a shortened version of the Miller Behavioural Style Scale (MBSS) whereby blunting scores were subtracted from monitoring scores and higher scores indicated tendencies towards...
monitoring (information-seeking). SAS was used to calculate bivariate statistics and associations between MBSS scores and the other variables of interest.

Results:
Patients who reported discussing alternative/complementary/holistic medicines or therapies and new medical trails or research studies “a lot” with the doctor had, on average, fewer monitoring characteristics than the patients who reported they “never discuss it” (M = 13, p=.003; M = .26, p=.002, respectively). The correlation between MBSS difference scores and VMSM medication adherence scores was found to be statistically significant [r = -0.14, n =308, p = .016]. No statistically significant associations emerged between monitoring/blunting difference scores and receipt of CI, how often patients discussed medication information with their partners, amount of website information received, and AA scores.

Discussion:
Our findings differed from those in more acute health situations where those with more monitoring traits tend to attend to information, and those with more blunting traits tend to avoid information. This suggests that patients who exhibit one set of coping skills in the acute setting may exhibit and entirely different set of coping strategies when managing with a chronic disease. Sensitivity to the variance in coping style is important in crafting a clinical approach tailored to achieving the best outcome for individual patients.

P1.05.03 Patient involvement and physician’s word choice in cancer communication: an exploratory study in general surgery

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Patient involvement and physician’s word choice in cancer communication: an exploratory study in general surgery

Authors:
Martinelli, V (Valentina); Rizzelli, D (Denise); Dionigi, F (Francesca); Meroni, G (Giulia); Catania, C (Cristina); Politi, P (Pierluigi)

Presenter:
Martinelli, V (Valentina)

Introduction:
Effective communication skills are crucial for surgeons, who often need to face complex communication tasks including the disclosure of cancer diagnosis. However, relatively few studies investigated communication in the surgical context. We sought to assess patient involvement during the disclosure of a first cancer diagnosis in an Italian general surgery department and its association with characteristics of the clinical encounter.

Methods:
Twenty audiotaped consultations involving 20 cancer patients consecutively referred to the general surgical care unit were transcribed. The consultations aimed at delivering a first cancer diagnosis and obtaining informed consent for surgery. Quantitative parameters, including consultation length, amount of time spent by the surgeon and the patient, total word count, number of words spoken by participants were collected. We next examined the frequency of Italian words used by the doctor to indicate malignancy as divided in appropriate medical terms (tumor, neoplasia, carcinoma, cancer) and allusive terms (cells, small cells, mass, nodule, piece, polyp, neoformation) for each consultation. The Italian version of the OPTION (observing patient involvement) rating scale was applied to the transcripts.

Results:
Nine surgeons (7 males; 2 females; mean age: 48.9±6.4) and 20 patients (8 males; 12 females; mean age: 67±11) participated in the study. The mean number of appropriate medical terms used in the 20 consultations was significantly lower than that of allusive expressions (2.45 ± 2.4 vs 5.6 ± 4). The mean OPTION score was 13.5/100. Higher OPTION scores were significantly associated to the number of appropriate medical terms to indicate malignancy used by the surgeon during the clinical encounter. Quantitative parameters were not associated to patients’ involvement.

Discussion:
Patients involvement was generally low. The association between the use of appropriate medical terms to indicate malignancy and the level of patient involvement emphasizes the importance of surgeons’ word choice in the context of cancer delivery in order to enhance patients’ participation.

P1.05.04 Reflective Practice about Communication: Analysis of Family Medicine Residents’ Learning to See Beneath the Surface

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Reflective Practice about Communication: Analysis of Family Medicine Residents’ Learning to See Beneath the Surface

Authors:
Duggan, A.P. (Ashley); Vicini, S.J., A. (Andrea); Allen, L. (Lucas); Shaughnessy, A.F. (Allen)

Presenter:
Duggan, A.P. (Ashley)

Introduction:
Learning to recognize the subtleties of communication behavior involves not only explicit statements but also recognizing what lies beneath the surface. We suggest that physicians’ written, private reflections focusing on communication offer insight into their interpretation of both the stated and the tacit. These reflections often focus on scientific reasoning and research evidence about providing appropriate patient care, maintaining professional relationships, and self-care. Other reflections reflect personal reactions, via the careful exploration and appraisal of experience, thereby clarifying and creating meaning for the benefit of balanced functioning, learning, and development. As connected to the communication, physicians’ reflections about communication behaviors might address meaning below the surface, and even clarify and confirm meaning of subtleties of messages within context cues that offer delicate balance but depth of understanding.

Methods:
This project identifies communication themes in 756 private (i.e., not shared or graded) open-ended reflective exercises completed by 24 family medicine residents over one year. Of these, 190 included at least one reference to communication. Using a grounded theory approach, communication themes and subthemes were identified through two individual examinations of the entire dataset and then group discussion based on identified content areas.

Results:
Communication themes include (a) recognition of the mutual interplay of physician and patient disclosure, (b) recognition of the subtleties of patient behavior as a fuller picture of coping with illness, (c) identifying images of growth and awareness in reflection about communication, (d) learning to navigate communication challenges, (e) building partnerships with patients, and (f) moving past communication barriers with patients.

Discussion:
Based on identified communication themes, we describe the role of communication as a foundation for mindful medical practice and for relationship-centered care. Identified subthemes provide evidence for a need to integrate reflection about communication with physicians’ more general exploration of their experiences of human growth and recognition of the full spectrum of their own humanity. This project provides evidence for reflection about communication as recognizing explicit messages and subtle, indirect messages as a cornerstone of building relationships with patients.

P1.05.05 Online healthcare information: its use by clinicians and patients in the dental consultation

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Online healthcare information: its use by clinicians and patients in the dental consultation

Authors:
Skinner, VJ (Vicki); Lekkas, D (Dimitra); Elliott, K (Kristine); Woodward-Kron, R (Robyn)

Presenter:
Skinner, VJ (Vicki)
Introduction:
Online oral health information is potentially useful for patient education in the clinician-patient consultation, although how dentists and their patients engage with online health information is unclear.

Objective: To investigate to what extent and how dentists use online health information to communicate about oral health with their patients in dental consultations. Research questions: • To what extent do dentists use online health information with patients, or encounter patients who refer to online health information? • If so, what are clinicians'/patients'/ purposes for sourcing online information; what sources do they select and why; and how do they use them? • What are clinicians' views about the internet as a source of patient information?

Methods:
A qualitative, descriptive research design using semi-structured interview questions was adopted to investigate the dental clinicians’ experiences of online health information in the consultation. All authors conducted interviews and inductive, thematic analysis of the interview transcripts. Participants: Twenty-five practising dental clinicians recruited from academic staff at two Australian dental schools. Purposive sampling ensured a broad range of participant ages, years of clinical experience, and scope of practice (general/specialist dental practitioners).

Results:
Findings thus far (with 15 interviews completed) show that all clinicians emphasised that it is the dentist’s responsibility to be the primary source of patient information. Dental clinicians and their patients did not use online health information widely. Clinicians limited their own use to a few, familiar oral health sources they considered scientific and reputable. Use was mainly treatment-oriented, and occasionally for oral health education. It was mostly supplemental to dentist-patient discussion, and occasionally integrated into the discussion. Clinicians reported infrequent patient mention (explicit or implicit) of online information. Patients sought online information mostly about complex, emotionally/financially demanding dental treatments, and controversial dental issues.

Discussion:
The internet as a source of health information may currently be under-utilised by dental clinicians. Dental clinicians need support to re-conceptualise their role as effective clinicians so that online health information can be integrated into a patient-centred dental consultation.

P1.05.06 Medication adherence in adolescents in current practice: community pharmacy staffs’ opinions
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Medication adherence in adolescents in current practice: community pharmacy staffs’ opinions

Authors:
Koster, E.S. (Ellen); Philbert, D (Daphne); Bouvy, M.L. (Marcel)

Presenter:
Koster, E.S. (Ellen)

Introduction:
Teenagers’ daily schedule, compared to that of children, becomes more demanding and hectic which could cause difficulties with adherence to a daily medicine routine. Healthcare providers can stimulate self-management and improve medication intake behavior by giving patients a clear rationale why (and how) they need to use medication. To improve medication adherence, with the goal of achieving optimal health outcomes, collaboration must occur between healthcare providers and patients, however, in adolescent patients this might be more difficult. To date, little is known about healthcare providers’ perspectives regarding medication-related problems in adolescents. Therefore, we aimed to explore pharmacy staff’s perspectives regarding medication intake behavior and medication-related problems in adolescents.

Methods:
Structured interviews were conducted with 170 pharmacy staff members (pharmacists, pharmacy technicians, pharmaceutical consultants) in pharmacies affiliated with the Utrecht Pharmacy Practice network for Education and Research.

Results:
Medication-related problems in adolescents were recognized by 80 respondents, non-adherence was frequently mentioned (n=73). An important reason for not recognizing problems in adolescents was that prescriptions are often collected by the parents (with or without the teenager). Solutions suggested by the interviewees to improve adolescents’ medication intake behavior included (improving) counseling with emphasis on necessity/benefits of medication (n=130) and more direct contact with adolescents instead of the parent(s) (n=77). Use of digital media for educational purposes or reminder services were suggested to support medication use (n=67).

Discussion:
Almost half of pharmacy staff acknowledge problems related to medication use in adolescents. Pharmacy staff see a primary role for counseling on the benefits of therapy, but foresee difficulties in obtaining (more) direct contact with adolescents. Therefore, to improve medication intake behavior adolescent patients should be approached in a way that suits them. Use of new media could be useful.

P1.05.07 Applying the VR-CoDES in the dental context involving patients with complex communication needs
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Applying the VR-CoDES in the dental context involving patients with complex communication needs

Authors:
Zhou, YZ (Yuefang); Black, Rolf; Freeman, Ruth; Herron, Daniel; Humphris, Gerry; Quinn, Sandra; Scott, Lesley; Waller, Annalu

Presenter:
Zhou, YZ (Yuefang)

Introduction:
The Verona Coding Definitions of Emotional Sequences (VR-CoDES) has been previously applied in the dental context. However, we know little about how dental patients with intellectual and/or communication difficulties (ICD) express their emotional distress during their dental visits, and how dental professionals manage these emotional concerns. This study aimed to explore (a) the applicability of the VR-CoDES to a dental context involving patients with ICD; and (b) whether there is a need for modification of both systems of the VR-CoDES-CC and the VR-CoDES-P for future application in a similar setting.

Methods:
Fourteen dental consultations were video recorded and coded using the VR-CoDES, assisted with the additional guidelines for the VR-CoDES in a dental context. Both inter- and intra-coder reliabilities were checked on the seven clips where cues were observed. Frequencies of cues/concerns and responses were computed and compared between categories.

Results:
Sixteen cues (eight non-verbal, no concerns) were identified within seven of the 14 consultations. Twenty responses were observed (12 reducing space) with four multiple responses from both dentist and nurse. Satisfactory reliability checks were achieved: Cohen’s Kappa was 0.76 (95% CI: 0.57, 0.94) for inter-coder and 0.88 (95% CI: 0.86, 0.95) for intra-coder.

Discussion:
When assisted with the additional guidelines, cues and responses were reliably identified using the VR-CoDES with this special dental patient group. Additional guidance is needed to improve the coding accuracy on multiple dental professionals’ responses and its impact on patient care. The findings have provided a useful initial step toward an ongoing exploration of how healthcare providers in general identify and manage emotional distress of patients with diverse backgrounds and conditions.
P1.05.08 Do psychological and social resources moderate the impact of workload on clinical empathy?  
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:  
Do psychological and social resources moderate the impact of workload on clinical empathy?  

Authors:  
Robieux, L (Léonore); Myczkowski, N (Nils); Flahault, C (Cécile); Zenasni, F (Franck)  

Presenter:  
Robieux, L (Léonore)

Introduction:  
Clinical practice and research have accumulated evidence on the link between empathy in the practice of care to the quality of care and patients' quality of life. Also, clinical empathy has positive effects on physicians' wellbeing. However, the sensitivity of physicians' empathy is highlighted. Identifying the determinants of clinical empathy is essential to further improve the quality of care and quality of life for both patients and physicians. Three factors are identified as possible determinants of empathic skills: organizational constraints, together with social and psychological resources. The objectives of this study are (1) to examine the impact of psychological and organizational constraints on physicians' empathy; and (2) to explore the impact of psychological and social resources.

Methods:  
The sample consisted of 90 practitioners (Mean age = 45.42 years, SD = 10.08, 51% female). They completed the Jefferson Scale of Physician Empathy, the Global Person Generated Index, the Psychological Capital Questionnaire, the Perceived Social Support Questionnaire and the Effort-Reward Imbalance Questionnaire.

Results:  
Firstly, physicians perceive their work environment as deleterious by the organizational constraints (50%, SD=0.46). Physicians report high levels of clinical empathy (M=108.47, SD=16.86), social support (M=26.81, SD=6.12) and psychological resources (M=99.22, SD=15), but low levels of quality of life (M=68%, SD=19.95). Furthermore, results indicate that psychological and social resources are not correlated. Regression analyses confirm that psychological resources influence the impact of organisational constraints on clinical empathy (β=0.30; p<0.05). The results also indicate that psychological and social resources influence the impact of organisational constraints on physicians' quality of life (respectively β=0.17; p=0.05 and β=0.14; p=0.01). Regarding this negative impact, this study identifies the potential moderating effect on adverse work characteristics of high social support and psychological resources. It suggests that feeling supported, encouraged and protected enhances perceived personal resources and allows physicians to cope better with the stress of care practice.

Discussion:  
Finally, this study suggests that the physicians' perceived social support and psychological resources should be considered in their professional education and the work environment.

P1.05.09 Psychological reactance in factual narrative against alcohol consumption: the role of perceived realism  
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:  
Psychological reactance in factual narrative against alcohol consumption: the role of perceived realism

Authors:  
Cuesta Cambra, U (Ulbaldo); Stanojlović, M (Milena)  

Presenter:  
Cuesta Cambra, U (Ulbaldo)

Introduction:  
Narrative forms of communication have been shown as an effective strategy in influencing attitudes and behaviors, especially in the domain of health communication. In this context, both perceived realism and psychological reactance were identified as important variables conditioning the persuasive power of the message. Firstly, perceived realism was recognized as a positive factor, as it favors narrative transportation and identification/ empathy. In addition, narrative forms are effective in reducing psychological reactance through immersion into the story and different relationships with the characters, mostly empathy. However, the influence of these two factors on persuasive effectiveness has been tested only separately. Namely, little is known about the direct role of perceived realism in overcoming psychological reactance. This could be especially important when it comes to topics referred to leisure and alcohol consumption in young adults, where specific subject characteristics could lead to unexpected persuasive outcomes.

Methods:  
A single factor design was employed to manipulate the perceived realism. After watching a 13 minute documentary film presenting negative consequences of alcohol consumption based on adolescent testimonials, tested undergraduates answered a questionnaire that evaluated their reactions to the message, relative to reactance as well as indicators of persuasive effectiveness. Different statistical analyses were conducted in order to explore the obtained data.

Results:  
Concurrent with the previous research, the subjects in condition of high perception of realism reported higher levels of narrative transportation compared to the subjects in low perceived realism condition. Unexpectedly, they also reported significantly more anger and more unfavorable change of behavior intention, which relate to reactance. We also evaluated the influence of the age, which was negatively associated with state reactance and anger. The subjects who reported higher levels of alcohol consumption experienced more state reactance and had more intention to drink, independently of the message realism.

Discussion:  
These results contribute to advance our understanding about overcoming resistance to persuasive messages in antialcohol interventions designed for young adults. They also shed some light on the problem of empathy with characters and the persuasion.

P1.05.10 The impact of teaching medical communication: the patient’s perspective  
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:  
The impact of teaching medical communication: the patient’s perspective

Authors:  
Hotoleau, CH (Cristina); Dumitrescu, DD (Dan)  

Presenter:  
Hotoleau, CH (Cristina)

Introduction:  
Although physician's skills in medical communication improve the medical practice, medical communication teaching is not fully integrated into students' curricula, being studied only optionally, at the University of Medicine Cluj, Romania. We aimed to assess the patients’ perception of the communication skills during the medical examination (anamnesis, physical exam) performed by 3rd year medical students participating at the optional course focused on Medical Communication (group 1) comparatively to their colleagues who did not attend it (group 2).

Methods:  
We applied a psychometrically validated instrument, the Communication Assessment Tool (CAT) to 30 patients, each of them examined individually by 2 students from both groups. Each of 15 items of CAT has a five-point answer scale with 5 corresponding to “excellent”. The proportion of “excellent” ratings is considered to be a more useful tool in the practice than the means. CAT was adapted, without items 11 (regarding the “patient’s implication in decisions”) since medical students do not decide the therapeutic management of the cases and item 15 (referring to the staff).

Results:  
The mean age of the patients was 56.79 years old; the average of excellent score was 65.1% in group 1, significantly higher than in group 2, 39.2 %, p=0.035, OR= 2.893, 95%CI: 0.897-9.532. The highest proportion of excellent score in both groups was obtained for item 1 corresponding to the “patient felt that was greeted
appropriately" (25 cases respective 18) and item 2 "the patient felt that was treated respectfully (25, respective 16). The items with significant difference of the rate of excellent score in the groups were: item 5 "the patient felt that the examiner paid attention" (21 cases in group 1, respective 10 in group 2, p= 0.009, OR= 4.667) and equally the items 13 and 14, "the patient felt that the examiner showed interest and care", respective "the patient felt that the examiner spent the right time with him/her" (20 cases in group 1, versus 11 in group 2, p= 0.038, OR= 3.455).

Discussion:
Although limited by a small sample size, this study shows the importance of teaching medical communication with the improvement of the approach to the patient.

P1.06.01 Empathy and On-Site Behavior in the Nursing Profession
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Empathy and On-Site Behavior in the Nursing Profession
Authors: Basinska, Malgorzata (A); Andruszakiewicz, Anna; Lewandowska, Magdalena; Banaszkiewicz, Mariola; Ratajska, Anna
Presenter: Lewandowska, Magdalena

Introduction: Nurses’ workplace behaviors are a model occasion for observing empathy in action. The central assumption in our research is that among the range of subjective elements, empathy matters most. Given its critical location in interpersonal relationships, discussions of empathy should have a core curricular presence in nursing education. Empathic dispositions are generally attributed to individuals who professionally care for other people. In the present study empathy is viewed as a multidimensional construct after M.H. Davis. The modern nursing education system assumes that nurses-trainees will be equipped with the competences necessary for managing relationships with patients and their significant others. Employing the general acknowledgement by theorists that empathy regulates human interactions, the current research attempts mainly to identify its role in the workplace among groups of nurses.

Methods:
The research sample consisted of 576 female and male nurses. The subjects’ average age and work experience was 43.03 year (SD=7.71) and 21.11 years (SD=8.78) respectively. The AVEM questionnaire and The Empathic Sensitivity Questionnaire - a Polish version of Interpersonal Reactivity Index were used.

Results:
In terms of professional engagement, nurses-respondents showed a greater ability to distance themselves from work and a lower level of career drive. In terms of mental hardiness and coping strategies, their scores were average. They were also found to display a low level of career satisfaction, with the remaining scores being average. The subjects displayed a moderate level of empathy in the examined dimensions of empathy. The study also found that nurses with enhanced perspective-taking ability were more expressive of the healthy G pattern behavior at work. When their ability to take perspective decreased, they were more likely to adopt the burnout pattern B behavior.

Discussion:
Our empirical work informed us that empathy’s cognitive characteristic is based on ‘distanced concern’ and facilitates nurses’ healthy workplace behavior. Particular attention in education of nursing profession should be paid to the cognitive dimension of nursing practices. It seems that knowledge of the mechanisms responsible for human emotions as well as interpersonal abilities training should become an integral part of education in the nursing profession.

P1.06.02 FROM ACTIVE THERAPY TO PALLIATIVE TREATMENT: RESULTS FROM A QUESTIONNAIRE ON COMMUNICATION AND RELATION BETWEEN CAREGIVERS AND WORK TEAM
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: FROM ACTIVE THERAPY TO PALLIATIVE TREATMENT: RESULTS FROM A QUESTIONNAIRE ON COMMUNICATION AND RELATION BETWEEN CAREGIVERS AND WORK TEAM
Authors:
Danesini, C (Claudia); Martinelli, V Valentina; Rizzelli, D (Denise); Meroni, G (Giulia); Dionigi, F (Francesca); Scudeller, L (Luigia); Broglia, C (Chiara); Pedrazzoli, P (Paolo); Politi, P (Pierluigi)
Presenter: Danesini, C (Claudia)

Introduction:
In the field of the internistic diseases with high biomedical and technological complexity the transition from oncology to palliative treatments may represent a critical and hard moment not only for the patient, but also for the family and the new care providing team. The aim of this study is to explore the quality of communication between caregivers and the healthcare team at the moment of the admission to a palliative care unit.

Methods:
This monocentric cross sectional study involved 70 caregivers of patients consecutively admitted to the palliative care unit. The quality of staff communication perceived by caregivers was assessed through an ad hoc 7 item questionnaire rated on a 4-point likert scale. The questionnaire was developed using the focus group technique. Statistical analysis showed the tool has good validity, discriminatory power, internal consistence and reliability.

Results:
Most patients’ caregivers reported to be rather satisfied about the quantity and the clarity of information received (60% and 55.71%, respectively). Fifty percent of caregivers perceived to have been sufficiently involved in the decision making process about their family member’s health care plan and 47.14% felt to have been rather supported by the staff throughout the transition to the palliative care unit. A significant proportion of caregivers felt the staff paid little attention to the psychological status as well as to the patient’s one (48.57% and 45.71%, respectively). However, 78.57% of participants assigned the highest rating on the item investigating the way they felt greeted at the admission to the palliative care unit.

Discussion:
These preliminary data suggest the need to improve communication and relational skills of the staff involved in the transition to the palliative care unit. The achievement of this goal at an early stage will help to provide a prompt psycho-oncological support when needed.

P1.06.03 Parenthood after Cancer in Puerto Rico: The Role of Patient-Physician Communication Factors in Access to Fertility Preservation
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Parenthood after Cancer in Puerto Rico: The Role of Patient-Physician Communication Factors in Access to Fertility Preservation
Authors:
Dyer, K.E. (Karen)
Presenter: Dyer, K.E. (Karen)

Introduction:
Cancer incidence rates are increasing in Puerto Rico while mortality rates are declining, creating a situation in which long-term quality-of-life concerns are beginning to emerge as priorities. Infertility is a common side effect of certain cancer treatments, and fertility preservation (FP) technologies—including egg, embryo and sperm cryopreservation—can help recently-diagnosed patients protect the possibility of genetic parenthood post-treatment. However, access to these options remains difficult for low-income and cultural minority groups in developed countries, such as cancer patients in the unincorporated U.S. island-territory of Puerto Rico. Accordingly, this paper aims to describe both the barriers and facilitators that influence access to FP among cancer patients in Puerto Rico, particularly those related to patient-physician communication.

Methods:
Sixty (60) in-depth, semi-structured interviews were conducted with cancer survivors, healthcare providers, researchers, and advocates/support group leaders as part of a qualitative anthropological study on cancer survivorship and reproduction in Puerto Rico. Transcripts were coded using the constant-comparative method and analyzed for commonly expressed themes.

Results: Various FP techniques are available through four clinics; however, they are rarely used by cancer patients on the island. Analyses identified several barriers that impede access: (1) high cost and lack of insurance coverage, especially in relation to income levels; (2) gaps in provider knowledge of fertility clinics and financial assistance programs; (3) lower prioritization of quality-of-life needs, leading to inconsistent physician disclosure of fertility risks; and (4) geographical location of fertility clinics. Several facilitators indicate potential areas of intervention and are relevant to health communication studies: both physicians and patients place a high value on communication, interaction and time spent together, and new alliances are currently being formed between the oncology and reproductive medicine fields on the island.

Discussion: Fertility preservation and parenthood form part of emerging discussions in Puerto Rico about quality-of-life following cancer. While cost and insurance issues critically influence access to FP, several important factors both impeding and facilitating access involve patient-provider communication and may be amenable to change. Greater awareness of these issues and the available options can be created through physician training in conjunction with organizational measures targeting cost barriers.

P1.06.04 Working with Illness and Trauma: The Impact on Healthcare Professionals’ Private Life Domains

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Working with Illness and Trauma: The Impact on Healthcare Professionals’ Private Life Domains

Authors: Goldblatt, H. (Hadass)

Presenter: Goldblatt, H. (Hadass)

Introduction: Studies indicate inevitable emotional, cognitive, and behavioral influences to which healthcare professionals are subjected, due to caring for patients with severe physical and emotional health conditions. These influences are recognized in the literature as compassion fatigue, secondary traumatic stress, vicarious trauma, and moral distress, which emphasize mainly a possible negative influence. Other writings stress the potential positive effects (e.g., vicarious posttraumatic growth—VPTG) that working with illness and trauma may have on professionals, such as developing a sense of competence. Yet, the specific impact on healthcare professionals’ private life has been modestly examined. Apparently, working with illness and trauma can spill-over to professionals’ private milieu in diverse modes.

Methods: This presentation is based on a series of qualitative studies, addressing experiences ensuing from professionals’ encounters with patients who suffered different physical illnesses, emotional distress, and/or abuse. Studies’ samples were purposive. Participants were Israeli—nurses and social workers; Jews and Arabs, who worked in different healthcare services. Data were collected by individual in-depth, semi-structured interviews. The interviews were tape-recorded and later transcribed. Data analysis was performed through content analysis.

Results: Professionals experienced their encounters at work as extremely intensive and emotional. Some attempted to shield themselves from this overwhelming impact by detaching emotionally from their patients, but others - could hardly restrict these experiences to the work domain. Professionals reported continuing to ponder at home about the quality of their care for patients, as well as empathizing with their anguish and pain. Nevertheless, they also reported that the encounter with illness and trauma generated self-examination and new insights regarding benefits in their own lives.

Discussion: The impact on healthcare professionals of the encounter with patients’ illness and trauma is multifaceted. Further development of training programs and routine consultation is recommended, raising professionals’ awareness, helping them reflect on their feelings, attitudes, and reactions regarding their patients, thus becoming reflexive professionals who are sensitive both to their patients’ and their own emotional needs. These programs would provide coping skills to deal with sensitive cases and to balance between work and private domains in this context, therefore maintaining self-care and enhancing communication in healthcare.

P1.06.05 Computer use in primary care consultations and doctor-patient communication: a review

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Computer use in primary care consultations and doctor-patient communication: a review

Authors: Sobral, D (Dilermando); Figueiredo-Braga, M (Margarida)

Presenter: Sobral, D (Dilermando)

Introduction: Computers in the clinical setting permit quick access to relevant information from patient’s record, greater facility in prescribing and a more efficient management of medical records. Beneficial effects have also been described in gathering and sharing information. Conversely, the use of computers can have a deleterious effect in doctor-patient relationship and in clinical communication as the computer becomes a third player within the consultation setting. Primary care doctors have considerable time and organizational constraints, and are frequently overwhelmed with patients, adding together difficulties to the use of the computer. The present study aimed to review recent literature on the impact of computer use in primary care consultations on doctor-patient communication.

Methods: Studies published from 2000 to 2013, in English, Portuguese and Spanish, were reviewed in the PUBMED database, using the terms ‘computer use’, ‘primary care’ and ‘doctor-patient communication’. Primary studies and systematic reviews, addressing the effects of computer use on the consultation process, on doctor-patient communication, and on doctors’ and patients’ perspectives about computerisation were included.

Results: The majority of the reviewed studies agree in a variety of deleterious effects on the consultation procedure and on doctor-patient relationship: the use of the computer decreases the information disclosed by the patient and physicians’ responses to patients’ doubts, and increases the mean time of interviews, without increasing patient’s satisfaction. In addition, the use of the computer can be related to a loss of eye contact and to less psychosocial information gathering. Computer navigation and mastery and spatial organization of the exam room were also recognized as domains that can affect, positively or negatively, doctor-patient communication. Specific communication skills, useful in teaching and training the use of the computer in the consultation, were identified.

Discussion: The need for specific skills training in communication and computer use must be identified in order to minimize the negative impact of computer use on doctor-patient communication. Feasible interventions could be consequently designed and implemented in primary care aiming to preserve doctor-patient relationship.

P1.06.06 EVALUATING NURSES AND PATIENTS COMMUNICATION NEEDS.

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge
EVALUATING NURSES AND PATIENTS COMMUNICATION NEEDS.

Authors:
Neipp, M.C.; Martínez-González, M.C.; Leal, C.; Pons, N.; van der Hofstadt, C.

Introduction:
Different studies show that effective communication is necessary to establish a good nurse-patient relationship. However, to design intervention programs to increase communication skills, very few times it is taking in account the point of view from nurses and patients needs. Therefore, our aims were, firstly to look for the more valued communication skills for patients and nurses to establish an adequate nurse patient relationship. And secondly, to analyse whether those skills were the same for nurses and patients.

Methods:
It was carried out four parallels focus groups (two of 8-10 patients and two of 8-10 nurses). Focus groups are a method of group interviewing in which the interaction between the moderator and the group, serves to elicit information and insights in response to designed questions. In this study we tried to elicit information about the best communication skills in nurse patient relationship from both patients and nurses (i.e. What do you think patients like more of nursing care?).

Results:
It was obtained a list of communication skills that patients and nurses thought they were the most important for an adequate nurse patient relationship. Both reported the most important skills for nurses were empathy, active listening and to treat patients warmly.

Discussion

P1.06.07 Clinical encounters in primary care: patient-centered or computer-centered?
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Clinical encounters in primary care: patient-centered or computer-centered?

Authors:
Sobral, D (Dilermando); Figueiredo-Braga, M (Margarida); Rosenbaum, M (Marcy)

Presenter:
Sobral, D (Dilermando)

Introduction:
The computer has become an essential tool in primary care consultations, as common as the use of the stethoscope. Studies assessing its impact in doctor-patient relationships have identified some deleterious effects on the consultation and on doctor-patient relationship, challenging patient centered approaches. The objectives of this study were to assess family doctors’ perspectives on how, when and for how long the computer is used during the consultation and the perceived impact on doctor-patient communication. We also examine the relationships between computer use and doctors’ communication skills, empathy patterns and patient-centered approaches.

Methods:
One hundred and three family doctors and trainees (response rate 73%) were studied. Sociodemographic, professional and computer use characterization was performed. An original questionnaire permitted assessment of the physical setting of the consulting room and desk position of the computer screen. We also measured empathy (Jefferson Scale of Physician Empathy - JSPE) and patient-centered communication (Patient-Practitioner Orientation Scale - PP0S). Descriptive statistical analysis and correlations were employed, using SPSS v.20.0.

Results:
Mean consultation time was 19.6 minutes (SD=4.26) and mean time of computer use was 7.9 minutes (42.6% of consultation length; SD=16.4). The majority of the doctors perceive a negative impact of computer use on the ability to maintain eye contact with the patient (79%), listening to the patient (62%), consultation time (52%), and confidentiality (45%). Computer use was perceived positively in contributing to providing and gathering information (78% and 75% respectively) and having no impact on the ability to understand the patient (61%). Older doctors reported shorter consultation length (r=-0.23; p<0.05). Higher empathy scores (r=0.35; p<0.01) and patient-centeredness (r=0.42; p<0.01) were found in younger doctors, but showed no relation with mean consultation length time and computer use.

Discussion:
Results highlight doctors’ perceptions of the negative impact of computer use in specific communication skills (eye contact and active listening) and on consultation length. In contrast, computer use was not related with empathic abilities and patient centeredness. Further studies are needed to objectively assess the reported positive and negative consequences and to disentangle patients’ perspectives of computer use in clinical encounters.

P1.06.08 Communication of the diagnosis of HIV infection: the experiences and preferences of patients
Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Communication of the diagnosis of HIV infection: the experiences and preferences of patients

Authors:
Ramos, ISR (Isabel); Carvalho, IPC (Irene)

Presenter:
Ramos, ISR (Isabel)

Introduction:
The aims of this study are to inspect how patients receive the diagnosis of HIV-infection, to identify their preferences in this situation, and to examine how these preferences correspond to patients’ experiences when they receive their diagnosis. The influence of socio-demographic and clinical factors on patients’ experiences and on their preferences is also examined.

Methods:
Eighty HIV-infected patients responded to a self-report questionnaire to collect information about patients’ experiences when notified of their first positive HIV test result and preferences regarding aspects of this moment. Data were analyzed in PASW20.

Results:
Regarding patients experiences, most of the items in the questionnaire did happen when the diagnosis of HIV infection was communicated to them. The most and the least reported aspects both belong to the category "setting". Regarding patients’ preferences, more than half of the items were highly valued. These items were distributed equally by the four categories considered (setting, manner of communicating the diagnosis, what and how much information was provided and emotional support). Finally, regarding the correspondence between patients’ preferences and their experiences at the time of the diagnosis, a tendency for disagreement was observed in some aspects, especially those associated with the categories, "What and how much information was provided" and "Emotional Support". Patients’ preferences were influenced by their nationality and the context where the diagnosis was communicated. Socio-demographic and clinical variables had no influence on the experiences of patients in this situation.

Discussion:
Patient-reported experiences at the time of the diagnosis of HIV-infection suggests that communication of this diagnosis is in line with existing guidelines’ recommendations for other conditions. The four categories associated with patients’ preferences for communication in cancer also seem to be applicable to HIV patients. However, the observed lack of agreement between patients’ experiences and preferences regarding some of the aspects considered calls attention to the importance of taking HIV-infected patients’ preferences into account when training clinicians in the notification of this condition, as communication can be adjusted if certain patterns of preferences are recognized.
P1.06.09 Psychological distress and first diagnostic breast cancer communication: preliminary findings from an Italian study

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Psychological distress and first diagnostic breast cancer communication: preliminary findings from an Italian study

Authors:
Dionigi, F (Francesca); Martellini, V (Valentina); Riboni, G (Giuseppina); Demichelis, M (Monica); Rebuffoni, C (Chiara); Sarella, A (Adele); Ferrari, A (Alberta); Di Giulio, G (Giuseppe); Corso, B (Barbara); Politi, P (Pierluigi)

Presenter:
Dionigi, F (Francesca)

Introduction:
Newly diagnosed breast cancer (BC) patients may experience a wide range of psychosocial distress symptoms after diagnosis. This study explores the association between the content of the diagnostic communication and the level of distress reported by BC patients following cancer disclosure, before the surgical procedure.

Methods:
This study included 52 patients consecutively admitted to our Breast Unit from January to June 2013 with a first BC diagnosis. The diagnostic communication was delivered by the surgeons, according to the hospital protocol. The content of the consultation included: clinical information about the carcinoma (invasive or not), surgical options (mastectomy vs lumpectomy) and the need for sentinel lymph node removal or not. Patients returning for a clinical encounter within the first month following the communication were asked to complete the Hospital Anxiety and Depression Scale (HADS) to assess psychological distress. Clinical and sociodemographical data were also collected.

Results:
Participants reported a mean score of 8.1 and 6.4 at the HADS subscale for anxiety and depression, respectively. Patients who were told about the necessity of lumpectomy reported higher levels of anxiety compared to those undergoing mastectomy (9.1±2.5 vs 7.5±5). Patients undergoing sentinel lymph node removal reported higher levels of anxiety compared to those not requiring this procedure (9.3±4.5 vs 6.9±4.9). However, these differences were not statistically significant.

Discussion:
In this study we found a significant proportion of patients reporting high levels of anxiety requiring clinical treatment according to the HADS. Further prosecution of the study will help to clarify the potential impact of the content of the communication on patients distress, with particular regard to specific treatment and diagnostic options, such as the need for lumpectomy and necessity of lymph node removal.

P1.06.10 Understanding Health Literacy and Sickle Cell Disease: Parents, Teens and Adults

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Understanding Health Literacy and Sickle Cell Disease: Parents, Teens and Adults

Authors:
Shook, MA, MCHES (Lisa)

Presenter:
Shook, MA, MCHES (Lisa)

Introduction:
Sickle cell disease (SCD) is an inherited, lifelong disease affecting red blood cells. Typically diagnosed at birth with newborn screening, the burden of disease management including preventing complications, managing medications, decision-making and navigating the healthcare system, falls to the caregiver. This responsibility transitions to adolescents during transition to adult care. Health literacy is defined by the Institute of Medicine as "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions". This includes understanding medications and patient education. Research has demonstrated a relationship between low health literacy and poor outcomes in a number of chronic illnesses. However to our knowledge, there is not published research about SCD and health literacy.

Methods:
Caregivers of children ages newborn – 18 years old with a diagnosis of SCD were recruited at Cincinnati Comprehensive Sickle Cell Center (CCSCC), and young adults (14-22 years old) with SCD were recruited at the CCSCC and the University of Cincinnati Adult Sickle Cell clinic. Caregivers completed a demographic survey and Newest Vital Sign (NVS) health literacy test. Young adults completed the REALMTeen and demographic survey.

Results:
Results: To date, 56 caregivers have participated; the majority being the mother of children with the most severe type of SCD. Demographics showed 56% of participants completed high school/GED and 43% attended college. Over 95% of caregivers reported understanding information from healthcare providers, and over 85% “always understood prescription directions.” Additionally, 90% were comfortable asking a healthcare provider questions. The NVS results indicated 93% of caregivers had “adequate” or “limited” health literacy and 7% had “a high likelihood of limited health literacy”. To date, 50 young adults have participated. REALM Teen results showed the majority (52%) obtained a health literacy score equivalent to the 6th-7th grade level. In contrast, 66% of young adults reported “usually” understanding medical information from healthcare providers; 72% reported “always” understanding prescription directions.

Discussion:
Health literacy assessments of caregivers demonstrated “higher than average” health literacy, but the average health literacy level of adults with SCD appears much lower (6th-7th grade level) highlighting careful consideration needed when tailoring patient education.

P1.06.11 Early Application of Communications Curriculum Using an Incremental Model of Skill Development During the M1 Year

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Early Application of Communications Curriculum Using an Incremental Model of Skill Development During the M1 Year

Authors:
Brenneman, AB (Anthony); Shibli-Rahhal, A (Amal); Rosenbaum, M (Marcy); Spreen, M (Mary)

Presenter:
Brenneman, AB (Anthony)

Introduction:
Learning communication skills should be goal oriented, experiential and linked to clinical practice and clinical reasoning. We report on a new first year course that combines several experiential teaching methods to incrementally build students’ communication skills.

Methods:
Participants included all first year medical students in a large US academic medical college (N=153). We implemented a stepwise approach to communication skills teaching that minimized use of large group lectures while increasing small group activities, simulated patients (SP) and facilitators trained in communication models, and clinical experiences. Our approach included: 1) Lectures/demonstrations covering core skills; 2) Observation and practice of the specific skills in a clinical setting; 3) Critical analysis/reflection on the clinical experience; 4) Small group practice of skills with an SP and facilitator; 5) One to one interview with an SP who gives feedback on skills; 6) Student review and analysis of one to one interview video; 7) Review and feedback from facilitator to further refine communication skills learning goals. For each set of basic communication objectives (Getting the patient’s story, eliciting the history of present illness, interprofessional communication, responding to patient emotions, getting the patient’s background history, review of systems), the same stepwise process was repeated. At the end of each step, based on practice and feedback, students identified communication strengths and skills to improve.
These goals helped guide each student’s work in subsequent sessions.

**Results:**
Course evaluations indicate that students valued applying classroom learning to encounters with both real and simulated patients as a way to identify, practice and refine their communication skills. Over time, in addition to the expected improvement of student interview performance, students’ communication goals reflected a more refined understanding of specific skills.

**Discussion:**
Utilizing safe environments for practice and feedback, observation of clinicians, and application within real life encounters, provides students’ opportunities to experiment and hone their communication skills. Through feedback from facilitators, patients and clinical experiences, students gain a clearer understanding of the purpose, goals and skills needed for effective communication. Additional research is needed to see if this curriculum approach leads to greater retention of skills longitudinally.

**P1.06.12 Communication Skills Training Facilitators’ Experiences and Challenges: An International Study**

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Communication Skills Training Facilitators’ Experiences and Challenges: An International Study

**Authors:**
Manna, RM (Ruth); Bylund, Carma; Cimaglia, Nicholas; Alyafei, Khalid; Loughland, Carmel; Al-Arab, Banan

**Presenter:** Manna, RM (Ruth)

**Introduction:**
As Communication Skills Training (CST) programs become more commonplace in postgraduate medical training programs, it is important to maintain a high quality of training. Large training programs require a substantial number of trained facilitators who may have ongoing need for development in their facilitation skills. This study examined what the self-reported ongoing training needs of active communication skills facilitators were.

**Methods:**
An online survey was conducted of experienced CST facilitators at three institutions in different countries: Memorial Sloan Kettering (New York, USA); Hamad Medical Corporation (Doha, Qatar); University of Newcastle (Newcastle, Australia). The institutions all use a similar training approach (The Comskil model) and received the same facilitator training module between 2006-2013. The survey consisted of some brief background questions followed by five open-ended questions regarding the positive and challenging aspects of facilitation and exploring the needs for advanced training.

**Results:**
A total of thirty-nine facilitators completed the survey. Of these, 90% had training as MDs or PhDs; the remainders were nurses or Nurse Practitioners. A large proportion (41%) had only one year or less facilitator experience; 46% had 2-3 years’ experience, and 13% had been facilitating for 5 or more years. Frequencies of participation varied with 18% reporting facilitating once a year, 28% reporting facilitating twice a year, and 54% reporting they facilitate three or more times per year. Positive aspects of facilitating included: observing learners improve throughout the training, benefiting from continued personal learning, and enjoying the positive feedback from learners. Notable challenging aspects of facilitation included: managing the feedback for the learner and from the group, encouraging equal participation from all learners in the group, taking into account shyness, disengagement, or language barriers, and wanting more technology support regarding the video playback model as feedback. Facilitators suggested several areas in which they would like further training, including giving feedback and more training on handling challenging interactions.

**Discussion:**
Experienced facilitators desire more support and training. The next step is to develop booster and advanced facilitator training sessions, taking into account site-specific resources.

**P1.06.13 Communication at the time point of childhood diagnosis of epilepsy: parents’ perspectives**

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Communication at the time point of childhood diagnosis of epilepsy: parents’ perspectives

**Authors:**
O’Toole, S. O. T. (Stephanie); Benson, A.B. (Ailbhe)

**Presenter:** O’Toole, S. O. T. (Stephanie)

**Introduction:**
Epilepsy is a chronic neurological condition characterized by occurrence of two or more seizures. For parents of children with epilepsy uncertainty clouds the diagnosis process often leaving them with feelings of confusion and worry following their first meeting with a healthcare professional. Due to the nature of epilepsy, parents must often wait for their child to have a second seizure before an official diagnosis can be made; a wait that is hindered at times by the invisible nature of their child’s seizures. Parents’ first point of contact with a healthcare professional can shape their attitude towards epilepsy. Parental perception of withholding of information by healthcare professionals can reinforce to parents the stigma that is often associated with epilepsy. This presentation aims to relay parents’ perspectives of, and reactions to, receiving their child’s epilepsy diagnosis.

**Methods:**
The data in this presentation emerged from the first qualitative phase of two mixed method studies investigating disclosure practices and family communication surrounding epilepsy. In total, thirty-eight interviews were conducted with parents of children living with epilepsy and analysed thematically.

**Results:**
Parent’s reported feeling uninformed about their child’s epilepsy and expressed the need for more comprehensive information at the first point of contact with healthcare professionals and more specific information about their child’s type of epilepsy at the time of diagnosis. Parents’ feelings of being “left in the dark” with regard to their child’s epilepsy were found to have a substantial impact on: a) parent-child communication about the condition; and b) the disclosure strategies adopted by parents in relation to the condition.

**Discussion:**
This data brings to light issues surrounding healthcare communication during the diagnosis process for families of children with epilepsy. We hope that parent perspectives revealed in this presentation may provide healthcare professionals with an insight into the effects of selectively disclosing information to parents and the impact this may have on their attitudes towards epilepsy. Findings from both of these studies will be used to inform elements of the National Epilepsy Care Programme in Ireland, established to improve the quality of care for epilepsy across the healthcare spectrum.

**P1.06.15 Physicians’ negative word-use in pediatric consultations**

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Physicians’ negative word-use in pediatric consultations

**Authors:**

**Presenter:** Gemmiti, M.

**Introduction:**
At the core of the medical visit there is talk and doctors’ communication skills are therefore a crucial element in the encounter with patients. This is especially important in the pediatric context, where the doctor has to consider the needs and expectations of the parents in addition to the child’s care. In our study, we analyze how the use of pediatricians’ negative word use
relates to parents’ affective quality and satisfaction judgments in the medical encounter.

Methods:
68 encounters in the course of out-patient and in-patient consultations at two Swiss pediatric clinics were videotaped and the pediatricians’ communication was transcribed for analysis. The Linguistic Inquiry and Word Count (LIWC) application from Pennebaker et al. (2007) was employed in order to measure the amount of negative words used by the pediatrician during the medical encounter. The parents’ momentary mood (MDBF, Steyer, Schwenkmezger, Notz & Eid, 1997) was measured before and after, and parents’ satisfaction ratings (Roter & Hall, 2006) were measured at the end of the encounter.

Results:
Our analyses indicate that pediatricians’ negative word use is negatively linked to parents’ affect quality, but not with the satisfaction ratings after the medical visit. Although there is no direct effect, our results revealed an indirect effect of pediatricians’ negative word use on parents’ satisfaction that is transmitted through parents’ mood.

Discussion:
This study provides evidence for the importance of physicians’ communication skills; especially the words employed during the medical encounter can have positive or negative influence on individuals in need of care. Consequently, this is relevant for clinical training and practice.

P1.06.16 Walk-in homes: Communicating about living with cancer

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Walk-in homes: Communicating about living with cancer

Authors:
Van der Stege, H.A. (Heleen); Vahedi Nikbakhht, C.V.M. (Monique); Hollander, R den (Rosella); Brom, A van den (Anne); Visser, A.P. (Adriaan)

Presenter: Visser, A.P. (Adriaan)

Introduction:
In the Netherlands, ‘walk-in homes’ are open facilities that offer low-key support to cancer patients and their family members. Walk-in homes intend to help patients and their relatives communicate about the disease and about living with cancer. In walk-in homes, visitors meet fellow patients, receive support from trained volunteers, and participate in a variety of stress-reducing or creative activities. The number of walk-in homes has rapidly increased to 70 in 2014. Little is known about the experiences of visitors and there is currently no research to establish whether these facilities meet their needs. Supported by the Dutch Cancer Society, the aim of this research is to investigate how cancer patients are informed about and referred to the walk-in homes, their experiences there and how they evaluate these experiences.

Methods:
In a random sample of 25 walk-in homes, visitors were asked to fill out a web-questionnaire about the evaluation of the facilities. Paper-and-pencil questionnaires were provided when e-mail addresses were not available. Studied topics were: background characteristics of the visitors, appreciation of the service, experienced effects (quality of life), the role of palliative care, and by whom they were informed about the walk-in homes.

Results:
In our current sample, 513 cancer patients and their relatives (72% vs. 28%) filled out the questionnaire. Five percent of the visitors had been referred by general practitioners, 23% by psycho-oncology nurses, and 6% by medical specialists/oncologists. Most of the visitors (66%) had been informed by acquaintances, other visitors, events of the walk-in house, ads in local newspapers, or by searching on the internet. Visitors felt that visiting the walk-in house contributed to a better psychological balance in daily life. 77% reported they experienced reduced stress levels.

Discussion:
Since cancer is a life-threatening illness, patients often experience emotional and social problems. Visiting a walk-in house could be the first step in a stepped-care model for psychosocial support for cancer patients. It appears that walk-in homes are effective in reducing distress. Therefore, the low number of referrals by medical professionals deserves further attention.

P1.06.17 A website to inform the public on cancer risks linked to exposure to environmental factors

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: A website to inform the public on cancer risks linked to exposure to environmental factors

Authors:
Carretier, J (Julien); Falette, Nicole; Philip, Thierry; Fervers, Béatrice

Presenter:
Carretier, J (Julien)

Introduction:
Cancer risk associated with environmental, occupational exposures and nutritional factors represents a growing concern for individuals and health professionals. The Comprehensive Cancer Centre Léon Bérard has implemented an interdisciplinary program concerning the links between cancer and environment, and clinical activities including the development of evidence-based information website to facilitate access to up-to-date reliable information for patients, their families and clinicians, and promote consideration of environmental factors in cancer patients’ care. Such a website does not exist to date in France.

Methods:
Information provided through this website (www.cancer-environnement.fr) is based on synthesis of available evidence on environmental, occupational or nutritional factors associated with cancer risks. In particular the International Agency for Research on Cancer (IARC) monographs and reports from national and international health agencies are used as primary information sources. Each factsheet is reviewed by oncologists, scientific experts, users and specialists of written information materials in plain language. This website benefits from partnerships with IARC and the regional oncology research network.

Results:
The website was certified HONcode by the Heath On the Net Foundation, in partnership with the National Health Authority. Since October 2010, more than 130 factsheets have been published on the website, divided into five sections: general information, cancers, environmental exposure, occupational exposure and nutrition. French translations of summaries of evaluations of carcinogens by IARC are available exclusively on this website. New content is regularly published through literature monitoring conducted by the editorial board. The number of visits is 108 335 total in 2013 and average 9027 visits per month, corresponding to 215 454 pages were visited last year. The main source of traffic is search engines (81%).

The term ‘endocrine disruptors’ is one that generates the most new visits with the factsheet on ‘therapeutic fasting’. 78% of visits come from France.

Discussion:
This website allows different target user groups to access to up-to-date and quality information on cancer risks linked to exposure to environmental factors. It can be used to improve communication in the medical encounter, in a context where the available information is of heterogeneous quality, and sometimes a source of controversy.

P1.06.18 Physician patient communication gaps when introducing a new screening technology for Cardiac Autonomic Neuropathy

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Physician patient communication gaps when introducing a new screening technology for Cardiac Autonomic Neuropathy

Authors:
Møller Hansen, U; Bruun Johansen, C; Stevns Hansen, C; Jørgensen, M.E.; Fleischer, J; Willangi, I

Presenter: Møller Hansen, U

Introduction:
Cardiac autonomic neuropathy (CAN) is a serious complication to long-standing diabetes and is associated with increased morbidity and reduced quality of life. A new handheld device to screen for CAN was implemented in a specialist diabetes clinic. A laboratory technician measured resting heart rate and performed three cardiac reflex tests. In the subsequent consultation a physician communicated the results to the patient. In this qualitative study we explore how the new technology was implemented and how it added value to clinical practice and to people with diabetes?

Methods:
We performed observations of CAN tests and consultations, and performed individual semi structured interviews with 9 physicians and 19 patients. Thematic content analysis was applied.

Results:
The analyses revealed the following themes:

• Clinical relevance: The physicians found the results useful to confirm clinical symptoms in the patients and to detect CAN in asymptomatic patients. However, they reported a lack of clinical relevance of the CAN screening, as no appropriate treatment exists.

• Ability: Several patients did not recall being tested or being given the results. In some instances physicians had objectively forgotten to inform the patients of the result, in other instances a result had objectively been given. Patients who could recall the results were mostly confused as to the implications of the results – especially those with borderline or manifest CAN. Risk communication: The physicians found it challenging to communicate the results in a lay person language which was confirmed in the observations. This was related to the lack of treatment.

• Overall the patients had trouble understanding the meaning of the test and the results. One physician was very capable of getting the message across which was appreciated by the patients.

Discussion:
This study demonstrates gaps in the perceptions of physicians and patients in their appraisal of the new technology. It furthermore generates the question of who the technology truly serves – the physicians or the patients? The communication is inhibited by an inability to act upon the results raising the question of the ethical implications of a screening for a condition that has no treatment?

P1.06.20 Developing collaborative decision support interventions for older women (≥75 yrs) with breast cancer

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Developing collaborative decision support interventions for older women (≥75 yrs) with breast cancer

Authors: Lifford, J (Kate); Brain, Kate; Collins, Karen; Burton, Maria; Witt, Jana; Caldon, Lisa; Edwards, Adrian; Wyld, Lynda; Reed, Malcolm

Presenter: Lifford, J (Kate)

Introduction:
Primary endocrine therapy (PET) is a good alternative to surgery followed by endocrine therapy for a subset of older women with oestrogen receptor positive breast cancer and limited life expectancy due to comorbidity. The best course of treatment therefore depends on individual patient preference. Older breast cancer patients are often conceptualised as passive decision-makers, but little research exists regarding their decision support needs and preferences.

Methods:
Semi-structured interviews were undertaken with older women (≥75 years) offered a choice of PET or surgery at five UK hospital clinics.

Women’s information/support needs and preferences for involvement in treatment decisions were explored. Interview transcripts were transcribed verbatim and analysed using the Coping in Deliberation (CODE) framework of decision making and coping in healthcare (Witt et al., 2012).

Results:
Thirty six interviews were conducted with women aged 75-98 years within 60 months of their breast cancer diagnosis. Participants did not appear to struggle with the treatment decision. Many failed to recognise that there was a choice to be made, because they perceived the decision to be clear almost instantly or because their doctor recommended a treatment for medical reasons. Decisions were often based on past experiences and knowledge about cancer derived from family members and friends, which was sometimes inaccurate. While some participants followed their doctor’s recommendation, others felt that they had made their own decision independently. Many sought information and support from their clinician, family members and friends.

Discussion:
Many older women with breast cancer make collaborative (rather than passive) decisions and may benefit from decision support tools designed to support decision making and coping, within and beyond

P1.06.19 Assessment of practical abilities and clinical communication skills among foreign students trained in family medicine

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Assessment of practical abilities and clinical communication skills among foreign students trained in family medicine

Authors: BUJNOWSKA-FEDAK, MARIA-MAGDALENA; GRATA-BORKOWSKA, URSZULA

Presenter: BUJNOWSKA-FEDAK, MARIA-MAGDALENA

Introduction:
For last ten years our university medical department has been involved in different forms of undergraduate training of foreign students. The aim of our study was the evaluation of practical abilities and clinical communication skills of foreign students trained in family medicine.

Methods:
The study group consisted of 40 English Division (ED) students (24 men and 16 woman), coming mainly from Sweden, Norway, Germany, Israel and United States, trained in the Department of Family Medicine of Wroclaw Medical University in 2012-2013. The results were obtained on the base of the specially designed questionnaire which each of the students were obliged to complete before and after the training.

Results:
Generally, 48% of foreign students assessed the training in family medicine department as good or very good, 23% as excellent and 29% as at least sufficient. Comparison of practical abilities of students before and after the training showed the highest improvement in such medical procedures as: performing of anterior nasal packing (increase of 5,4 points on 0-10 scale), foreign body removal from ear (+4,6), ear irrigation (+3,8), performing otoscopy (+3,2), prostate examination (+3,4), bladder catheterization (+3,2), surgical anesthesia (+3,0) and tracheal intubation (+2,8). The teaching of clinical communication skills was assessed as good or very good by 81% of ED students. The form of training which was appreciated the most was role-playing (score 8,6 on 0-10 scale) and possibility to train their newly acquired abilities in a direct contact with different sorts of patients (children, adults and elderly) in family practices. Students rated the most sense of humor and personality of teacher, openness and understanding approach, broad knowledge, clear explanation, punctuality and discipline when required. Characteristics and behavior of teachers which have been evaluated negatively were: boring lengthy speeches, rush, and in some cases dismissive attitude and poor English.

Discussion:
The training of foreign students in family medicine significantly improved their practical abilities and enabled them to practice their communication skills both during role-playing and direct contact with patients in family practices. However model of teaching is still not optimal and there are some things which should be improved.
the clinic setting. An option grid (www.optiongrid.org) and information booklet are being developed and tested with experts and patients for this purpose.

P1.06.21 Networking in the German section of EACH: Developing a map of health care communication research

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Networking in the German section of EACH: Developing a map of health care communication research

**Authors:**
Bieber, C (Christiane); Bachmann, C (Cadja); Sennekamp, M (Monika); Gaisser, A (Andrea); Kiessling, C (Claudia); Eich, W [Wolfgang]

**Presenter:**
Bieber, C (Christiane)

**Introduction:**
A recent e-mail survey among the members of the German EACH section revealed the great interest in networking together with regard to future research and teaching projects. A prerequisite for all networking activities is to have an overview on "who is who" and "who does what" in health care communication research and practice. Members of the German EACH section frequently meet twice a year at a central location in Germany. In 2012-2013 altogether 29 German EACH members of different professions participated in networking activities. Our objective was to create a map of portraits of German EACH members and their special interests and research and teaching activities in health care communication and information. The map shall be made available to all members of EACH via the EACH homepage.

**Methods:**
A template for the portraits was developed by the national representative and deputy national representative and sent out to all 29 German EACH members via e-mail. Reminders were sent out after an interval of four weeks and three months.

**Results:**
Altogether 22 portraits (response rate 76%) could be collected in 2013. They were used to generate a map of research and teaching activities of the German EACH members. The map was circulated among German EACH members via e-mail in December 2012 and shall be made available online in 2014 via the homepage of EACH. The map with its portraits will be presented as conference poster.

**Discussion:**
A map of portraits on health care communication research and teaching of German EACH members was generated and circulated in the German section of EACH to begin with. It will be updated and amended regularly in the future to give a comprehensive overview on the German EACH members. Once available online, the map will facilitate future national and international contacts, collaboration and research in health care communication. We hope to encourage EACH members of other national groups to create similar maps for their countries and are happy to provide our templates if needed.

P1.06.22 The possibilities of multimedia learning: How breast self-examination instructions can improve recall of information

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
The possibilities of multimedia learning: How breast self-examination instructions can improve recall of information

**Authors:**
Linn, A. J. [Annemiek]; Bol, N. [Nadine]

**Presenter:**
Linn, A. J. [Annemiek]

**Introduction:**
Breast self-examination (BSE) is often not performed by women. One of the reasons for not performing BSE is that it requires women to recall how to perform BSE. To address recall of information, messages may be more effective when information is presented with illustrations, rather than text alone. The cognitive theory of multimedia learning (CTML) refers to this effect as the multimedia effect. The CTML also posits that people learn information more deeply from audiovisual materials as compared to written materials, which is called the modality effect. The Internet provides an excellent source to communicate information through different modes. To date, it is unknown which of these communication strategies is most effective in improving recall of information. This study aims to identify the most effective way to communicate BSE instructions through the Internet.

**Methods:**
We tested the effects of multimedia and modality by comparing three experimental conditions including text versus text with illustrations versus video. In total, 202 women were randomly assigned to one of the three conditions by means of an online survey. Conditions were comparable in terms of content and length of information. After exposure, recall of BSE instructions was assessed. An ANOVA was conducted to test the different effects of multimedia and modality on recall of information.

**Results:**
There were significant differences across conditions, f(2, 199) = 3.73, p = .026, η² = .04. The video instructions resulted into the highest recall scores (M = 4.06, SD = 2.16) as compared to the text only instructions (M = 3.10, SD = 2.24), and the text with illustrations instructions (M = 3.28, SD = 2.06). The video instructions led to significant higher recall scores than the text only instructions, confirming the expected modality effect. However, the text with illustrations instructions did not lead to significant higher recall scores than the text only instructions, providing no evidence for the multimedia effect.

**Discussion:**
To promote recall of BSE instructions in women, information should be presented through different modes of information. This study reveals interesting implications for developing e-health interventions by better understanding how BSE instructions should be effectively communicated.

P1.06.23 Are role-plays and interactions essential to develop helping skills?

**Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
Are role-plays and interactions essential to develop helping skills?

**Authors:**
Jaeken, M. (Marine); Mikolajczak, M. (Moira); Verhofstadt, L. (Lesley);
Van Broeck, N. (Nady); Zech, E. (Emmanuelle)

**Presenter:**
Jaeken, M. (Marine)

**Introduction:**
Effectiveness of helping skills training programs has been well-established but little is known about what makes them effective (Hill & Lent, 2006). As we developed an effective helping skills training program for undergraduate psychology students (Jaeken, Zech, Verhofstadt, Van Broeck, & Mikolajczak, 2012) without knowing precisely what explains its effectiveness, we decided to examine this question.

**Methods:**
Our training programme is based on the “common factors approach” and on existing helping skills trainings (e.g., Hill et al., 2008; Lang & van der Molen, 2009). We adapted the content to fit to four conditions in order to explore the importance of two aspects requiring oral communication: interactions and role-plays. 74 undergraduates in psychology (2nd bachelor) were therefore split up into the four conditions: A) interactions and role-plays (n=19), B) no interactions and role-plays (n=19), C) interactions and no role-plays (n=19) and D) no interactions and no role-plays (n=18). Training outcomes were assessed at three times of measure (before, after and 3 months after). Helping skills were assessed by three objective measures (a multiple choice test, a video test and a simulation) and also a subjective one (self and peer reported). We evaluated several other potential outcomes: emotions regulation, self-efficacy, self and peer reported therapeutic relationship and empathy.

**Results:**
Results suggest that the four conditions were effective at improving students’ helping skills, empathy, therapeutic relationship, self-efficacy and emotions regulation. However, students in the two conditions with role-plays improved more than those without role-plays.

Discussion:
Our helping skills training seems to be effective, whatever is the training condition. Unlike what we expected, having role plays and or interactions are only small differences that doesn’t change fundamentally helping skills learning. However, having role-plays during the training seems to conduct to a greater improvement of helping skills.

P1.06.24 Talking Mats, an overview of the literature

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Talking Mats, an overview of the literature
Authors: Stans, SEA (Steffy); Dalemans, RJP (Ruth); Witte, L. de (Luc); Beurskens, AJHM (Sandra)
Presenter: Stans, SEA (Steffy)

Introduction: Talking Mats (TM) is an augmentative and alternative communication tool that has been developed to enable communication vulnerable people to communicate with their social environment. The aim of this study was to identify what TM is, the objectives of TM, and to provide insights in the reported effects of TM.

Methods: A mixed method literature review was conducted. The literature review consisted of two parts; in the first part we searched for information about objectives and underlying (theoretical) concepts of TM. In the second part additional selection criteria were used to select studies about reported effects of TM.

Results: After full text analysis, 64 literature samples were assessed as relevant and used for the data analysis part 1. Additional selection criteria lead to a final sample of 11 studies for part 2. The studies showed promising results, but was lacking in information about patient reported data, effects, feasibility and information about implementation of TM in daily life/practice.

Discussion: The review provides information with regard to professionals’ practical use, gaps in research, and insights into key ingredients for future research and development of TM and AAC tools in general. Professionals can use the overview of target groups and objectives of the TM in this review to see if TM could be applicable for their clients in order to improve communication with their social environment. TM has potential to support shared decision making and client centered care. However, more research is needed to facilitate professionals in the AAC field to use effective elements of TM and validate implementation.

P1.06.25 HEALTH LITERACY STUDIES WITH THE CHINESE POPULATION: A SYSTEMATIC LITERATURE REVIEW

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: HEALTH LITERACY STUDIES WITH THE CHINESE POPULATION: A SYSTEMATIC LITERATURE REVIEW
Authors: Su, SZH (Zhaohui)
Presenter: Su, SZH (Zhaohui)

Introduction: The health literacy of Chinese people, both immigrants and nonimmigrants, is in a dire situation. However, there is a dearth of literature on health literacy with the Chinese population. In addition, no known systematic literature review has investigated Chinese people’s health literacy. This study is interested in examining the current state of health literacy research with the Chinese population on the following aspects: (1) health literacy focus—functional, communicative, and critical (2) antecedents to health literacy, (3) the factors correlated with health literacy, and (4) suggestions for future research.

Methods: A comprehensive and systematic literature search was conducted to pinpoint the relevant articles met the following selection criteria: (1) peer-reviewed study on health literacy that published in English from 1990 to 2013, (2) studies that investigated health literacy exclusively with the Chinese population (immigrants or nonimmigrants), (3) empirical studies that treat health literacy either as an outcome variable or as a predictor variable, and (4) studies that are not focused on interventions, from the following databases: PubMed, EBSCO, PsycInfo, and CINAHL.

Results: Twenty-four articles were identified based on the eligibility criteria. The majority of studies were quantitative, with a number of the studies focusing on developing and validating culturally congruent measurements. Findings indicated that the majority of Chinese people had limited health literacy. Many antecedents to Chinese people’s health literacy were identified, such as demographic and socio-demographic variables. Health literacy was found to significantly correlate with a number of health-related behaviors, such as healthcare utilization and health information comprehension. In addition, this study categorized these publications by their health literacy focuses so that scholars could have a clearer understanding of the health literacy concentrations of current literature on health literacy in the Chinese population. Limitations and suggestions for future study have also discussed in the paper.

Discussion: Even though Chinese is the world’s biggest population, and the majority of Chinese people have poor health literacy, there is limited number of health literacy research with the Chinese population. The findings of this review indicated that there is spacious room for researchers to fill regarding enriching our understanding of Chinese people’s health literacy.

P1.06.26 Deciding with multiple participants about what to do when: Shared Decision-Making in dementia care networks

Monday, 29 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Deciding with multiple participants about what to do when: Shared Decision-Making in dementia care networks
Authors: Groen – van de Ven, L (Leontine); Smits, C (Carolien); Span, M (Marjike); Jukema, J (Jan); de Lange, J (Jacomine); Eefsting, J (Jan); Vernoij-Dassen, M (Myrra)
Presenter: Smits, C (Carolien)

Introduction: People with dementia and their informal caregivers are continuously confronted with changes due to the progressive decline of the person with dementia and the increasing caregiver burden. Changes imply decisions to be made for instance about care, mobility and living arrangements. Decisions are made within dementia care networks including the person with dementia, their informal caregivers and professionals involved in their daily care. Our research question reads: How is shared decision-making manifested within in dementia care networks?

Methods: We interviewed members of 23 dementia care networks consisting of people with dementia, their informal caregivers and professional caregivers. The interview guide addressed: changes in the situation, decisions made, what preceded decision-making, options discussed, participants involved, considerations exchanged, communication, information needs, and evaluation of decisions. Grounded Theory procedures were used for analyzing the interview transcripts and developing a hypothesis grounded in the content.

Results:
Four themes emerged from the interview data (113 interviews): 1) Decision-making in perspective of the progressive course of dementia. 2) Differences in insight and overview between participants. 3) Pushing and pulling regarding anticipating future decisions. 4) Making decisions at one’s own pace.

Discussion:
Based on our results we hypothesize that decision-making in care networks of people with dementia is about pushing and pulling about whether or not to anticipate future decisions. Pushing and pulling stems from different perspectives between participants that are based on differences in insight and overview of the situation, the relationship towards the person with dementia and caregiver burden. Practice implication: Although anticipating future decisions may leave more room for choice, professionals need to acknowledge that people with dementia and their informal caregivers differ in the extent to which they want to anticipate.

P2.07.01 Health Promotion Intervention Created by Medical Students and Immigrants of Community, São Paulo Municipality, Brazil

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Health Promotion Intervention Created by Medical Students and Immigrants of Community, São Paulo Municipality, Brazil
Authors: Aranha Netto, NAN (Natália); Netto, NAN Aranha (Natália); Hojo Navarro, DHN (Danilo); Lima, DBL Bivanco (Danielle)
Presenter: Aranha Netto, NAN (Natália)

Introduction:
Health Care is a basic human right by the Brazilian Constitution, to warrant that a unified Health System was created. A recently enacted National Health Promotion Policy proposes strategies to provide a better quality of life, and reduce health related to lifestyle. This project was a partnership between the Primary Care Unit (PCU) in Bom Retiro district, São Paulo’s central area, and Santa Casa de São Paulo School of Medical Sciences. Medical students were involved with the creation of health promotion strategies in the community, guided by the territory’s family physicians and by university teachers. These actions were organized as a scientific research for the Education for Work Program (called PETSAUDE).

There are 15,400 people registered in the PCS, about 30% of them are South American immigrants who share the right to use the public health system. Objective: Describe health education strategies created and implemented with immigrants living in the PCS’s territory in a six months intervention and ensure health-related strategies.

Methods:
Meetings were scheduled to integrate medical students and immigrants interested in health education, who empowered by choosing the themes, would discuss health care strategies.

Results:
The themes were tuberculosis, dengue fever, diabetes and sexually transmitted diseases. For prevention-related topics: pregnancy, immunization, healthy eating, breastfeeding and physical activity. An immigrant local leader prepared some questions about each topic that were answered and broadcasted by a local Bolivian radio station; translation was used to enhance understanding.

Discussion:
The University, PCS and community integration is beneficial. Including students in the health service provides the development of skills required for medical practice. The strategy relays on sharing responsibility between students, health staff and the community to reduce social vulnerability and to strengthen team-community bounds. The population started calling the radio asking questions about the discussed topics and demanding more presentations. Listening to population wishes and empowering them to choose the topics, created a strong bond between the immigrant community and the staff. Encouraging them to be independent but letting them know they could rely on the PCU’s staff when necessary, the kind of interaction health service – community the National Health Promotion Policy proposes.

P2.07.02 Medical students’ accuracy in recognizing patients’ emotions

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Medical students’ accuracy in recognizing patients’ emotions
Authors: Barbosa, M (Miguel); Barbosa, A (António)
Presenter: Barbosa, M (Miguel)

Introduction:
Physicians’ ability to recognize patients’ states of mind and emotion cues is crucial for an effective communication in clinical settings. The aim of this study was to evaluate the medical students’ accuracy in recognizing feelings from verbal and nonverbal cues.

Methods:
A shortened version of the Test of Accurate Perception of Patients’ Affect (TAPPA) was administrated to 122 medical students. This version included 19 audiovisual cues: excited, happy, confused, disgusted with self, guilty, worried, embarrassed, tense, appreciative, relieved, anxious, worried, fearful, disappointed and distracted.

Results:
The global results showed that 24.5% of the students gave 4-10 correct answers, 41.9% gave 11-13 and 33.6% gave 14-19. Students had more difficulty to recognize the following feelings: happy, appreciative, guilty, embarrassed, tense and fearful. Male participants showed better performance in recognizing fearful and relieved than female participants.

Discussion:
TAPPA is an evaluation tool that helps to identify the students’ accuracy level to recognize patients’ thoughts and emotions, and also as an education tool in communication skills. The discussion of the item with lower consensus among the students in the class setting was a pedagogical opportunity to reflect issues like patients’ emotional subjective experience, practitioners’ affective attunement capacity and the ability to be more empathic with the patients’ relational needs.

P2.07.03 What if the diagnosis was tongue-tied? Interdisciplinary research on language barriers in the emergency department

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: What if the diagnosis was tongue-tied? Interdisciplinary research on language barriers in the emergency department
Authors: Cox, A. (Antoon); Dauby, N (Nicolas)
Presenter: Cox, A. (Antoon)

Introduction:
EDs are becoming more and more linguistically and culturally diverse. It has been shown that in case of language barriers between ED practitioners and patients, more communication and translation errors occur in the absence of professional interpreters. However, it is not always possible for ED’s to provide professional interpreting services at all times and in particular during night shifts. Language barriers have also been shown to have a detrimental impact on resource utilization. The vast majority of existing research on how to tackle language barriers in healthcare focuses on primary care settings. However, communication as such is very different in the Emergency Department (ED) as compared to primary care due to time pressure, potential distraction resulting from long and tiring caregiver shifts, the sense of urgency, and lack of prior information on patients. Hence, further research in this area is badly needed.

Methods:
We draw on data from participant observation and audio recordings during night and day shifts at the ED of a public hospital in Brussels. Patient-doctor encounters were recorded and, after transcription and
translation, analyzed using discourse analysis. Registers used by ad hoc interpreters, patients and doctors when they attempt to get a message across to their interlocutor, were mapped and analyzed, with a view to exploring whether there is a potential for multilingual tools and practitioner training to enhance communication. Both data collection and analysis relied on interdisciplinary collaboration between linguists and medical doctors.

Results:
Our data analysis reveals how language barriers between doctors and patients impact on history taking, physical examination, diagnosis, treatment proposals, negotiation and corresponding patient education. Discourse analysis of the interactions shows that even seemingly small communication tricks can have a major impact on the medial encounter and corresponding treatment. We present our results and the ensuing recommendations for multilingual tool use and practitioner training.

Discussion:
Our research findings are crucial ingredients for training (future) ED doctors on how to deal with language barriers. Nevertheless, they also underline the importance of using professional interpreters whenever possible.

P2.07.04 First impressions count: paying attention to opening segments in intercultural diabetic consultations
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
First impressions count: paying attention to opening segments in intercultural diabetic consultations
Authors:
Diab, PN (Paula); Penn, C (Claire)
Presenter:
Diab, PN (Paula)
Introduction:
Diabetes is a chronic lifestyle disease, currently affecting over 350 million people worldwide. One of the key features in determining the success of chronic disease management is the relationship that is established and maintained between doctors and their patients. The way in which a doctor-patient consultation is initiated has far-reaching consequences for how the consultation is experienced and the resultant management of disease. The aim of this research was to evaluate the different ways in which consultations were initiated and how these consultations were managed in a multicultural environment.

Methods:
Two district level hospitals in a province of South Africa provided the setting for recording, translating (where necessary) and transcribing 24 interactions between doctors and patients attending follow-up visits for their diabetes care. Opening statements were analysed in detail using conversational analysis principles and linked to data obtained from interviews with doctors and patients in focus group discussions. Factors facilitating and inhibiting the interactions were then analysed.

Results:
Several features emerged which facilitated interactions between doctors and patients including empathy, flexibility, humour and mutual respect. The way in which the power dynamic between doctor and patient was managed from the outset of the consultation was also seen to be of significance. A difference in the management of language issues was also crucial to the outcome of the consultations. These elements were seen to differentiate the roles and actions of the participants involved. The features identified correlated with impressions of participants on the effectiveness of services.

Discussion:
The way in which the consultation is initiated is pivotal to establishing the relationship between doctor and patient and the subsequent way in which the disease is managed. Findings will be discussed in relation to the multi-cultural and multi-lingual society in which they occur. These results have implications for medical training. In addition they provide insight into the impact of the doctor-patient relationship on the management of chronic disease.

P2.07.05 Enhancing Care for LGBTQI Patients: Implementation of a Medical Education Curriculum at Mayo Clinic
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Enhancing Care for LGBTQI Patients: Implementation of a Medical Education Curriculum at Mayo Clinic
Authors:
Gallego, JOSEPH D.; Knudsen, J M (John)
Presenter:
Gallego, JOSEPH D.
Introduction:
Many of us are vulnerable when we are ill or seeking health care services. For LGBT people, that vulnerability is often exacerbated by disrespectful attitudes, discriminatory treatment, inflexible or prejudicial policies and even refusals of essential care [1]. * Indeed, a major reason why clinicians do not offer appropriate guidance is that they fail to identify their LGBT patients; that is, they do not know the right questions to ask about gender identity and sexual orientation, or how to create safe environments in which patients feel comfortable volunteering this information [2].

Methods:
“Sexuality Defined: Treating the LGBTQI-Identified Patient” is a medical education curriculum that aims to teach health care professionals about the lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQI) community. The curriculum uniquely and interactively deconstructs sex, gender, and sexual orientation as separately experienced entities comprising an individual’s sexuality. This innovative approach to teaching a complex topic allows for non-LGBTQI learners to develop a deeper understanding of their own sexualities, while appreciating the diversity of LGBTQI-identified persons. The curriculum defines other terminology relevant to the LGBTQI population and provides learners with specific techniques to improve their approach to the LGBTQI-identified patient interview.

Results:
Overwhelmingly positive feedback from 15 presentations at Mayo Clinic indicates the effectiveness of the curriculum. Of the learners who completed evaluations, 99% (n=79) rated the overall value (relevance to their professions) of the curriculum as “good” or “excellent,” and 96% (n=56) rated the overall quality as “good” or “excellent.” Specific learner feedback supports the effectiveness of the interactive and didactic components of the curriculum and the importance of delivering LGBTQI health care-related education to Mayo Clinic providers.

Discussion:
According to learner evaluations, the implementation of “Sexuality Defined” at Mayo Clinic has been very well received. Further research is needed to realize the efficacy of the curriculum and track clinical outcomes associated with the implementation of skills learned. Moving forward, publication through a peer-reviewed online portal will hopefully allow for the dissemination of the curriculum to other medical institutions, ultimately improving the quality of care provided to LGBTQI-identified patients globally.

P2.07.06 When the patient speaks “some Norwegian”
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
When the patient speaks “some Norwegian”
Authors:
Le, Christopher
Presenter:
Le, Christopher
Introduction:
The underutilization of interpreters in Norwegian healthcare services has been well documented despite adequate financial resources and legislation. The aim of this study was to understand why interpreters are still underused as seen both from the patient and healthcare personnel perspectives.
P2.07.08 How do we measure the affective dimension in the development of language tasks and profiles for health professionals?

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
How do we measure the affective dimension in the development of language tasks and profiles for health professionals?

Authors:
RIEL-SALVATORE, HRS (Hélène); LUSSIERS, Denise

Presenter:
RIEL-SALVATORE, HRS (Hélène)

Introduction:
The McGill University Training and Retention of Health Professionals Project (TRHP Project or McGill Project) contributes to the Province of Quebec’s initiatives to ensure that the English-speaking community in Quebec, where French is the official language, has equitable access in its own language to the full range of health and social services. The TRHP does that through measures designed to train and retain health and social services personnel capable of providing services in English. Concerned with establishing a threshold language level for professionals and ensuring a systematic as well as systematic evaluation of these professionals’ competency, the project’s coordination team decided to develop language proficiency profiles and to provide accompanying tests.

Methods:
The presentation will report 1) on the theoretical framework of language proficiency profiles in oral expression and oral comprehension, specific to the language training of nurses; 2) the methodology that generated indicators of six levels of proficiency (elementary I and II, intermediate I and II, and advanced I and II) in cognitive and affective linguistic tasks; 3) the administration of the survey questionnaire used to validate the indicators and the analysis and interpretation of statistical analyses;

Results:
4) the modifications brought to the indicators (deletions, additions or modifications) based on the recommendations of experts in the field and from the research.

Discussion:
From a language training perspective, these profiles will enable us to determine 1) the threshold level for safe and effective communication with English speaking clients, 2) the linguistic elements that must be mastered to attain the threshold level and that must be integrated into each training level, and 3) the skills maintenance resources that must be provided to learners at the end of training.

P2.07.09 Culture-specific factors in written patient information for persons with migration background

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Methods:
Mixed-methods study: clinicians will be surveyed before and after the 3-month OPI trial to assess clinician training in cultural competence and use of PIs, current use of PIs, perceived relevance of OPI services to their practice, perceived service impact on the quality of care, willingness to use this service in the future and, perceived enablers of and barriers to OPI use. Demand and utilization rates will also be measured.

Results:
Pilot date: May-July 2014. I will report on the intervention’s success based on survey responses and quantifiable data of OPI demand, use and cost.

Discussion:
Demonstrating the demand for and benefits of language support encourages its long-term integration. Physicians’ perspectives are essential for determining how OPI services can be made more accessible/ relevant to care providers’ daily routine.
Culture-specific factors in written patient information for persons with migration background

Authors:

Presenter:
Ries, Z.

Introduction:
In Germany about 20% of the population have a migration background. Cultural values, attitudes and migration-related factors influence the treatment process and are discussed as barriers for health care utilization. Patients with a migration background are still disadvantaged in many respects. One option discussed in literature that could improve health care for patients with migration background is the cultural adaptation of patient information. The aim of our study was to examine culture-specific factors for development of culture-sensitive patient information materials.

Methods:
A qualitative study using focus group discussions was conducted. Target groups were persons with Turkish, Polish, Russian or Italian migration background. All 4 focus groups (one for each migration background) were held in German, with 5 to 9 participants and lasted about 2 hours each. The participants received 2 brochures about depression and chronic low back pain (one mental disorder and one somatic illness) and were asked to discuss them regarding the need for cultural adaptation. Discussions were recorded, transcribed and analysed using qualitative content analysis.

Results:
For each target group, we could identify important culture-specific factors. E.g. missing concept of depression as disease and apperception of bed rest as the best treatment option for low back pain are important issues for persons with Russian migration background, but nor for the other groups. Otherwise, in case of unsatisfactory in treatment show the persons with Turkish migration background a tendency of doctor hopping. This study group showed also a specific concept of sport activities (e.g. slow walking is considered as an active sport). Further exemplary culture-specific themes of high relevance are treatment costs for persons with Polish migration background; and the involvement of relatives in therapy for persons with Italian migration background.

Discussion:
The results are an indication for the relevance of culture-specific factors for the understanding of and the handling with illnesses. The consideration of culture-specific aspects could improve health care of persons with migration background: e.g. such aspects should be integrated in written patient information materials.

P2.07.10 When a misunderstanding happens, how do immigrant doctors and their Norwegian colleagues handle them?

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
When a misunderstanding happens, how do immigrant doctors and their Norwegian colleagues handle them?

Authors:
Skjeggestad, ES (Erik)
Skjeggestad, ES (Erik)

Introdution:
Sixteen percent of doctors working in Norway are foreign born and educated. Language barriers are commonly reported from doctors in their first practice. The Norwegian language is a challenge for most of these doctors in their initial work phase. We know less about other experiences and struggles during their first work practice in Norway. The aim of this study is to acquire insight about the experience of being an immigrant doctor in Norway. The main research question for the study is: How do immigrant doctors in Norway experience meeting their expectations and competence in practice, and is it possible to find strategies for how the quality of interaction in their professional practice can be further optimized?

Methods:
We have done two qualitative interview studies. First, we interviewed 16 recently arrived foreign doctors in Norway. Furthermore, we interviewed 12 doctors, nurses, and health care leaders who have extensive experience in working with immigrant doctors. We searched for common phenomena described by the participants in both studies. In particular, we looked for their strategies for coping with communication problems. Analyses were done with a Giorgi inspired method for systematic text condensation.

Results:
Immigrant doctors say they are afraid to cause possible communication errors. Doctors are concerned about avoiding or reducing the negative consequences of situations that have caused errors or misunderstandings. It is unclear to doctors how their colleagues will react if they observe misunderstandings or errors. Analyses of interviews with colleagues show that there seems to be no formal system for monitoring immigrant doctors during their first job. When immigrant doctors make mistakes or create misunderstandings, there are some strategies colleagues use. Some colleagues are aware when and how to use these strategies, but many of them do not.

Discussion:
Feedback from colleagues appears to be random. This makes new immigrant doctors unsafe and also uncertain in dealing with situations where there is a risk of making mistakes or misunderstandings. I will prefer oral presentation. (12 min + 3 min for Q&A)

P2.07.11 The International Research Centre for Communication in Healthcare Creating Safer and More Compassionate Healthcare Systems

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
The International Research Centre for Communication in Healthcare Creating Safer and More Compassionate Healthcare Systems

Authors:
Slade, DS (Diana); Matthiessen, Christian M.I.M.; Rider, Elizabeth A.; Dunston, Roger; Della, Philip; Eggnis, Suzanne; Jones, Dorothy; Chan, Engle Angela; Lam, Marvin; Pun, Jack; Wang, Sophie

Presenter:
Slade, DS (Diana)

Introduction:
The role of communication in healthcare receives increasing attention, yet little research exists that brings together perspectives from interprofessional healthcare researchers and practitioners with linguists and communication specialists. Recognising the increasing linguistic and cultural diversity of both patients and clinicians, the International Research Centre for Communication promotes cross-linguistic, cross-cultural and cross-national research collaborations to study the role of communication in the delivery of safe, effective and compassionate healthcare. The Centre provides a forum for internationally recognised and multidisciplinary healthcare professionals and communication experts to work together, translating research into education and practice, and improving patient safety and the quality of healthcare practices around the world.

Methods:
We have initiated research collaborations and presented colloquia, workshops and papers at international conferences through the International Collaborative for Communication in Healthcare (a precursor to the Centre) since 2010. The Collaborative was officially founded at Hong Kong Polytechnic University in March 2011.

Results:
The Centre, co-convened by Hong Kong Polytechnic University (PolyU) and University of Technology, Sydney (UTS), was formally launched at PolyU in June 2013 with over 70 members from over 11 countries. Curtin University, Western Australia, became a strategic partner in July 2013. Since its establishment, the Centre has built on international collaborations formed during the International Roundtable and Symposium on Healthcare Communication hosted by PolyU in 2011. To date, this has led to jointly run colloquia and symposia at different international conferences as well as the
formation of new research collaborations. In particular, the development of an International Charter for Human Values in Healthcare has been the result of collaborative effort by people, organizations and institutions around the world working together to restore core human values to healthcare. The values of the International Charter inform the Centre’s research, education and practice initiatives.

Discussion:
The Centre continues to develop a strategic research agenda for communication in healthcare to improve the quality and safety of patient care. The Centre’s work will mobilize knowledge and expertise gained from research to guide the teaching and implementation of communication skills in healthcare education and practice.

P2.07.12 The communicative experiences and challenges of patients and physicians in language discordant HIV/AIDS care settings

**Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
The communicative experiences and challenges of patients and physicians in language discordant HIV/AIDS care settings

**Authors:**
Sobane, KMM (Konsooang)

**Presenter:**
Sobane, KMM (Konsooang)

**Introduction:**
Past research has underscored the value of communication in healthcare delivery and the challenges that occur when doctor-patient interactions are language discordant. However, little work has been done on the communicative experiences of doctors and patients in contexts such as the Lesotho healthcare system, where most of the doctors are often expatriates originating from Francophone countries. These doctors have very limited proficiency in English, (the official language and lingua franca in healthcare) and Sesotho (a dominant local spoken by approximately 90% of the Lesotho population). Doctor-patient interactions in the scenarios are therefore instances of intense negotiation of understanding for both doctors and patients. In this study this negotiation happens in the care of HIV/AIDS, a medical context where effective communication is vital for the success of treatment. The objective of this paper is to explore the communicative experiences of healthcare providers and patients in these clinics, highlighting the challenges experienced by physicians and patients and the impact that such challenges have on the effectiveness of communication and the quality HIV/AIDS care delivered.

**Methods:**
Following Mills, Gilson, Hanson, Palmer, and Lagarde’s (2008) recommendations for health research, a case study design was used. Through purposive sampling a sample of 34 participants were selected. The sample is composed of physicians, nurses, patients, interpreters and administrative staff. Data was collected through in-depth, semi-structured interviews with staff and patients; observation and recording of the process of care, and focus group discussions with patients. The interview and observation data were fully transcribed and, where necessary, translated into English. Data analysis utilized the methods of thematic and (qualitative) content analysis.

**Results:**
Findings show a recurrence of three types of challenges in these interactions, namely: relational, medical, and language-related challenges. The findings also suggest that although the language barrier is the main contributor to these challenges, there are other factors such as age, culture and gender discordance that cause problems

**Discussion:**
The paper therefore makes recommendations for the inclusion of mother tongue induction in the recruitment of expatriate physicians. It also highlights the need for health systems to adopt regularised language interventions and resources in scenarios like this.

P2.07.13 Intercultural Communication in oncology: what challenges for clinicians?

**Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
Intercultural Communication in oncology: what challenges for clinicians?

**Authors:**
Suistarova, MS (Brikela); Weber, Mr (Orest); Singy, Mr (Pascal)

**Presenter:**
Weber, O (Orest)

**Introduction:**
The cultural diversity of cancer patients is increasing but there is little research on its influence on clinical encounters in oncology. This study aims to explore the difficulties that oncology clinicians face when they take care of patients from diverse linguistically and culturally background.

**Methods:**
An on-line survey was sent to practising doctors and nurses in public and private oncology departments in French speaking parts of Switzerland. The survey investigated the frequency and types of difficulties encountered with linguistically and culturally diverse patients. The questionnaire was informed by previous surveys in the field of Cultural Clinical Competence (CCC). The survey comprised 15 areas of questions that explored difficulties in the four following domains: (i) language barriers (missing common language, translation by interpreters, translation by relatives); (ii) variability of socio-cultural background of patients (level of understanding, perceptions of illness and treatment, active involvement, announcement of bad news, discussion of sensitive themes, roles of families); (iii) insufficient background knowledge of clinicians (health and support network for migrants, life conditions and residence status of migrants, personal stereotypes about groups of patients); and, (iv) missing institutional resources (interpreters, time constraints, written materials in other languages, experts in cross cultural communication).

**Results:**
A total of 152 clinicians responded to the survey: 71% were nurses and 80.3% were women. A large number of clinicians reported facing communication difficulties with migrant patients (59.8% responded “sometimes” and 15.8% “frequently”). A majority of respondents rated the absence of written materials in other languages as “very problematic” (50.7%), and a slightly smaller number identified the absence of a shared common language with the patient also as “very problematic” (46%). Two aspects were identified as “less problematic”: the clinicians’ own stereotypes of certain groups of patients (44.7%) and the collaboration with interpreters (46.7%).

**Discussion:**
This study shows that several aspects related to the social and linguistic diversity of cancer patients is perceived as a source of difficulty by clinicians in oncology. Accordingly, CCT should be integrated into the curriculum of oncology clinicians. The results of this study can be helpful in this process.

P2.07.14 “Usually, I forget that I am actually a migrant” said a patient...

**Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
“Usually, I forget that I am actually a migrant” said a patient...

**Authors:**
Wuerth, Kristina; Langewitz, Wolf; Reiter-Theil, Stella; Schuster, Sylvie

**Presenter:**
Wuerth, Kristina

**Introduction:**
The general increase of the foreign population in Switzerland (BFS 2012) is also reflected within Swiss hospitals. This leads to challenges in daily clinical practice which underline the necessity to identify the needs of both, patients and health care professionals. We investigated communication and interaction in cross-cultural clinical
encounters along the entire treatment process to provide an evidence base for the training of health care professionals.

Methods:
The research is performed at two UHBS outpatient clinics using an ethnographic approach. Overall, 32 patients were included (16 of Albanian and 16 of Turkish- Kurdish ethnicity). Their interaction with hospital staff members was observed during the entire treatment process. 68 semi-structured interviews were conducted with all actors involved in the clinical encounter (patients, front desk staff, nurses, physicians and interpreters as required). Data are analyzed by content analysis using MAXQDA in order to compare the perspective of each actor involved in the cross-cultural encounter.

Results:
Besides language barriers and to some extent core cultural issues, cross-cultural encounters were characterized by a perception of openness in the case of successful interactions and empathy demonstrated by health care professionals. Moreover, ‘friendliness’ and a ‘human touch’ of staff members were stressed. Some patients acknowledged the far more dominant patient-oriented style of nurses and physicians in Switzerland, compared to their home country. Interestingly, ‘migrant’ patients perceived the issue of ‘culture’ and ‘nationality’ as less crucial factors in clinical encounters compared to hospital staff which emphasized frequently their relevance.

Discussion:
The results of this study contribute to a deeper understanding of ‘migrant’ patients’ needs and steps to be taken to meet these needs. Beyond well-acknowledged factors in cross-cultural clinical encounters, it will be fruitful to go beyond ‘cultural’ issues and incorporate patients’ perceptions for a successful cross-cultural communication and interaction.

P2.07.15 Informal interpreting in general practice: perspective of Turkish migrant patients
Tuesday, 30 September 2014; 04:00 - 05:00; Room: Forum Lounge

Title:
Informal interpreting in general practice: perspective of Turkish migrant patients

Authors:
Zendedel, R (Rena); Schouten, B.C. (Barbara); Weert, J.C.M. van (Julia); Putte, S.J.H.M. van den (Bas)

Presenter:
Zendedel, R (Rena)

Introduction:
Migrant patients with insufficient Dutch language proficiency often take along family members, so-called informal interpreters, to the medical consultation to interpret for them. However, there is a dearth of research on interpreter-mediated medical communication from the perspective of migrant patients themselves, and no theoretical framework yet to integrate the scarcely available conflicting findings. Therefore, the aim of this study is to explore the perspective of Turkish migrant patients on interpreting from an integrated theory base, taking into account Habermas’ theory of communicative action, Leanza’s typology of interpreter’s roles, Lukes’ theory of power and Hall’s dimensions of trust.

Methods:
Semi-structured interviews (n=25) are conducted with first generation Turkish migrant patients (age range 43-70 years), the largest ethnic minority group in the Netherlands. The interviews focus on communicative and relational aspects of interpreter-mediated communication, e.g. the roles of interpreters, trust in interpreters and perceived power and control of interpreters. The interviews are held in Turkish by bilingual research assistants, audiotaped and transcribed verbatim. The transcripts are translated in Dutch and analyzed according to the grounded theory approach.

Results:
Preliminary results show a discrepancy between the perspectives of younger (<50 years) and older interviewees (>50 years). Younger interviewees report more positive feelings towards informal interpreting. They do not experience a loss of control and power, because they are usually more used to depend on others in daily life. Informal interpreters are usually trusted and preferred by both older and younger patients over professional interpreters. Informal interpreters’ fidelity towards the patients and a patients’ perceived feeling of confidentiality are the most important dimensions to explain their trust in informal interpreters, who are expected to and perform many roles on top of interpreting, such as advocate, manager and counselor.

Discussion:
This study adds the vital perspective of the patient to our knowledge of interpreter-mediated medical interactions. Moreover, it aims to build a theoretical framework by integrating various theoretical disciplines in order to enable the consolidation of previous findings.

P2.08.01 Simulation centers as a medium for teaching communication in deteriorating and unstable patient health care scenarios.
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Simulation centers as a medium for teaching communication in deteriorating and unstable patient health care scenarios.

Authors:
Argenio, SLA (Sandra); Perdikis, PD (Galen); Oldenburg, WAO (Andrew); Veneziale, TV (Terri)

Presenter:
Argenio, SLA (Sandra)

Introduction:
There are various methods for teaching communication in health care. Simulation is a relatively new medium in healthcare education. Our communication faculty at Mayo Clinic developed a scenario and teaching method for improving the recognition of and interdisciplinary communication around the rapidly deteriorating patient. The physician faculty designed the course with a goal of improving communication between patient care technicians, nurses and physicians. A training module was designed to teach allied health team members to also facilitate the scenario in order to train a large number of learners.

Methods:
Our faculty partnered with our simulation center. A teaching experience was designed involving a simulated patient with rapidly deteriorating vital signs leading to a code situation. Clinical unit staff worked through the deteriorating patient scenario. Actual patient techs evaluated the patient, were required to make decisions as to when they needed to contact a nurse and then the nurse needed to decide when to page a physician. Barriers to contacting a supervising personnel were noted and later discussed. Experience with setting up a simulation scenario for teaching communication was reviewed. Survey data was collected from the participants and analysed.

Results:
Pre and post course surveys demonstrated the following related to Teamwork scores when managing an unstable patient: 1. Nurses and physicians plan together: Pre-82%. Post-100%. 2. Respect between Doctor and Nurse: Pre-64%. Post-100%. 3. All providers’ concerns were considered: Pre-82%. Post-100%

Discussion:
The faculty uniformly felt that utilizing simulation to teach communication was feasible and advantageous. ‘Teamwork’ scores in the clinical units noted in post training surveys improved as noted above under findings. While a simulation center lends itself to set up COMPLEX clinical scenarios around which communication can be taught there are limitations with the technology that will be discussed. Overall, utilizing simulation brings a new level of complexity and urgency to teaching communication in health care. This medium of teaching has made an immediate impact on interdisciplinary ‘teamwork’ scores in the clinical units. The simulation center allows communication skills in unstable or deteriorating patients to be evaluated and taught to a large number of participants in a safe environment.
P2.08.02 Client participation: Communication between physiotherapists and people with aphasia in the acute phase

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Client participation: Communication between physiotherapists and people with aphasia in the acute phase

Authors: Dalemans, RJP (Ruth)
Presenter: Dalemans, RJP (Ruth)

Introduction: Each year: 41,000 people suffer a stroke. 25 a 30% of those people have aphasia as a consequence of the stroke. At the beginning the impact of the severity of the impairments and distress is enormous. Physiotherapists play an important role in activating and mobilising the stroke survivor. However, to communicate and give instructions to someone who has lost his ability to communicate is very difficult. People with aphasia and their partners report that healthcare professionals in the acute phase often not know how to communicate with the person with aphasia. How do physiotherapists - who focus on mobility - communicate with people with aphasia in the acute phase? And how do they perceive their competence to communicate with people with aphasia? What do they know about aphasia? Therefore we wanted to gain insight into the communication between physiotherapists and people with aphasia in the acute phase (0-6 weeks post onset).

Methods: A quantitative blinded study was conducted. Three measurements were used: a blinded observation of the communication between physiotherapists and stroke survivors with aphasia, a self-evaluation assessment by the physiotherapists of the observed communication and an assessment of knowledge concerning stroke, aphasia and communication with a person with aphasia.

Results: At this moment we conduct the study and the results will be available in July.

Discussion: Clinical implications based upon the outcomes will be discussed.

P2.08.03 Strengths and weaknesses of interdisciplinary communication: the nurse's point of view in an Italian Breast Unit

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Strengths and weaknesses of interdisciplinary communication: the nurse’s point of view in an Italian Breast Unit

Authors: Dionigi, F (Francesca); Riboni, G (Giuseppina); Martinelli, V (Valentina); Conti, C (Carmela); Manna, S (Sara); Praticò, V (Vincenza); Contin, F (Franca); La Serpe Geroni, G (Giacomina); Politi, P (Pierluigi); Sgarello, A (Adele)
Presenter: Dionigi, F (Francesca)

Introduction: Breast cancer (BC) care is delivered mainly in ambulatory settings by interdisciplinary teams. Although breast nurses (BN) play a key role in communication with BC patients, relatively few studies investigated in detail nurses' perception of their role in the specific context of a Breast Unit (BU) with regard to communication with patients and other staff members. The aim of this study is to describe nurses’ communication activity in the everyday practice of an Italian BU.

Methods: The BU in our hospital was created in 2012. In line with international gold standards and EUSOMA requirements, it is a multidisciplinary team including physicians, nurses and a psychologist. The BN group is composed by five nurses with different years (5-23) of oncologic experience, working daily for a total per year of 1700 hours each. In order to describe BN communication activity a psychologist conducted an ad hoc interview with the nurses. The interview explored the following areas: involvement in the first diagnostic communication, multidisciplinary team and training meetings; amount of time spent for phone communications. An open question asked for perceived gap in communication with patients and strengths and weaknesses in interprofessional communication.

Results: Breast nurses reported to devote 60% of their daily activity to communication related tasks: involvement in the first diagnostic communication (20%); involvement in research protocols, health education and nursing counseling (20%); management of an assistance phone call service (8%); contact with patients after the multidisciplinary weekly encounters (4%); involvement in case consultations (2%) and training twice a month (1%). The main critical aspects reported by nurses included a gap in interprofessional communication due to perceived lack of motivation towards teamwork and a tendency to delegate communication tasks by physicians, a misconception about the nurse’s role, organizational issues and excessive workload, a difficult cooperation with other nurse teams due to different backgrounds. Participants reported significant satisfaction from positive feedbacks received by patients about their supportive role.

Discussion: Our results show the importance of breast nurse in BC patients communication. The difficulties in interprofessional communication suggest the need for appropriate training of health professionals to work effectively within teams.

P2.08.04 The Dream Project: Improving Organizational Communication in Primary Healthcare

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: The Dream Project: Improving Organizational Communication in Primary Healthcare

Authors: Eide, T (Tom); Bakken, L (Lisabeth); Fauskanger, EA (Eivind Arne); Eide, H (Hilde)
Presenter: Eide, T (Tom)

Introduction: In Norway, like in many other countries, primary care is mainly provided by the municipalities. Municipal health care and social services are complex. Many persons in need of health care have to relate to several services and a series of professionals. Patient-centredness is a central health care value. The patient in need of primary health care is often not put in the center of professional attention, rather in the middle of interprofessional and institutional tensions. It is well documented that violations of patients’ security and rights are frequently occurring, often implying lack of co-ordination, information provision and patient participation.

Objectives: To explore the process of a Lean based intervention of improving organizational communication in primary health care across services and units.

Methods: The intervention is performed in a medium size Norwegian municipality (70,000 inhabitants), including all 17 healthcare units, and is planned in three stages. This paper reports from the first stage, aiming at a) creating a common vision of creating maximum patient value and satisfaction, b) developing a project within each service as a first step to come closer to realizing this common vision (create “flow”), and c) identifying activities and resources not necessary to produce patient value (“waste”). The intervention has an action research design, based on an education program and appreciative dialogues. The participants are 2-3 persons from each unit, 38 in all, most of them in leadership roles. Data is collected by observation, questionnaires, written narratives, and project descriptions.

Results: Preliminary findings are that a) there is a lack of sufficient quality communication on different levels (intra- and interprofessional, between units/services, and between patients and decision-makers). This causes b) a serious amount of extra work (“waste”), c) insufficient quality of care, and d) great frustration among both
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patients and professionals. The process of creating a common vision and unveiling obstacles has produces a lot of enthusiasm and creative ideas of how to co-operate and improve the services across the units.

Discussion:
Having the opportunity of communicating in a non-judgmental atmosphere across units and professions will be to the benefit of the patients.

P2.08.05 Interprofessional students’ empathic talking can change behavior of patients and their families

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Interprofessional students’ empathic talking can change behavior of patients and their families

Authors:
Kanda, M; Abe, K; Yasui, H; Suematsu, M; Hanya, M; Aida, N; Aomatsu, M; Uemura, K

Presenter:
Kanda, M

Introduction:
It is said that the mortality rate will be higher than the birthrate in the near future and available beds in hospitals will be insufficient for elderly patients. Therefore, the government is promoting the home-care model. To improve the quality of patient care, collaboration between health and social care professionals has become vital. The aim was to explore patients’ and their families’ perceptions about students’ interprofessional work.

Methods:
We conducted a qualitative research of opinions of patients and their families who were in home-care. The student participants (medical, pharmacy, nursing, physiotherapy/occupational therapy, social worker students) were in inter-professional teams. They visited patients’ homes to conduct interviews with patients and their families and developed patient’s care plans. One week later, we conducted a semi-structured interview with patients and their families.

Results:
From the interviews of patients and their families, significant descriptions were extracted and categorized into 10 concepts (relaxing talk, domestic environmental advice, “Bingo” advice, diverse basic medical information, warm attitude and enthusiastic listening, self-discloser led genial atmosphere, power of smile, reflection of happy memories, continuous topics). These concepts were summed up 4 major themes (relaxing space, practical advice, cognitive advice, empathic talk). The themes are represented by the “Balloons pushing-up model,” which includes importance of empathic talk in health care. Balloon of empathic talk expands and pushes up the Balloon of practical advice enabling the behavioral change of patients and their families. With continuous support, this behavioral change may continue to improve their quality of life. Moreover, the program may help students to understand the life of patients and their families and interprofessional working.

Discussion:
It was revealed that what is important for patients and their families is not the interprofessional interaction itself, but the concrete and practical advice from broader perspectives. An interesting finding is that empathic talking may be the most important key to let patients and their families change their behavior. In conclusion, our interprofessional education in home-care implies effectiveness not only for the students but also the patients and their families.

Lee, J (Jiuhn)

Introduction:
Through the clear and accurate handoff communication all the critical information about patients and nursing activities are transferred efficiently to incoming nurses from outgoing nurses. Effective communication is very critical component of nursing. And it improves work efficiency and responsibilities of nurses. The purpose of this study is to reconstruct the nurses’ handoff dialogue pattern which is a universal and ideal structure during shift change.

Methods:
This study was carried out by integrating dialogue analysis and qualitative research based on narrative analysis. The participants were 10 female nurses aged 27-44 years who worked at general hospitals in Seoul and Gyeonggi-do. Their average clinical experience is six years. Data were collected from September 2012 through March 2013. In-depth, semi-structured interviews were performed. Each participant was interviewed 2-3 times, and each interview lasted 67-134 minutes. The interview data were analyzed using qualitative content analysis.

Results:
Based on the results of this study, a dialogue pattern (protocol) was proposed for efficient handoff communication. The handoff dialogue pattern was composed of five stages; initiating stage for building relationship, preparing stage for guiding the optimal progress of dialogue, information providing stage, enriching stage for verifying and supplementing information, and closing stage for maintaining relationship.

Discussion:
The reconstructed dialogue pattern will be utilized as a manual and improve the communication skill of nurses. Finally, this study will contribute to reduce the incorrect performance and increase work efficiency.

P2.08.07 Interprofessional patient-centred teamwork and knowledge integration in medical rehabilitation teams

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Interprofessional patient-centred teamwork and knowledge integration in medical rehabilitation teams

Authors:
Körner, MK (Mirjam); Zimmermann, L (Linda); Müller, C (Christian); Reichl, I (Lars); Rundel, M (Manfred); Baumeister, H (Harald)

Presenter:
Körner, MK (Mirjam)

Introduction:
Effective patient-centred interprofessional teamwork is dependent on knowledge integration between and among the different health care professionals. Their knowledge must be combined if common tasks are to be accomplished successfully. Achieving this demands not only integrating the competencies of all health care professionals involved in the treatment process, but also that they communicate, coordinate and cooperate within the team. The aim of the present study was to describe knowledge integration and to identify whether it is related to patient-centred interprofessional teamwork.

Methods:
A multi-center cross-sectional study with a descriptive-explorative design was conducted. Data were collected by means of a staff questionnaire (Scale of knowledge integration problems (KIP Scale, German: WIP-Skala, Steinheider et al., 2009) and Internal Participation Scale (Körner & Wirtz, 2013)).

Results:
A total of 317 members of staff (36%) from ten clinics participated in the study, one clinic had to be excluded because of a rate of return below 20%, leaving a final total of nine clinics and 306 staff included in the data analysis. The sample consisted of nearly two thirds women, with approximately 70% of all participants aged between 40 and 59. The majority were physiotherapists (29.6%) and nurses (26.9%), followed by physicians (17.6%), psychologists and social workers (9.6%), and dieticians, speech therapists and occupational therapists, all of whom are summarized in the category “others” (16.3%). The results showed that there are only a few problems
relating to knowledge integration in interprofessional teams in medical rehabilitation (M=1.50, SD=.77), but that those which do exist are significantly related to patient-centred interprofessional teamwork (β =-.71, p <.001). There was also a clear indication of differences in knowledge integration problems between the clinics F (8, 285) = 3.530, p =.001, η² = 0.090) and the health care professionals F (4, 285) = 7.87, p <.001, η²=.099).

Discussion:
More research is needed for the investigation of knowledge integration and patient-centred interprofessional teamwork. In practice, the results of the study provide valuable starting points for team development or team interventions.

**P2.08.08 Near Miss Experiences and Recovery Behaviors: An investigation of medical and medication errors, communication and power distance**

*Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge*

**Title:**
Near Miss Experiences and Recovery Behaviors: An investigation of medical and medication errors, communication and power distance

**Authors:**
Linnard-Palmer, LLP (Luanne)
Linnard-Palmer, LLP (Luanne)

**Introduction:**
Since the Institute of Medicine (IOM, 1996) first illuminated the frequency and impact of medical errors as a major national concern for both health care providers and consumers, national attention has been on reducing errors and improving clinical outcomes. Medication errors continue to impact the mortality and morbidity of patients and continue to cause increase health care costs, negative health consequences and deaths. A strong focus on safety, quality and cost reduction is imperative to improve the current health care system. Further research is needed to identify the causes, influence and nursing care factors associated with both actual medication errors and near misses. Narrowly avoided errors, titled near misses, have not been studied widely, especially in relation to communication and power distance.

**Methods:**
A quantitative descriptive design was used to collect data on 91 professional nurses. State-wide professional organizations were used to solicit participation. An instrument was developed for both electronic and paper use and was deemed valid and reliable by university professors of psychology, nursing and professional nurses. Specific questions were created that solicited personal experiences with near misses, recovery behaviors, communicaion and perceptions of power distance. Both random and purposive sampling techniques were used to secure participants from a variety of clinical settings in various acute and critical health settings.

**Results:**
Descriptive statistics and thematic analysis was used to determine the experiences of the participants via SPSS. Results demonstrated a variety of experiences, regardless of the use of electronic medical records. Nurses reported a continuation of near misses despite national initiatives towards error reduction.

**Discussion:**
Further investigations are needed to study how the perception of power distance influences errors. Since most errors occur with a communication component, further investigations are needed to determine if the promotion of more effective communication will decrease the perception of power distance and reduce the incidence and severity of near misses.

**Authors:**
Niccolai, FN (Francesco); Vasta, FV (Federica); Flore, EF (Elisabetta); Grillo Ruggieri, TGR (Tommaso)

**Presenter:**
Vasta, FV (Federica)

**Introduction:**
Tuscany’s regional health system is now experimenting an organizational model in which traditional hospital departments have been replaced by multidisciplinary wards divided according the complexity of nursing care. Hospital beds are therefore shared between different specialists, and the quality of interprofessional integration become strategic.

**Methods:**
It has therefore been designed a training course in order to build and animate a professional community, composed of 30 healthcare professionals (doctors, nurses, physiotherapists, midwives, laboratory technicians and radiologists), belonging to two Tuscan Local Health Authorities in the process of moving in new hospitals (designed according to the layout of the model said above). During a 6 days training participants, led by the teacher, compared their knowledge and mutual expectations regarding interprofessional integration, opening the discussion to both their fears and resistance with respect to the model, as well as bringing solutions to overcome them. This has been possible thanks to active learning methodologies like mind map, circle time, roleplaying and teamwork scenarios simulation.

**Results:**
Participants reported great satisfaction for this initiative and acted like a real team: a “consensus document” was the output of the training course, containing guidelines and organizational solutions declined in the context of the New Hospital. The following communication and coordination tools has been identified as crucial in order to achieve an integrated and shared care of the patient: daily ward briefing, interprofessional rounds, tight management of handovers, diagnostic and therapeutic care pathways, with specific insights on each.

**Discussion:**
Organizational change it’s always a cultural change, and this is true above all in healthcare, where people feel to be first of all professionals, and sense of community within organization and teamwork attitudes has to be built and maintained with daily and continuous effort. In this context training is a fundamental leverage, and active learning methodologies are the tools to bring on board professionals and stimulate interprofessional cooperation and communication.

**P2.08.10 Guidelines for effective handoff communication between nurses - Focused on content analysis**

*Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge*

**Title:**
Guidelines for effective handoff communication between nurses - Focused on content analysis

**Authors:**
Sok, S (So hyun e); Jeoung, Y (Ye onok)

**Presenter:**
Jeoung, Y (Ye onok)

**Introduction:**
The handoff communication between nurses is very important for quality improvement of nursing care and health recovery/ promotion of patients in clinical practice. The purpose of this study was to identify the guidelines for effective handoff communication between nurses based on the experience of handoff communication between nurses.

**Methods:**
This study is a qualitative research using in-depth semi-structured interviews to explore the experience of nurse-to-nurse handoff in hospital settings. The participants were 10 female nurses aged 27-44 years who worked at general hospitals in Seoul and Gyeonggi-do. Their average clinical experience is six years. Data were collected from September 2012 through March 2013. In-depth, semi-structured interviews were performed. Each participant was
interviewed 2-3 times, and each interview lasted 67-134 minutes. The interview data were analyzed using qualitative content analysis.

Results:
Through this study, the guidelines were proposed for an effective handoff communication between nurses. These guidelines were consisted of the 5 uppermost categories and 9 guidelines and 35 sub-instructions. For details, the 5 uppermost categories and are 9 guidelines are ‘nurse’s attitude during handoff (communicate, respect, empathize), ‘aspect of handoff content’ (provide the valuable information), ‘expression method of handoff’ (kindly, politely, rationally), ‘possibility to understand the content of handoff (communicate information in an understandable way), ‘creation a handoff environment’ (create an environment for open communication).

Discussion:
Through the findings of this study, the real state and problems of nurse’s communication during handoff was identified. In addition, this study will contribute to the development of training program for nurses’ handoff skills by analyzing the strategy frequently used.

P2.08.11 Videoconferencing for Practicing Interprofessional Care of Elders
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Videoconferencing for Practicing Interprofessional Care of Elders
Authors: Palumbo, MV (Mary Val)
Presenter: Palumbo, MV (Mary Val)

Introduction: This study evaluated the efficacy using online video conferencing for teaching interprofessional practice (IPP) when caring for the elderly with students from eight healthcare professions. Is this instructional pedagogy perceived as effective by the students in all Interprofessional Competency Domains?

Methods:
Twelve online 90 minute video conferences with nurse practitioner, physical therapy, speech/language therapy, social work, nutrition, medical, exercise science, and pharmacy students were conducted. Each student had reviewed a case study written by the nurse practitioner student and completed a module on elder care and IPP.

The nurse practitioner students received instruction and practiced facilitating an IPP meeting. The online survey was developed using the Interprofessional Competency Domains: 1. Values/Ethics, 2. Roles/Responsibilities, 3. Interprofessional communication, 4. Teams/teamwork. The survey included 14 questions scored on a Likert scale, five open ended questions and demographic information was also collected. An expert panel of faculty from 7 disciplines reviewed the survey to establish content validity. Reliability testing was not done. Quantitative data was analyzed using descriptive statistics in the aggregate for all students and by discipline.

Differences between disciplines were compared using Fisher’s Exact test. Qualitative content analysis was performed on students’ comments.

Results:
Eighty-three students (n=83) completed the survey. Participants were predominantly female (77%) and white/Caucasian (83%). Aggregate results from each of the questions in the four competency areas were collapsed and greater than 60% of students strongly agreed on the value of the experience in the four domains. There were no significant differences by discipline (p values for difference between disciplines ranged from 0.14 to 0.89 depending on question). Thematic analysis of open ended questions indicated the educational value of the experience and the utility of the technology, however, preference remained for in-person meetings.

Discussion:
This interprofessional practice video conferencing experience resulted in very positive ratings by students for the elements of collaborative practice. This instructional method offered a means to offset the logistical difficulties of scheduling students from eight professions. Video conferencing compliments, but does not replace student preferences for in-person seminars. Future research involving IPP educational pedagogy and the use of distance technologies is indicated.
P2.08.14 Assessment of obstetric-teams’ non-technical skills in the management of postpartum hemorrhage using actual care video recordings

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Assessment of obstetric-teams’ non-technical skills in the management of postpartum hemorrhage using actual care video recordings

Authors:
Snaphaan, N (Nicole); Woiski, M; Visser, S de; Scheepers, L; Grol, R; Lotgering, F.L.; Middeldorp, J; Mol, B.W.; Dijkman, A; Oudijk, M; Hermens, R; Loeffen, J; Molkenboer, J; Heres, M; Meier, C; Wit, S de; Porath, M

Presenter:
Snaphaan, N (Nicole)

Introduction:
Team processes and performances are essential in the management of obstetric emergencies such as postpartum hemorrhage (PPH): Non-technical skills (NTS), based on Crew Resource Management (CRM), and structured ABC-evaluation from ATLS, are known to increase team performances and patient safety due to shared mental models. We evaluated NTS in the Netherlands using video recordings of obstetric teams managing PPH in the actual care.

Methods:
In an observational multi-centre study, video recordings of the third stage of labor in women with a high risk of PPH were used. These recordings were made in 12 Dutch hospitals. Recordings of patients with PPH were selected. The videos were assessed by two independent researchers using validated list; the “Clinical Teamwork Scale” (CTS) for teamwork and communication and the “Ottowa Crisis Resource Management global rating scale: non technical skills” (CGR) for leadership and ABC-evaluation.

Results:
59 videos were included. On the CTS-scale, teams scored moderate for overall team communication (44 of 90 points). Structured information transfer (S-BAR) and closed loop communication, both scored insufficient (median 3 (IQR 2-8)). Transparent thinking and target fixation scored above average (median 6 (IQR 2-8)). ABC-evaluation (CGR) was seldom applied (median 2 (IQR 1-5)). The teams scored remarkably well on all leadership-skills. There was a strong correlation between team communication and leadership (r2 0.74, p <0.05). No correlation was found between team communication and the amount of blood loss (r2 0.04, p = 0.76).

Discussion:
Non-technical skills of the Dutch obstetric teams in the management of PPH are moderate, with a lowest score on structured information transfer and highest on leadership. ABC-evaluation is not integrated in the obstetric emergency care routine. Improving team performance by up scaling NTS through skills-training may be an important part of the overall strategy to improve PPH-care.
Methods: 81 students from 10 different degree programs and 13 different countries were learning as interprofessional teams using six tools to support narrative learning. These tools are developed by the authors of this poster. Goals of learning are in general to understand better the life situation of a client with depression, to work in a client-centered way as an interprofessional team and to learn about clinical reasoning skills. This poster will focus on presenting results connected to learning about interprofessional teamwork. After finishing working as a team, students gave their evaluation about how interesting and useful they found the interprofessional learning process and tools used to support learning. Both quantitative and qualitative data was collected. Data was collected by an online evaluation tool and it was given anonymously.

Results: The students found the different tools used in the learning process very interesting and useful. According to the evaluation they learned about 1) other professions, 2) their own profession and 3) working as a team. They learned skills for teamwork, new methods, similarities and differences between different professions and their attitude towards other professions to become more positive. They also told that in the end of the workshop one’s own profession is the most important. About one’s own profession, students told they learned to understand their own working methods, limits of one’s own profession and the strengths of one’s own profession.

Discussion: In order to provide good quality health and social care, services teamwork skills should be studied in practice during studies. In order to practice them safely before doing teamwork in a workplace there should be tools for that. These preliminary results show that students found these tools working for the purpose they were ment.

P2.08.17 "Two or more", the impact of the number of professions in inter-professional education

Tuesday, 30 September 2014: 04.00 - 05.00; Room: Forum Lounge

Title: "Two or more", the impact of the number of professions in inter-professional education

Authors: Yasui, H (Hiroki); Abe, K (Keiko); Suematsu, M (Mina); Hanya, M (Manako); Aida, N (Nobuko); Uemura, K (Kazumasa)

Presenter: Yasui, H (Hiroki)

Introduction: The inter-professional education (IPE) draws from all over the world as an innovative healthcare model. Though Centre for the Advancement of Inter-professional Education (CAIPE) defined that IPE occurs when two or more professions learn with, from and about each other, to improve collaboration and the quality of care. However, it is unclear whether the number of the professions relates to the IPE outcome. The objective of this study is to clarify the impact of the number of professions on IPE outcome.

Methods: We set up four kinds of IPE programs that included different numbers of professions and evaluated the pre-/post-score of Nagoya Teamwork Scale (NTwS) that reflected the teamwork ability as an outcome of IPE. The first program was for two professions including 5th medical and 5th pharmacy (MP). The second was for four professions extended to 4th nursing, and 4th rehabilitation (MPNR). The third one was for five professions further extended to 4th social worker (MPNRS) and the last one was uni-professional for only 5th pharmacy students (P) on a team-based learning format with a special scenario for IPE. IBM SPSS Statistic version 20 conducted non-paired t test.

Results: The NTwS scores at baseline were, 126.0±16.0 (MP), 132.9±15.6 (MPN), 133.1±13.0 (MPNRS), and 113.6±9.0 (P). After the intervention, the scores increased to 133.1±16.6 (MP), 140.3±16.0 (MPNRS), and 144.2±8.0 (MPNRS) significantly (p<0.001), but not significant in P. The degrees of increase of MP and MPNRS were significantly higher than P as a uni-profession settings (p<0.05).

Discussion: In our result, the more number of professions attend the IPE, the more effect the IPE gave from the perspective of teamwork that is a major outcome of IPE. uni-professional setting, even on the team based learning with well-prepared IPE resources, provided very limited effect of IPE. Moreover just a team leaning they experienced, the first time meeting to other professional students may cause the emotional effects as a significant event and facilitate the teambuilding activity. And the magnitude of the effect may be related to the number of the professions.

P2.08.18 Effects of Socio-Professional Capital Frameworks among Primary Healthcare Providers: A Foucauldian Analysis of Interprofessional Teamworking

Tuesday, 30 September 2014: 04.00 - 05.00; Room: Forum Lounge

Title: Effects of Socio-Professional Capital Frameworks among Primary Healthcare Providers: A Foucauldian Analysis of interprofessional Teamworking

Authors: Yevu, SM (Selorm)

Presenter: Yevu, SM (Selorm)

Introduction: This was an ethnographic study of a typical teaching hospital setting in Ghana. The objectives were to examine the conceptualization of knowledge and power (interdiscursively with those of society and politics), themes was developed from the data that reflected the researcher’s narrative perspectives. This research was given ethics approval from both committees in the university of hull and the hospital.

Results: Doctors having a favorable societal view enforced through certain media-public narratives makes them assume enormous social capital tendencies. Spending longer years in university and hospital presents with professional capital.

Discussion: Reflecting Foucault’s discourse of knowledge/power in examining healthcare teamwork among primary care providers, one finds that, existing interprofessional tensions are amplified by the awareness of each other’s professional competency levels. This is based on empirical ethnographic evidence that reveals why healthcare professionals distinctly aware of each other’s university trainings, hospital practices and depth of learning applications, tend to dictate how significantly identifiable other professions can be within particular institutional teamwork practices. In a male dominated health institutional landscape and practice in Ghana’s health service system, dominant medico-social discourses are taken up by doctors in determining ‘who merits what’ and ‘who is who’ through complex political tendencies. Doctors, perceived as having spent more years in the university, gone deeper into theories, practice and applications of similar subjects taken by all healthcare professionals are constituted into professionals with untouchable prowess directing and monitoring the entire institutional hierarchical (Bishop & Waring, 2011) discourse[s] in healthcare teamwork. These are represented interdiscursively as the possible extensions of the existing knowledge debates at the intersection of medical sociology, health policy and organization studies (Currie & White, 2012).
P2.09.01 Use of technical language by medical students in simulated oncology interviews
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Use of technical language by medical students in simulated oncology interviews
Authors: Bourquin, C (Céline); Stiefel, F (Friedrich); Schmid Mast, M (Marianne); Bonvin, R (Raphael); Berney, A (Alexandre)
Presenter: Bourquin, C (Céline)
Introduction:
This study focused on the use and perception of medical and medical-related terms by medical students who are still acquiring this terminology. Specifically, it explored medical students’ use and perception of complexity of terms potentially unfamiliar and confusing to patients and how meaning was negotiated or not in simulated patient interviews.

Methods:
Master’s degree medical students were videotaped during a 20-min interview with a simulated patient as part of a communication skills training on breaking bad news. The interviews (N=108) were based on a single vignette: disclosure of a palliative stomach cancer diagnosis to a middle-aged patient. In the analysis of the interviews, medical and medical-related terms deemed to be potentially confusing to lay speakers were systematically listed (N=26) and related segments of interaction between students and simulated patients were transcribed (context of the terms). A selection of twelve terms was included in a questionnaire filled in by the entire fourth-year class (N=111) in order to assess how (i) different speech registers and (ii) lexical complexity are perceived and identified by medical students. Furthermore, transcribed excerpts of interviews were subjected to discourse analysis focusing on the following communication behaviours: asking for clarification, checking for understanding, and providing explanation.

Results:
While students tended to view terms like ambulatory, curative, ganglionic, hepatic, metastasis, palliative, and to resect as belonging to a specialized language potentially incomprehensible for the patients without explanation, they assimilated terms like prognosis, comfort care, and invasive to an ordinary speech register (everyday language). Moreover, an average of three terms (out of the list of 26) was used per interview. Less than half of the terms was subject to a clarification process between students and simulated patients.

Discussion:
A significant number of terms potentially unfamiliar and confusing to patients remained unclarified in training interviews conducted by advanced medical students. Medical education needs to make students aware of these issues.

P2.09.02 ATLAS.ti qualitative analysis in Narrative Medicine: a gender related rehabilitation in acute myocardial infarction
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: ATLAS.ti qualitative analysis in Narrative Medicine: a gender related rehabilitation in acute myocardial infarction
Authors: Aloisi, MS (Maria Stella); Ciampi, Martina
Presenter: Aloisi, MS (Maria Stella)
Introduction:
Previous studies have suggested that the presentation, treatment and outcome of the Acute Myocardial Infarction (AMI) differ between women and men. Because the experience of illness is unique, this study proposed a gender-related treatment and rehabilitation in order to target more specific prevention programs and to develop more effective adherence strategies.

Methods:
Qualitative interviews, based on the Narrative Medicine approach, were conducted with a group of patients random selected in the Cardiovascular Disease Department of an University hospital. We focused on the patients’ language used when they talked about their events, to understand the meaning and significance of patients’ stories. All the data were transccribed and analyzed by ATLAS.ti, a software for qualitative analysis.

Results:
Stories analyses were investigated through ATLAS.ti, focusing on the words that perform ideas, actions, themes, preferences, moral grounds and universal characteristics of human life. By a comparison between the logical coherence and similarity of meaning in women and men experiences, we created 20 categories, which the most important were: acknowledge, believes about the infarction, death thought, infarction characteristics, emergency system, emotional experience, fear thoughts, lifestyle changes, pain – endurance, perceptions of responsibility, physical symptoms, sensations of uncertain disquiet and uncertainty of health, social status and age, social support.

Discussion:
Our analysis provided the evidence of gender bias in the admission and in health care, hence women still have difficulties to be diagnosed with AMI compared with men. Furthermore after the infarction both men and women experienced a disruption in social roles: women were concerned about the lacking of their self-efficacy in taking care of their families. Men explained their difficulties to be an active person for the society. We suggested a specific gender related rehabilitation pathway: women should be helped to recognize prodromal symptoms and their sensations before the event. They should be encouraged to respect their body and mind, and to increase the empowerment process. They need to promote activities beyond the care of family, such as more attention to themselves and to their jobs. On the other hand, health professionals need to improve men’s capacity of living with their emotions and sensations.

P2.09.03 Counselee’s needs fulfilment after completed series of breast cancer genetic counselling
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Counselee’s needs fulfilment after completed series of breast cancer genetic counselling
Authors: Albada, A; Ausems, M.G.E.M.; Dulmen, S. Van
Presenter: Dulmen, S. Van
Introduction:
The Quote gene-ca questionnaire was developed to evaluate cancer genetic counselling from the perspective of counselees. However, only counselee’s experiences after the first consultation have been considered so far. The current study assessed the counselee’s experiences after their final visit and one year after their final visit for breast cancer genetic counselling and identified area’s in need of improvement.

Methods:
197 consecutive counselees were included from 2008 to 2010 (response 58.6%). Counselees completed the Quote gene-ca in online questionnaires before (needs scale) and after counselling and one year after counselling (performance scale). Quality Impact Indices (QII), i.e. need for improvement, were calculated by the product of the importance of the need (1-4) and the percentage of counselees that considered the performance of that particular item inadequate or not really adequate. Mean QII’s were calculated for the factors of items, which had good internal consistency. Scores ≥ 30 indicate a need for improvement.

Results:
There were more items in need of improvement based on the assessed performance after counselling than one year after counselling. Items in need of improvement at both time points were ‘having a DNA-test performed for a counselee or a relative’ (.66), ‘co-operation with GP or specialist’ (.62), and ‘information about the procedure of DNA-testing’ (.60). Other items for improvement were information about the emotional consequences for the family (.53).
and for the counselee (.51) as a result of cancer genetic counselling, receiving reassurance (.49) and being involved in decisions (.44). Additionally, some items were only in need of improvement based on the experiences directly after counselling: information about what to expect, information about how long the diagnostic procedure takes and to receive written information. The factors about receiving emotional support and information about emotional consequences and individual risks were areas for improvement.

Discussion: Counselees prefer more personalized counselling, i.e. information about their own risks and emotional consequences of genetic counselling and to be involved in decision making. Also, counselees prefer to have a DNA-test, while there is not always an indication for DNA-testing based on the cancer family history. Finally, the care continuum should be considered.

P2.09.04 PLACE OF COMMUNICATION IN THE PHARMACY SERVICES FOR THE DISABLED PEOPLE

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: PLACE OF COMMUNICATION IN THE PHARMACY SERVICES FOR THE DISABLED PEOPLE

Authors: Arslan, M. (Miray); Sozen Sahne, B. (Bilge); Sar, S. (Sevgi)

Presenter: Arslan, M. (Miray)

Introduction: All the persons experiencing movement, vision, hearing, speech difficulties, learning difficulty and mental health problems can be named as disabled people. Even if it is seen as rare, the number of the persons that can be named as disabled is known to be substantial. There is information regarding the reason why the number of these people is thought to be few as they don’t participate in social life much due to the difficulties they have faced in normal life. Pharmacy services composing the most significant part of healthcare services and in whose presentation communication has a great role are among the services disabled people have various problems. In this study, pharmacy services provided for the disabled people and the role of communication in these services will be examined and precautions taken for encountered challenges and resolutions for some cases will be presented.

Methods: In the mentioned study, role of communication between disabled individual and pharmacist, problems disabled people face in pharmacy services and relevant studies in the literature were examined. In accordance with the information in these studies, current problems especially in Turkey and solution offers found out till now were determined, solution offers for the on-going problems were put forward.

Results: When disabled people have more rights to speak in miscellaneous communities, solutions to ease their life are seen to increase. Within the scope of pharmacy services provided to disabled people in Turkey, making the upgrade systems obligatory with the purpose of enabling the easy transportation of physically handicapped people to pharmacy, preparation of audible drug boxes for sight-disabled persons, enabling pharmacists to learn the sign language are few of these regulations.

Discussion: Even though the problems disabled people encounter in healthcare services continue for a long time, solutions for this have been recently put into practice in Turkey. In pharmacy services, some of these solutions are made obligatory with legal regulations or extended with activities of volunteers. Increasing the awareness regarding these people who have equal rights with everybody in society and the activities for the fast training of pharmacists in order to improve the pharmacy services provided for them.

P2.09.05 Surveying patients’ experiences of consultations with medical professionals in a primary care setting.

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Surveying patients’ experiences of consultations with medical professionals in a primary care setting.

Authors: Belsi, A (Athina); Murtagh, G. M. (Ged)

Presenter: Belsi, A (Athina)

Introduction: This paper reports on findings relating to patient’s experiences of their interactions with medical professionals in primary care settings. Its focus is on partnership building in patient-centred consultations and possible determining factors.

Methods: This was a qualitative piece of research using in depth-interviews with 30 participants both male and female, with age variation between 28 and 90 years of age and from a range of different ethnic backgrounds. Interviews were audio-recorded, verbatim transcribed and analysed using grounded theory.

Results: The findings suggest common themes, in relation to consultation style and content, across participants. These concern patients’ need for rapport building and trust; continuity of care; being ‘listened to’; being ‘cared for’; being treated as an individual; having a dedicated amount of time with their medical professional. However, younger patients tended to favour a more patient-centred approach, whereas older patients were more inclined to accept a more paternalistic approach. In addition, younger patients demonstrated a stronger preference to contribute to the consultation and to shared decision-making, an approach that was linked to empowerment. There were no differences across ethnic groups.

Discussion: The findings suggest some common as well as specific preferences. Initial analysis would suggest that age is a powerful determining factor when it comes to the patient experience. However other factors include a wider shift in consultation style in general, as well as the newer generation of informed patients. The findings can be used to inform current practice and medical curricula.

P2.09.06 “It’s good to speak.”: The role of communication in mediating patients’ perceptions of gestational diabetes

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: “It’s good to speak.”: The role of communication in mediating patients’ perceptions of gestational diabetes

Authors: Burkett, B; Watermeyer, J; Penn, C; Huddle, K

Presenter: Burkett, B

Introduction: Gestational diabetes mellitus (GDM) is a prevalent condition. There has been debate about the determinants of patient treatment adherence regarding this condition. Little is known however about barriers to care for patients with GDM and the role that communication plays in mediating these barriers, particularly in multicultural settings. This study investigates the beliefs of mothers with GDM about the condition in the South African context. The perceived role of communication in mediating barriers to care in a multicultural context is also explored.

Methods: Qualitative methods were used. Three focus groups were conducted with the help of a trained interpreter. The groups were conducted at a diabetes clinic at an academic hospital in Johannesburg. A semi-structured format was used within the focus groups. Sixteen mothers with GDM participated. Data were analysed using thematic analysis.

Results: Communication emerged as an important mediating factor within themes and varying perceptions emerged. GDM seemed to be an unfamiliar condition to the participants and members in their communities, causing stigmatisation associated with the condition.
P2.09.07 How patients with primary hypothyroidism view their disease: a qualitative study  
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge  
Title: How patients with primary hypothyroidism view their disease: a qualitative study  
Authors: Carneiro, DC (Diana); Carvalho, IP (Irene)  
Presenter: Carvalho, IP (Irene)  
Introduction: Most studies on primary hypothyroidism (PH) use quantitative methods focusing on the medical aspects of the disease. Some studies also evaluating the quality of life in patients who undertake appropriate treatment indicate that PH patients refer less quality of life than the general population. Qualitative research has additionally suggested that patients are dissatisfied with their treatment, with the understanding of their disease and with the information provided during their disease. However, no studies addressing patients' actual perspectives on PH have been published. Patients' understandings, beliefs, feelings and doubts about their disease, or their preferred interlocutors to talk about their disease remain unknown. The aim of this study is to explore these perspectives and patients' experiences of their PH.  
Methods: This qualitative study uses individual, semi-structured interviews with 23 PH patients (ages ranging between 19 and 65 years old, 18 females). A content analysis was applied to the data in NVivo 10.  
Results: This study revealed general satisfaction among patients living with PH, along with a general sense of understanding of the disease. Aspects of the doctor-patient relationship and the information provided at the time of the diagnosis were particularly salient. According to our findings, doctors can expect that patients with experience of PH symptoms may need more information on the disease's evolution, whereas asymptomatic patients may be interested in finding out more about the disease's concept and symptoms. Our findings also suggest that when patients look for notions and the etiology of the disease, they trust medical knowledge, while in matters of disease symptoms, treatment and evolution, experiential accounts (from family members and other patients) gain relevance in addition to medical knowledge.  
Discussion: The aspects pertaining to the doctor-patient relationship and to the information provided at the time of the diagnosis uncovered in this study may contribute to the general sense of understanding of the disease and to the sense of good quality of life that we found among these patients. Future research can evaluate the impact of these aspects on PH patients' satisfaction, understanding of the disease and perception of quality of life.

P2.09.08 What are people with cancer told about radiotherapy and how do they perceive it?  
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge  
Title: What are people with cancer told about radiotherapy and how do they perceive it?  
Authors: Dhillon, HD (Haryana); Smith, SKS (Sian); Dixon, AD (Ann); Nathan, DN (Django); Milross, CM (Christopher)  
Presenter: Dhillon, HD (Haryana)  
Introduction: People with cancer are exposed to complex information as part of treatment decision-making. There has been little research with cancer patients who have lower education and literacy. This study aimed to identify strategies to improve patient understanding and involvement in consultations regarding radiotherapy treatment for cancer.  
Methods: Semi-structured interviews were conducted with 34 patients undergoing radiation treatment at Royal Prince Alfred Hospital in Australia. Framework analysis was used to develop a coding schema of themes identified from the interviews. The coding schema was then used to code, chart and analyse the data and compare and contrast how patient experiences differ. Functional health literacy was assessed with both the Newest Vital Signs (NVS) and the TOFHLA.  
Results: Ten of 34 patients were classified as having a high likelihood of limited functional literacy on the NVS, while on the TOFHLA 7 were classified as of inadequate or marginal functional literacy. 19 were male, 29 English speaking, and 12 did not complete high school. Of 54 information resources were included in the final analysis. The main themes included: access to information; decision-making; understanding treatment; managing treatment and, personnel. Challenges to decision-making included: conflicting opinions or advice from their doctors; feeling that they had not been offered a choice; interpreting and managing risk information in a personal context. The number and severity of side-effects varied across patients. Patients commonly reported being aware of potential side-effects of treatment but being unprepared for their intensity and severity. Patients identified the following as helpful to them: diagrams/illustrations, DVD about radiotherapy, talking to others who had finished radiotherapy, individualized support and information, simple written information, and face-to-face discussions with their doctor.  
Discussion: Patients seem to be fairly satisfied with information and decisions made around radiotherapy. However, there are opportunities to improve decision-making and to prepare people better for the experience of treatment side-effects. Improving the accuracy of patient expectations about treatment may contribute to their completing the full course of treatment and managing side effects more effectively needs. Future research is needed to determine whether radiotherapy information is suitable for low literacy populations.
Introduction:
Dispensing doctor practices (DDs) are those which can, like community pharmacies (CPs), dispense prescriptions. They are usually located in rural areas. This study aimed to investigate similarities and differences in the provision of pharmaceutical services at DDs and CPs and to identify key issues affecting the quality of these services.

Methods:
Case studies of 3 CPs and 4 DDs in south west England, purposively selected for diversity of size and location, were conducted, involving observation, document analysis and staff and patient interviews. Extensive field notes were taken during site visits and organised and condensed into detailed site reports. Interview transcripts were thematically analysed. Overarching themes across sites were identified.

Results:
Internal staff communication was one of the key themes identified. Effective communication between staff was important for ensuring quick prescription processing, avoiding running out of stock and preventing errors. There was great diversity in how staff communicated at the different sites. What was important was whether there was a common understanding among staff as to how different messages should be communicated. Perceived role divisions were a potential barrier to communication. Internal communication appeared to be linked to the wider practice ethos, whereby sites with a strong, cohesive ethos demonstrated better communication and better service quality. Where there was a strong patient-centred ethos staff were more likely to 'go the extra mile' for patients.

Despite all staff recognising the importance of internal communication, none of the sites reflected on their communication practices.

Discussion:
Given the important patient safety and satisfaction implications it was surprising that sites did not consider reviewing their communication practices, even after communication breakdowns had resulted in sub-optimal care being provided. Good communication between staff is vital for promoting shared values and building and maintaining a strong team ethos. This in turn benefits staff commitment and satisfaction, which is then conveyed to patients. Patient-practitioner communication has received much attention in research and practice; this study highlights that CPs and DDs also need to consider communication between staff in order to ensure quality patient care. CPs and DDs may need to be supported to improve their internal communication.

P2.09.10 Patient Safety Pathway A Simple But Effective Intervention
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Patient Safety Pathway A Simple But Effective Intervention
Authors: Khan, MMK (Muhammad murad); Regeru, RN; SAINSbury, PA
Presenter: Khan, MMK (Muhammad murad)

Introduction:
Patient Safety is a key driver in improving NHS quality; the vast majority of hospitals have excellent safety records. However, public confidence and the perception of safety within the NHS is threatened by adverse media reports and scandals. We wanted to look at how we could empower patients on our ward to act as partners with staff to improve patient safety.

Methods:
The Patient Safety Pathway was designed which provided each patient with a flow chart that detailed each of the safety checks that should take place during their hospital stay. The patient were given a copy of the pathway on admission and were encouraged by the staff to use it to check their safe progress through their admission. They were also encouraged to enforce the safety checks if they felt that they may have been missed e.g. checking allergy status from the wrist band before drug administration. At discharge they were asked to feedback to the staff on how safe they felt during their admission and whether any areas of safety could be improved.

Results:
The pathway was piloted on Cardiology ward in patients admitted for elective angiography and DC cardioversion (DCCV). A total of 60 consecutive patients were enrolled, 30 from angiography and 30 from DCCV. 60 out of 60 patients reported that they had no idea that so many safety checks were taking place during their admission and that the pathway made them feel safer and more involved in maintaining their standard of care. The nursing staff all felt very positive about the pathway and reported that it made their work easier.

Discussion:
The Patient Safety Pathway enabled, the patient (and their relatives) to see that the organisation is safety conscious (by the number of checks that should take place), it encouraged the patient to play an active role in their own safety, and it empowered the patient to ensure that the appropriate checks and procedures were performed e.g. hand washing, checking allergy status. It is a cheap and simple way to improve patient safety and the public's perception of safety. It can be easily adapted to suit any environment.

P2.09.11 PHYSICIANS’ ADAPTATION TO PATIENTS’ PREFERENCES CONCERNING DOMINANCE IS RELATED TO POSITIVE CONSULTATION OUTCOMES

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: PHYSICIANS’ ADAPTATION TO PATIENTS’ PREFERENCES CONCERNING DOMINANCE IS RELATED TO POSITIVE CONSULTATION OUTCOMES
Authors: Carrard, V (Valérie); Schmid Mast, M (Marianne); Cousin, G (Gaëtan)
Presenter: Carrard, V (Valérie)

Introduction:
There is widespread consensus that a patient-centered physician communication style is beneficial for the patient as well as for the physician. Typically, patient-centered communication is described as a given set of behaviors to adopt by the physician in order to have better consultation outcomes for the patient. Particularly, dominant physician behavior is not part of patient-centered communication. But, as patients all have different needs and preferences, they do not all benefit from the same physician communication style. Some patients prefer a more dominant doctor. A match between the patient’s preference in terms of physician communication and the behavior the physician actually displays seems to be related to positive consultation outcomes, and we claim that this is also the case for physician dominance behavior.

Methods:
Based on videotapes of 33 general practitioners in consultation with two of their patients, we measured the physicians’ nonverbal dominance behavior presented towards each patient. We also assessed each patient’s preference concerning the physician’s dominance and calculated to what extent each physician adapted his/her nonverbal behavior to the needs and expectations of the patient. Patients also reported how satisfied they were with the consultation, how much they trusted their physician, and as how competent they perceived the physician. These measures were aggregated to form a consultation outcome measure.

Results:
Results show that the more the physicians adapt their nonverbal dominance behavior to their patients’ preferences for a dominant or non-dominant physician interaction style, the more positive the consultation outcomes are.

Discussion:
The present study shows that an adaptation to patient preferences for dominance is related to positive outcomes. We thus conclude that in term of physician behaviors there is no one size fits all. Physician training might want to focus more on training accurate interpersonal perception and on teaching a diversity of different behavior repertoires instead of a given set of behaviors.
P2.09.12 "A diabetes free day": European respondents' perspectives on food, eating and dietary challenges

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: "A diabetes free day": European respondents' perspectives on food, eating and dietary challenges

Authors: Knutsen, IRK (Ingrid Ruud); Foss, Christina; Todorova, Elka; Roukova, Poli; Kennedy, Anne; Rogers, Anne

Presenter: Knutsen, IRK (Ingrid Ruud)

Introduction:
Food, eating and diet are central in contemporary moral, social and cultural discourses. For the management of diabetes following a diet is vital. The EU-WISE project involves six European countries aiming to analyse the role of networks in the day-to-day management of diabetes type 2 in deprived populations. Food and eating as everyday activities are important in the social context of peoples' lives. Our aim is to compare cross-nationally dietary managing strategies in peoples' social networks.

Methods:
A mixed-methods approach has been used. This includes a survey (N=1800) and biographical interviews (N=150). Specific questions from the survey on diet were selected and were descriptively analysed to identify dietary self-management practices. In the biographic analysis we focused upon the work related to dietary practices and the challenges people faced.

Results:
The findings show that change of diet is a major challenge for patients with diabetes type 2 in all six countries. Diet is not only under the control of the individual but is also affected by the network and the economic and cultural context. Emergent findings illustrate that there are similarities and differences to the challenges faced by people with diabetes type 2 across Europe.

Discussion:
Traditional approaches communicating diet to people with diabetes do not consider the relevance of habits or the uncertainties confronting patients in their everyday strategies and struggles for normalcy. The study contributes to knowledge on how networks present challenges and opportunities to dietary control for patients with diabetes.

P2.09.13 Type D Personality Type and Education Expectations in Health Care Institutions

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Type D Personality Type and Education Expectations in Health Care Institutions

Authors: Andruszkiewicz, AA (Anna); Ratajska, AR (Anna); Basiriska, MB (Malgorzata Anna); Lewandowska, ML (Magdalena); Kubica, AK (Aldona)

Presenter: Ratajska, AR (Anna)

Introduction:
Education plays an important role in prevention, medical treatment and rehabilitation of chronically ill patients and constitutes an integral part of patients care services. We propose that the educational function is procedurally different from traditional forms of intervention. It should be obvious that medical practitioners' knowledge of patient's expectations from healthcare professionals facilitates more effective remedial and rehabilitative interventions.

There are still many unanswered questions regarding the functions of education in medical practices. This work attempts mainly to present research finding of two groups: sick and hospitalized and healthy individuals to show a relationship between distressed personality type and education expectations among healthcare professionals. It further seeks to examine whether there is any correlation with sex, age and education variables.

Methods:

P2.09.14 Chronically ill patients struggling between patient and consumer practices

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Chronically ill patients struggling between patient and consumer practices

Authors: Lubi, KL (Kadi); Vihalemm, TV (Tiin); Taba, PT (Pille)

Presenter: Lubi, KL (Kadi)

Introduction:
The occurrence of and adaptation to any chronic disease requires the mobilization of social capital to meet the change. A chronically ill patient has to learn the practices that match the patient’s habitus. However, the social understanding of “proper” ways of thinking and acting as a patient have changed in the course of the decrease in medical paternalism and the introduction of more participatory models of treatment and care. The borders of the patient’s habitus are becoming more blurred and the interaction with everyday consumer practices shapes them. Our aim was to find out how the elements of both patient practices and consumer practices were combined and managed in the signification of illness experience and interpretation of the offerings of products and services of complementary and alternative medicine.

Methods:

Discussion:

The study sample consists of 272 subjects (166 ill and 106 healthy subjects), 177 women and 95 men. The average age of the subjects was 45.71 (SD=13.51). A Polish version of the Type D Scale-14 and the Therapeutic Education Expectations Scale (own construction) were used.

Results:

Statistically significant differences were found in the scope of educational expectations regarding the impact of a medical condition on other health walks of life. Healthy and male individuals cultivate greater educational expectations from the impact of a medical condition on professional and sexual life. Younger individual and those with a shorter medical history wanted to know more about their condition. A statistically significant negative correlation was identified between education expectations regarding the impact of a medical condition on other realms of life and type D personality, and particularly in the negative emotion dimension. Age was the only predictor of education expectations in the studied sample.

Discussion:

Three sets of themes surfaced in the construction and implementation of our research: (1) Distressed personality types impede the generation of educational expectations regarding the medical condition only to a negligible extent in the studied group. (2) The knowledge health care providers have about patient’s expectations regarding therapeutic education can significantly improve communication with patients. (3) Scholars should indicate the conditions of emergence and existence of distressed personality types and how education can function preventatively and prescriptively.

P2.09.14 Chronically ill patients struggling between patient and consumer practices

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Chronically ill patients struggling between patient and consumer practices

Authors: Lubi, KL (Kadi); Vihalemm, TV (Tiin); Taba, PT (Pille)

Presenter: Lubi, KL (Kadi)

Introduction:
The occurrence of and adaptation to any chronic disease requires the mobilization of social capital to meet the change. A chronically ill patient has to learn the practices that match the patient’s habitus. However, the social understanding of “proper” ways of thinking and acting as a patient have changed in the course of the decrease in medical paternalism and the introduction of more participatory models of treatment and care. The borders of the patient’s habitus are becoming more blurred and the interaction with everyday consumer practices shapes them. Our aim was to find out how the elements of both patient practices and consumer practices were combined and managed in the signification of illness experience and interpretation of the offerings of products and services of complementary and alternative medicine.

Methods:

Discussion:

The study sample consists of 272 subjects (166 ill and 106 healthy subjects), 177 women and 95 men. The average age of the subjects was 45.71 (SD=13.51). A Polish version of the Type D Scale-14 and the Therapeutic Education Expectations Scale (own construction) were used.

Results:

Statistically significant differences were found in the scope of educational expectations regarding the impact of a medical condition on other health walks of life. Healthy and male individuals cultivate greater educational expectations from the impact of a medical condition on professional and sexual life. Younger individual and those with a shorter medical history wanted to know more about their condition. A statistically significant negative correlation was identified between education expectations regarding the impact of a medical condition on other realms of life and type D personality, and particularly in the negative emotion dimension. Age was the only predictor of education expectations in the studied sample.

Discussion:

Three sets of themes surfaced in the construction and implementation of our research: (1) Distressed personality types impede the generation of educational expectations regarding the medical condition only to a negligible extent in the studied group. (2) The knowledge health care providers have about patient’s expectations regarding therapeutic education can significantly improve communication with patients. (3) Scholars should indicate the conditions of emergence and existence of distressed personality types and how education can function preventatively and prescriptively.
I Chronic disease patients combine patient and consumer practices in different situations. The situation or the nature of the problem may determine the prevalence or the extent of one or the other practice.

P2.09.16 Are psychiatric ‘virtual-clinics’ useful educational resources for rural medical practitioners?
	Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Are psychiatric ‘virtual-clinics’ useful educational resources for rural medical practitioners?

Authors: Mullan, JRM (Judy); Weston, K (Kathryn); Bonney, A (Andrew); Moscova, M (Michelle); Dijkmans, B Hadley (Bridget); Knight, P Billington (Patricia); Munkman, A (Alyssa); lanella, J (Jessica); Pail, N (Nagesh)

Method:
A medical education program recently developed in New South Wales, Australia, incorporated an interactive ‘virtual-clinic’ session promoting the use of internet-based teaching to assist the rural healthcare workforce in the acquisition of knowledge and skills regarding the management of particularly challenging patients. During one of the first ‘virtual clinic’ sessions, a university-based psychiatrist interviewed a ‘patient’ (actor) with severe, treatment-resistant depression. Members of the rural healthcare workforce who attended the ‘virtual-clinic’ were encouraged to ask questions and to interact throughout the session. The participants were asked to complete a short survey about the clinic, perceptions of the impact of the initiative were also sought.

Results:
Clinicians perceived benefits for their practice, and for trainee and junior doctors and patients. The psychiatric session was regarded as highly relevant and directly applicable. One of the rural GPs who had attended the session reported that the ‘virtual-clinic’ scenario revealed itself in his practice the very next day; “I was able to apply strategies demonstrated by the psychiatrist the previous evening and the progress was immediate.” All participants agreed and/or strongly agreed that the experience of being involved in the psychiatric virtual clinic was a valuable, enjoyable and engaging learning experience.

Discussion:
Interactive ‘virtual-clinic’ scenarios provide excellent opportunities for education of rural health practitioners. Furthermore, an on-going and regular program of education delivered using internet-based video-streaming and promoting real-time discussion with medical specialists and experts can be effective in supporting practitioners working in isolated rural communities. The potential outcomes of such an innovative education program are likely to be significant in terms of enhanced patient care and community health, and also physician education and workforce retention in far-flung rural and remote areas.

P2.09.17 The Measurement of “CHIKI-IRYO” Health Literacy in Japan - The older, the higher Health Literacy-

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: The Measurement of “CHIKI-IRYO” Health Literacy in Japan - The older, the higher Health Literacy-

Authors: Omori, K (Koji); Ono, T (Tomoaki); Yasui, H (Hiroki); Abe, K (Keiko); Suematsu, M (Mina); Uemura, K (Kazumasa)

Presenters: Omori, K (Koji)

Introduction:
It is essential for individuals to possess Health Literacy (HL) to deliver appropriate healthcare. However, there are no tools to measure HL in Japan, and the feature of HL in Japan is unknown. We focused on “HL in the community medicine” using the Japanese term “CHIKI-IRYO Literacy”, because it’s a common site about healthcare. We aimed to develop the HL measurement tool “CILQ (CHIKI-IRYO Literacy Questionnaire)” and to reveal the feature of CHIKI-IRYO Literacy in Japan.

Methods:
We made a provisional questionnaire with 8 concepts of Japanese healthcare that have 4 questions each. We examined validity and reliability of the questionnaire in a common procedure. Finally, CILQ was validated consisting of 29 questions with a three-point scale (0–2 point). We investigated CHIKI-IRYO Literacy in Japan with volunteers aged over 18. IBM SPSS Statistic version 20 conducted non-paired t-test and Pearson’s correlations.

Results:
The reliability of CILQ resulted 0.747 (Cronbach α). The factor analysis extracted 8 factors. With these results, CILQ was finally validated. Then, CILQ was applied to 353 (M/F: blank: 149/193/11) and their mean age was 39.6±7.0. The mean score of CILQ was 42.8±7.0 (M/F: 43.6±7.0/42.1±7.2). No significant difference was found in gender. Pearson’s shows positive correlations between the score of CILQ and age (r=0.440, p<0.001).

Discussion:
CILQ was conducted to clarify CHIKI-IRYO Literacy in Japan. As a result, CHIKI-IRYO Literacy of the old was higher than those of the young. Because CILQ includes contents of experiences to receive healthcare, the young who have less chance to go to hospital compared to the old may have lower scores. Our result was opposite of USA; the elder has lower HL. The reason for this could be the differences of questionnaires, which CILQ includes advanced questions such as health insurance issues and USA one measure basic literacy like reading or calculation. Though the measurement tools are different between Japan and USA, improving HL to have appropriate healthcare is our common purpose. In Japan, it may be important especially for the young to facilitate acquiring HL.

P2.09.18 Nursing visit: Information and reception to the family in one intensive care unit in Brazil

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Nursing visit: Information and reception to the family in one intensive care unit in Brazil

Authors: Pelazza, BBP (Bruno Bordin); Simoni, RCMS (Rosemary Cristina Marques); Freitas, EGBF (Ercilhana Gonçalves Batista); Silva, BRS (Beatriz Regina); Silva, MJPS (Maria Júlia Paes)

Presenters: Silva, MJPS (Maria Júlia Paes)

Introduction:
This study aims to evaluate and address the main needs for information and reception verbalized by the families during the visit of Nursing.

Methods:
A quantitative and descriptive approach, approved by the Ethics and Research of the University of São Paulo. The data collection was performed by three nurses in the Intensive Care Unit (ICU) Adult in a private hospital in the city of Uberlândia in Minas Gerais/Brazil, along with the relatives of hospitalized patients. Three questionnaires were administered during the visit of Nursing to family members of ICU patients for 4 months. The first checked whether the family would like to receive some information from the Nursing and after given the information, the doubts were verified. After the liberation of the patient from the ICU, family members were invited to answer a questionnaire evaluation of care. All statistical analysis was performed using SPSS 17.0 software.

Results:
The final sample of 115 families surveyed. The family analyzed were mostly female (74%), with kinship "daughter" (40%) followed by "wife" (37%), aged 50 years, housewife, with higher education. All family wanted to receive information from the nurse and the visits had an average duration of 9 minutes each. The time of visit was satisfactory for most of the relatives interviewed, as well as the care received during visiting hours, but some families still feel the need for greater contact time with the patient, being his/her stay for 30 minutes. The greater topics of doubts among family members in the visit of Nursing were the patient’s clinical status and its prognosis. When comparing the concerns raised during the visit of Nursing, the average number decreased from the first (110) to the last visit (38).

Discussion:
It was observed that the daily visit of Nursing held can reduce the doubts and anxieties of family during the days emphasizing the need for such contact between Nurses and Family. As this contact was not standardized in the institution, the study demonstrated the importance of the nurse-family direct contact to the reception in the intensive care unit.

P2.09.19 An Analysis of Online Health Counselling Content on a Website Administered by a Nursing College
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
An Analysis of Online Health Counselling Content on a Website Administered by a Nursing College

Authors:
SAXYO, Y. S. (YUMI); Nakayama, K.N (Kazuhiro)

Presenter:
SAXYO, Y. S. (YUMI)

Introduction:
While an abundance of information on health can be accessed online, the public needs to understand how to apply this vast literature in health-related decision-making. We set up a community Website, ‘Nursing-Net’ http://www.kango.net.jp/, which is administered by a nursing college and where connecting Citizens and Nursing personnel and health information for the public is provided. This study aimed to obtain suggestions regarding health care communication required by visitors to the Website and to examine consultation content written on Nursing-Net’s ‘Online health counselling’ page.

Methods:
We studied consultations on two diseases, dilated cardiomyopathy and Rokitansky's syndrome, that had generated a large number of replies over a period lasting approximately 7.5 years, from 26 April 2006 to 26 October 2013. A qualitative analysis of the data was then performed, where we extracted the smallest meaningful units of content from sentences, forming consultation notes before coding and classifying these.

Results:
Online health counselling notes concerning dilated cardiomyopathy were written to 74 individuals (on 184 cases), while those addressing Rokitansky's syndrome were written to 26 individuals (on 45 cases). There were many notes on the latter regarding appropriate therapeutic methods as well as the discomfort individuals felt within their marriages as a result of the disease. On intractable dilated cardiomyopathy, there was content on how to live everyday life and thoughts regarding the remaining days one had to live. Perplexity regarding the lack of relevant health information was also noted for these two diseases.

Discussion:
We guessed that these individuals visited the site through various other sites while trying to find information. Thus, the results suggested that online health counselling offered highly useful assistance for patients suffering from rare diseases such as dilated cardiomyopathy or Rokitansky's syndrome. Further, the study revealed that along with developing competence in health care communication, improvements in health literacy were particularly necessary in the current health care system. Acknowledgement: This work was supported by JSPS KAKENHI Grand Number 23390497.

P2.09.20 Evaluation of the Pharmacy Services for the Geriatric Patients in terms of Health Communication
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Evaluation of the Pharmacy Services for the Geriatric Patients in terms of Health Communication

Authors:
Sar, S. (Sevgi); Arslan, M. (Miray); Sozen Sahne, B. (Bilge)

Presenter:
Sar, S. (Sevgi)

Introduction:
The definition of "geriatric" made for the persons at the age of and over 65 means the most mature period of human life. Increase in the life quality throughout the world prolonged the human life, therefore caused the geriatric population to increase. It is normal that the more the average age is, the more the encountered health problems are. Even if treatment methods of these all the time intend to heal, sometimes unwanted results may be observed. Especially, multiple drug use named as polypharmacy can cause negativities due to unwanted interactions. As for everybody, geriatric people can reach the pharmacists most easily. There are some special issues in the communication of pharmacists with this patient group. In this study, factors to be paid attention in the pharmacists-geriatric patient communication and reasons of these will be examined and recommendations increasing the quality of communication will be put forward.

Methods:
There are many studies especially in the field of pharmacy services regarding the geriatric patients, significant segment of communities taking the advantage of health services. Within the scope of this study, studies regarding the pharmacy services provided for the geriatric patients were examined and main communication deficiencies in these services were found out, factors to be paid attention were determined.

Results:
Geriatric people in Turkey are known to compose the most significant segment of the ones applying to pharmacies. It is known that this group comes to pharmacies not only for getting drug but also benefiting from various services such as getting consultancy service, tension measurement, having a chat and overcoming their loneliness. Whatever the reason is, communication with these people coming to pharmacy and experiencing hearing, vision, perception and movement difficulty has significant contributions in terms of enabling them to use their drugs logically and feeling themselves better socially.

Discussion:
Health conditions of geriatric individuals bearing significance for societies can be evaluated as a significant indicator of development levels of societies. Pharmacists have crucial roles in enabling their life quality to increase. Including the provision of drugs in a appropriate way, enabling qualified geriatric patient-pharmacist communication will increase the life qualities of geriatric persons.

P2.09.21 Grievance in hospitals: a symptom of a lack of communication between health care professionals and their patients
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Grievance in hospitals: a symptom of a lack of communication between health care professionals and their patients

Authors:
Schaad, BS (Béatrice); Bourquin Sachse, C; Borret, F; Currat, T; Panese, F; Stiefel, F

Presenter:
Schaad, BS (Béatrice)

Introduction:
Different contextual factors encourage hospitals to devote a growing effort to improve the satisfaction of their users. In Switzerland, the five university hospitals have created facilities where the patients and
their families and friends can express grievances connected to their hospital experiences. The object of this article is to describe the type of grievances brought to these facilities.

Methods:
On April 1, 2012 the University Hospital of Vaud (CHUV) opened such a facility. Each grievance has transcribed into a report containing possibly different types of problems encountered. This research is an exploratory study concerning the analysis of 220 reports between April 1, 2012 and February 19, 2013.

Results:
(still under study) - The majority of grievances (n=174) concern interpersonal skills and in particular the absence of respect of health professionals shown towards patients and their families, who, for example, complain of a lack of sensitivity, empathy, or feeling. Individuals report more grievances concerning interpersonal skills than professional skills. Complaints concerning malpractice are reported two times less frequently than those concerning interpersonal skills and nearly five times less frequently than those touching on the attitude of professionals. Grievances relating to professional skills were cited on 142 occasions: visitors to the EPP complained, for instance, about anxiety-inducing delays in the start of treatment. Problems concerning communication were an important object of complaints (n=109).

Discussion:
Corroborating other studies, from the analysis of the stories of these patients and their families emerges the profile of a “consumer of hospital care”, with demands that go beyond the simple “consumption of a product of health care”. In the light of grievances appears a patient who wishes to be an active partner in his own treatment, who has high expectations concerning the expression of empathy, information, and level of communication. The need for recognition voiced by patients and their families/friends as well as their other expectations concerning the interpersonal skills of health professionals and their aptitude for communication reveal important questions on the evolution of patients’ desires; they raise the question regarding how the hospital intends to use these complaints to improve the quality of the hospital stay.

P2.09.22 The importance of therapeutic education for young people with type 1 diabetes
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: The importance of therapeutic education for young people with type 1 diabetes
Authors:
Serrabulho, LURDES; Matos, Margarida; Nabais, Joao; Raposo, Joao-Filipe

Introduction:
The social, occupational, familiar and emotional changes during youth can affect adherence to diabetes management tasks and quality of life of youngsters with type 1 diabetes. Therapeutic Patient Education provided by the multidisciplinary team can be a very important tool to help young people to surpass difficulties. The objectives of this research consisted on the evaluation of health behaviours, social support and adherence to diabetes treatment of youth with type 1 diabetes and the evaluation of youngsters’ satisfaction about the educational activities where they participated.

Methods:
This research included quantitative studies with 91 adolescents (11-16 years old, 63 male; 28 female) and 278 young adults (18-35 years old, 139 male; 139 female), a qualitative study with focus groups with 41 adolescents (10-17 years old, 29 male; 12 female) and satisfaction studies’ evaluation relating to educational activities.

Results:
Satisfaction with life is 7.2±1.7 in adolescents and 6.6±1.7 in young adults (scale 0-10). Most participants consider having good social competences. Youngsters show healthy eating habits and two thirds of adolescents and one third of young adults practice recommended physical activity. Adherence to insulin therapy and glucose monitoring is satisfactory but they present 9.9±2.1 (adolescents) and 8.7±1.6 (young adults) as mean value for HbA1c, superior to the recommended by international guidelines. The participants agreed with the 10 positive representations presented about diabetes. Youngsters consider having a good social support from multidisciplinary health team and refer the benefits of group education sessions and summer camps with other youngsters with type 1 diabetes that help them to live better with diabetes.

Discussion:
The youngsters studied showed satisfactory lifestyles, good social competences and satisfaction with life, good social support from healthcare team and recognized the benefits of group educational sessions with the peers. They present a reasonable adherence to the diabetes treatment, however with a less optimal metabolic control of diabetes. It is recommended the continuity of multidisciplinary team investment on therapeutic patient education to promote the motivation of youngsters to treatment adherence involving the peers with diabetes in group education and leisure activities according to participants’ needs, wishes and difficulties.
**P2.09.24 Health information on the Internet: Who is searching for what, when and how?**

**Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
Health information on the Internet: Who is searching for what, when and how?

**Authors:**

**Presenter:**
Wiegard, B.

**Introduction:**
The Institute for Quality and Efficiency in Health Care publishes the bilingual website gesundheitsinformation.de / informedhealthonline.org. This project was initiated to learn more about users of online health information (HI).

**Methods:**
Systematic search for studies on Internet searches for HI in the databases PubMed, Medline (Ovid), PsycINFO (Ovid), Cinahl (Ebsco); search was conducted in August 2013; descriptive summary of findings

**Results:**
Out of 89 studies, five major topics were identified: • Frequency of searches: More than half of all participants reported searching the Internet for HI (range 25 to 80 percent). The frequency differed from at least once a year to daily. • Triggers and reasons for searching: The search for HI is often related to a consultation with a doctor. Other people want to look up symptoms and make a diagnosis, learn more about an illness or have to make a decision. • User characteristics: People who search the Internet for HI are more likely to be women, about 30 to 50 years of age, with a higher education and higher income. • Search strategies: The search engine is the most popular starting point for a search for HI, with portals and health sites being other, far less popular options. • Trust / Credibility: A website that is easy to access, has an attractive design, multimedia elements and no spelling errors is considered more credible. If the content corresponds to that of other websites and is consistent with the users’ previous knowledge and opinions, this also contributes to a website’s credibility. Well-known brands like NHS and websites from public institutions or organizations are considered more credible.

**Discussion:**
As many searches are related to medical consultations, it would be interesting to learn more about specific information needs in this context. Interestingly, a website’s credibility seems to be largely determined by factors not essential for the quality of the information. This raises the question of how the merits of evidence-based HI can best be conveyed. The present findings have, however, various limitations, e.g. the quality of the studies has not been evaluated, and the samples differ widely.

**P2.09.25 Patients’ and dental student-clinicians’ demographics: are these associated with patients’ ratings of communication?**

**Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
Patients’ and dental student-clinicians’ demographics: are these associated with patients’ ratings of communication?

**Authors:**
Winning, TA (Tracey); Stanners, M (Melinda); Kinnell, A (Angela); Schönwetter, D (Dieter)

**Presenter:**
Winning, TA (Tracey)

**Introduction:**
Demographic factors influence the dynamics of clinical communication in medicine. However, there is only limited investigation of these factors in oral healthcare practice and education settings. Understanding which factors influence communication dynamics is important to inform oral healthcare curricula. The current study aims to investigate patterns of variation in the quality of communication of student-clinicians as assessed by patients using the dental-specific Patient Communication Assessment Instrument (PCAI; University of Manitoba).

**Methods:**
Patients (n=889; 58% female; 77% Australian/European and European; 63% >50y) who received care from student-clinicians (n=184; 59% female; 74% Asian and Australian:Asian) at the Adelaide School of Dentistry completed the PCAI after a minimum of two appointments (ethics approval: UA: H-071-2009). Patient care experience for student-clinicians varied, ranging from 15 weeks (3rd y: 2009, 2011) to 60 weeks (5th y: 2009, 2011). Student-clinicians data were included provided they had at least three patients’ ratings. Percent excellent ratings for the four PCAI subscales were calculated. Multi-level modelling was used to identify associations between patients’ ratings of their student-clinician’s communication, and patients’ gender, age, education, and ethnicity, and student-clinicians’ gender and ethnicity (p<0.05).

**Results:**
Patients rated female student-clinicians’ communication across three/four subscales significantly higher than male student-clinicians (subscapes: caring and respect, and interaction with other team members). For two subscales, Australian:Asian patients rated student-clinicians’ communication significantly lower than patients from other ethnic groups (e.g., Asian, European and Australian:European; subscales: caring and respect and interaction with other team members).

**Discussion:**
The influence of student-clinicians’ gender on patients’ ratings demonstrates consistency with other healthcare professions. Analyses of larger cohorts and other oral healthcare educational settings are needed to confirm these findings. To focus student learning support, further investigations are needed regarding interactions between these factors and possible explanatory mechanisms such as levels of student-clinicians’ patient-centredness and perceptions of patients, and patients’ participation, health beliefs, cultural values and preferences. Acknowledgements: Patients and students; Centre for Orofacial Research and Learning, University of Adelaide; Australian Dental Research Foundation; Network for Oral Research Training and Health; Canadian Institutes of Health Research International Opportunity Program.

**P2.09.26 Building and Breaking: Trust Of Cancer Patients to Physicians**

**Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:**
Building and Breaking: Trust Of Cancer Patients to Physicians

**Authors:**
Yeh, JUNG HUI (Becky); Hu, Shao Chia

**Presenter:**
Yeh, JUNG HUI (Becky)

**Introduction:**
The formation of patient trust to physicians is a dynamic process, mixed with medical experiences from patients themselves and others. Though scholars attempt to predict and calculate trust development, rarely can studies reflect the wax and wane of patient trust. Based on personal experiences from cancer patients, this project analyzed (1) how cancer patients develop their trust in the diagnosis and treatment stages; and (2) what factors and/or physician responses encourage or intimidate patients’ trust.

**Methods:**
Medical experiences from cancer patients were collected from two sources: in-depth interviews and medical blogs written by cancer fighters. In-depth, semi-structured interviews were carried out with cancer patients from across a range of diagnosis/treatment paths. Interviews lasted approximately 1 to 1 1/2 hours. Interviewees are asked to share their stories about discovering cancer, thoughts, decisions and doubts about diagnosis and/or treatment. Medical blogs analyzed in this study were selected based on the following conditions: (1) blogs written by cancer patients in person, rather than...
patients’ relatives or friends; (2) blogs are still active (by updating any kind of treatment experiences or responding to questions) till Dec. 30, 2013; (3) blog writers gave consent to share their experiences as part of this study.

Results:

Preliminary trust is usually anchored in personal experiences of patients’ medical visits or an outcome of surrender to cancer. In the diagnosis stage, hospital services and efficiency (e.g., arranging check-up schedules and waiting hours), as well as how physicians explained treatment plans to patients are clues for patients to scrutinize their trust for the treatment stage. In treatment stages, patients trust their physicians mostly based on two conditions: (1) how physicians responded to patients’ questions and requests; (2) whether physicians take initiative roles of arranging follow-up checks, sharing updated medical information or benefits. By sharing medical experiences with other patients, cancer patients collected and compared prescription among physicians and symptoms.

Discussion:

This study expects to provide medical providers with information about what constitute of trustworthy physicians for cancer patients. Instead of treating patients’ trust as an outcome variable, this study tries to explain and discuss how patients build up their trust to physicians.

P2.10.01 Are the exchange features influencing chronic patients’ follow-up visits with community pharmacists? Preliminary results from the Portuguese practice milieu

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Are the exchange features influencing chronic patients’ follow-up visits with community pharmacists? Preliminary results from the Portuguese practice milieu

Authors: Antunes, Liliana (P.); Cavaco, Afonso (M)

Presenter: Antunes, Liliana (P.)

Introduction:

Portuguese community pharmacies provide a number of health services to chronic patients, such as patient counselling through medication use reviews (MUR) in a consultation environment. One key element for a successful chronic therapy follow-up is the regularity of patients’ visits. The aim of this study was to explore determinants of pharmacy users’ loyalty.

Methods:

Cross-sectional study of community pharmacy interviews, recorded during a 3 months period in the 1st semester of 2012, between chronic patients and pharmacists. Each interview, addressing either objective patient data (e.g. mainly blood pressure, sugar, cholesterol etc. measurements) (OPD) or MURs, was transcribed and coded on a simplified RIAS coding frame. It was also registered if a next appointment was scheduled. Patient demographics, consultation features and communication variables were used to estimate by logistic stepwise regression which factors contributed the most to predict patients’ agreement to a subsequent visit.

Results:

From a total of 54 interviews, conducted within 4 community pharmacies, 41 (75.9%) were OPD visits, with a total of 37 (68.5%) female patients. These lasted 8m:21s (SD 5m:27s), while MURs took 38m:44s (SD 16m:01s). From 15 interaction codes, the most prevalent in OPDs was the medical information exchange (23.0% of all utterances (allu), mean of 19.9U/interview), followed by lifestyle/psychosocial (LS/PS) (11.9% allu, mean 10.3U/interview) and patient orientation/instructions (10.6% allu, mean 9.6U/interview), while in MUR’s medical (18.6% allu, mean 61.7U/interview), therapeutic (17.0% allu, mean 56.4U/interview) and LS/PS (17.5% allu, mean 57.9U/interview) information were the most prevalent. Frequency of booking a next appointment was 24.4% in OPD and 44.4% in MUR visits, significantly associated with MURs (Fisher’s p=0.020). Significant predictors of patients’ loyalty were communication variables, with positive effect (allu), mean (OR=1.453), measurement and other instructions (OR=1.325) and optimistic exchange (OR=1.396), while concerns (OR=0.617) had a negative impact on the likelihood of a next appointment.

Discussion:

MUR visits were expressively longer than OPD ones, but containing an equivalent composition of utterances, with fewer patients’ instructions, though MUR frequently includes measurements too. Patient follow-up seems influenced by interpersonal factors rather technical aspects of the consultation, suggesting lower recognition of professional competencies beyond social qualities.

P2.10.02 Beyond the health checklist: exploring Shared Decision-Making in health promotion interaction in older adults

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Beyond the health checklist: exploring Shared Decision-Making in health promotion interaction in older adults

Authors: Marcus-Varwijk, A E (Anne Esther); Mensen, M W M (Monique); Madjidjan, D S [Donya]; Visscher, T L S (Tommy); Seidell, J C (Jaap); Slaets, J P J (Joris); Smits, C H M (Carolien)

Presenter: Marcus-Varwijk, A E (Anne Esther)

Introduction:

The growing number of older adults increasingly show unhealthy life styles. This will impact on their morbidity and autonomy. Nurses nowadays have a task in promoting healthy lifestyles, but so far nursing curricula do not focus on health promotion competencies. In a case study we explore which competencies and interaction behaviour registered nurses show in health promotion consultations for older adults.

Methods:

Data collection: 15 observations of health promotion consultations and 15 semi-structured interviews (14 nurses, 18 clients) in community health care settings. Transcripts are coded using QDA miner. Concepts used in the analysis move beyond clinical shared decision-making: personalized prevention, motivational interviewing, the Transtheoretical Model (Stages of Change, empowerment, participation, and power).

Results:

First results suggest that some nurses cling to the client’s health checklist, which prohibits a truly client focused interaction. Some nurses are able to interrelate in a professional and personal way. Client appreciation of and participation in the consultation varies and is associated with nurses’ perceived professional expertise and their skills to truly connect with clients’ personal health related views and concerns.

Discussion:

Nurses competencies in health promotion in older adults involve both professional expertise related to healthy living and their interaction skills. Nursing curricula should incorporate these subjects in order to achieve effective health promotion.

P2.10.03 Trusted Sources of Health Information and Health Related Concerns Important to Women of Different Generations

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Trusted Sources of Health Information and Health Related Concerns Important to Women of Different Generations

Authors: Argenio, SLA (Sandra); Pantin, SAP; Dluhos-Sebesto, CDS (Casey)

Presenter: Argenio, SLA (Sandra)

Introduction:

The study purpose was to identify the most important medical concerns and trusted health information sources to women with generational and demographic differences. Younger women report poorer quality of health and greater dissatisfaction with healthcare, despite advances in technology. Understanding women’s trust in various sources of information and their most common concerns can
help empower them in their participation and access to health information.

Methods:
A novel survey tool was designed to obtain information regarding subjects' age, race, and socioeconomic demographics, and their important medical concerns and trusted health information sources. The survey was administered to female patients, 16 and older, at clinic appointments. The information will create a data set of the most important medical issues and health information sources in these female populations and an analysis of generational differences. Population/Sample: Four distinct settings: Mayo Family Medicine Residency Clinic Community Health Volunteer Indigent Clinic University of North Florida Student Health Clinic A large OB/Gyn private practice Sample: 500 each site The survey assesses the most important medical concerns and trusted health information sources for female patients. Subjects were asked to rank usefulness and trustworthiness of the following health resources: primary care provider, alternative health, family/friends, religious institution, print material, TV/ radio, and internet. Other key variables: insurance, medical home, self-rated health quality and health literacy.

Results:
Initial results from Mayo subpopulation indicate female patients utilize and trust their primary care provider most, followed by internet. Those with a primary care provider and access to medical home perceive better self-rated health and health literacy. Concerns in this population include preventative health care; mammograms, paps and aging concerns. Final results from other sites will be available prior to the IOCCH meeting. Discussions are occurring with research partners at a large state university and a traditional African American university.

Discussion:
This research project will identify the most important medical concerns and trusted health information sources to women with generational and demographic differences. This will be useful in caring for and empowering women of all generations in respect to trust, preferred information sources and patient education materials.

P2.10.04 Implementation of Family Centered Care (FCC) at the paediatric intensive care and recovery unit (PICU) at Aarhus University Hospital (AUH), Denmark

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Implementation of Family Centered Care (FCC) at the paediatric intensive care and recovery unit (PICU) at Aarhus University Hospital (AUH), Denmark

Authors: B&EKAGER, MB (MARIANNE)

Presenter: B&EKAGER, MB (MARIANNE)

Introduction:
It is well-known that parents' participation in the care for their children during hospitalisation is considerably important to the outcome. FCC is the overall concept for including the entire family in the child’s admission. To acquire knowledge of how parents of children admitted to PICU at AUH, Denmark experienced the interaction with the nursing staff, the physical framework and the existing information materials.

Methods:
Initial focus group interview were conducted with parents of five children whose children were admitted at the unit for a minimum of one week. An interview guide was made on the basis of the Nurse Parent Support Tool and an external nurse conducted the interview. Additional focus was to identify possible and necessary development areas according to the parents.

Results:
-A parent file has been developed located in each patient room
-Each patient room has a unique decoration and ergonomic lighting to optimise the circadian rythm of the family
-Staff has received education in FCC
-Existing information materials have be

Discussion:
Family setting and lighting gave the family the possibility to stay in a room with friendly surroundings without disturbing the other admitted patients. The project has lead to an increased and focused nursing professional debate. This has ensured consistency in the nursing admitted children and their parents are offered. Furthermore, the project has lead to a new study on the parents' satisfaction and their stress level when having a child admitted to PICU.

P2.10.05 "Why does the European Medicines Agency involve patients in the evaluation of medicines?"

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: “Why does the European Medicines Agency involve patients in the evaluation of medicines?”

Authors: Bere, N.B (Nathalie); Moulon, I (Isabelle)

Presenter: Bere, N.B (Nathalie)

Introduction:
The European Medicines Agency (EMA) is the European authority which evaluates and monitors medicines. With a remit to ensure that European citizens are provided with safe and effective medicines, the EMA is at the forefront of efforts to involve patients in the regulatory process. Very early on the EMA realised that patients' experience with their disease and its treatment is a fundamental parameter for the evaluation of medicines. Their involvement is now an integral part of the Agency's work. What is the benefit of such collaboration between regulators and patients?

Methods:
Patients are involved in a wide range of EMA activities: • Scientific advice during medicines development; • Benefit/risk evaluations; • Provisions of information (e.g. package leaflet, safety communications) • Focus groups and workshops • Members of EMA Management Board and scientific committees Patients usually participate in person or via written consultation and the Agency provides tailored support as necessary. Surveys are regularly used to elicit feedback from both regulators and patients on their involvement and its added value to the process.

Results:
There has been a steady increase in participation of patients over the years; from 70 in 2009 to over 550 during 2013. Satisfaction surveys have shown that patient contribution provides a mutually beneficial collaboration through information and knowledge exchange. Concrete examples demonstrate the importance of the unique patient contribution, bringing an additional dimension to the scientific expertise.

Discussion:
Through their involvement in the evaluation of medicines, patients bring a real-life perspective to regulatory decision-making which ultimately benefits all patients. By involving patients and sharing information, the EMA not only fosters a more transparent approach and increases confidence in the regulatory process, but also contributes to patient empowerment. The EMA will further enhance its methods for gathering patient knowledge and preferences at each stage of the process of developing, assessing and monitoring medicines, and will investigate additional tools for measuring the effectiveness and impact of patient participation.

P2.10.06 Valuing the User Voice in the Design of Communication Technologies

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Valuing the User Voice in the Design of Communication Technologies

Authors:
Good patient-clinician communication is essential for effective healthcare. However, this communication can be compromised for people with speech, physical and/or intellectual disabilities. This is particularly apparent in special needs dentistry where the level of anxiety experienced by both the patient and the dentist may result in the patient exhibiting challenging behaviour.

Methods: A user-centred design approach has been undertaken by a multidisciplinary team comprising usability engineers, a dentist and social scientists to design a tablet-computer-based communication system to facilitate information transfer between patients and dental practitioners in special needs dentistry. The project lifecycle has been iterative in nature, including interviews with dental practitioners and observations of dental interactions to identify initial system requirements, and a design workshop with dental practitioners to develop early prototypes. An iPad app prototype based on the findings was piloted with three patients, their carers and dentist in preparation for a summative evaluation.

Results: The iPad app allows the preparation of customised Social Stories describing the procedures of the next dental appointment using photos, text and speech output. Patients and their family/carers were able to go through the Social Story prior to the appointment, highlighting areas which may cause anxiety or distress by marking the relevant activities. Dentists were able to access this information in advance of the appointment to allow adaptation of their treatment procedures. The dentists can also use the app to illustrate and discuss their treatment with the patient during the appointment. Results from the formative trial indicate that three patients with intellectual disabilities (Autistic Spectrum Disorder and Developmental Delay) could use the system to highlight areas of concern and found the prototype engaging and motivating. Their dentist reported that a patient was able to better communicate a previously undetected issue and her treatment adaptation enabled the patient to cooperate better during the consultation. Patient quote: “I wasn’t able to do that before!”

Discussion: Patients, their carers and dentists were involved in the user-centred development of a communication app prototype. After a formative evaluation showed acceptance and usability of the prototype we will now conduct a summative evaluation with several patient-dentist dyads.

P2.10.07 Development of interactive web –based education method for patients
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Development of interactive web –based education method for patients
Authors: Heikkinen, KH (Katja); Viljanen, PV (Petteri); Schantz, MvS von (Marjale)
Presenter: Heikkinen, KH (Katja)
Introduction: The amount of health related data in the net is growing. Furthermore more often also the patients are willing to search and share health related data in the net. PatientsLikeMe survey shows majority of people with health conditions are willing to share their health data. The aim of this study was to developed interactive and multidimensional web –based patient education for surgery patients.
Methods: Earlier developed web-based education (PhD Thesis) was developed further and evaluated with expert panel (healthcare and IT experts). In addition other available online services which supports the patients in independently assessing their condition were recognized and evaluated for combined to this original program. Data was analyzed statistically but also with content analysis.
Results: The earlier developed web-based patient education was developed further based on expert panel evaluations and earlier studies. Based on the evaluations it needed to be developed more interactive and more individual for patients. Other online services were recognized as relevant and could be combined together with web-based education and enhance patients’ empowerment. With these interactive methods patients can be provided with guidance and information on their specific condition as well as on preparing for surgery and rehabilitation after surgery.
Discussion: There is a growing need to develop interactive web-based education programs and services for patients. This interactive web-based education program could be used in order to enhance patients to be more active in their care. Without developing web-based programs for patient education, we are missing a valuable opportunity to promote the possibilities for patients to become active participants in their own care.

P2.10.08 COLLABORATIVE GOAL SETTING IN REHABILITATION: TOWARDS “SMART” SHARED GOALS FOR PATIENTS WITH CHRONIC BACK PAIN
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: COLLABORATIVE GOAL SETTING IN REHABILITATION: TOWARDS “SMART” SHARED GOALS FOR PATIENTS WITH CHRONIC BACK PAIN
Authors: Dibbelt, SG (Susanne); Glattacker, M (Manuela)
Presenter: Dibbelt, SG (Susanne)
Introduction: Theory of self-management (Kanfer et al., 2006) and cognitive-behavioral therapy underline the importance of well defined or “smart” goals in treatment and rehabilitation of chronic pain, i.e. specific, measurable and personally significant treatment goals shared by patient and physician. However recent studies report that communication barriers seem to restrain the discussion and agreement upon specific shared goals between patient and physician. In the ParZivar I Project a guideline to support “Collaborative Goal Setting” was developed. Physicians in four rehabilitation centers were trained to accomplish the “Collaborative Goal Setting Dialogue” and to document the results on special goal sheet. Initial goals, goal attainment and goal adjustment had to be discussed and registered conjointly at three encounters of patient and physician.
Methods: To assess the quality of implementation of the intervention a descriptive analysis of 430 documented initial goals of 168 patients with chronic low back pain was accomplished. In the current contribution data on chosen goal categories, goal attainment indicators and goal attainment rates are reported.
Results: 33.1% (142) of goals referred to pain reduction, 24.4% (105) referred to functioning in general, 10.7% (46) to work related activities, 10.2% to information gathering, 9.5% to control of risk factors and 8.4% to mental problems. Indicators for goal attainment were specified for 89,6% of goals, for 53,2% of goals at least a measurable desired value was indicated.
Discussion: The participative goal setting procedure seems to support a structured and collaborative goal dialogue between patient and physician and thus strengthen goal oriented proceeding throughout rehabilitation.

P2.10.09 Validation of a Turkish Version of the Short Test of Functional Health Literacy (S-TOFHLA)
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge
The study will contribute to the body of knowledge for enhancing communication and participation in patients admitted to the hospital or visiting the hospitals’ emergency departments. Patients preferences will be incorporated in their daily care to enhance patient participation and clinical outcomes during and after visiting the hospital.


Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Blood pressure monitoring in pregnancy: patient and staff perspectives. A qualitative study.

Authors: Hinton, L (Lisa); Greenfield, S; Locock, L; McManus, R; Tucker, K

Presenter: Hinton, L (Lisa)

Introduction: Worldwide, 10% of women have high blood pressure during pregnancy. Hypertensive disorders in pregnancy, including pre-eclampsia, are one of the commonest causes of maternal mortality worldwide. There are risks of long-term outcomes for both mother and baby. Self-monitoring of blood pressure in pregnancy could improve the detection of gestational hypertensive disorders while involving women in their antenatal care. While self-monitoring of blood pressure is now commonplace in adults with hypertension, there is surprisingly little data available regarding self-monitoring in pregnancy.

Aim: To explore the experiences of women and healthcare staff who took part in a pilot study of self-monitoring of blood pressure during pregnancy.

Methods: In depth qualitative interviews with women and staff who participated in a prospective un-blinded observational pilot study of self-monitoring blood pressure in pregnancy based in primary and secondary care in the UK (Blood pressure monitoring in pregnancy, BuMP). Eligible women were those defined by the UK NICE guidelines at higher risk of pre-eclampsia. Women were asked to monitor their own blood pressure at home, in addition to standard care, during their pregnancy and for 6 weeks after delivery. 201 women were recruited to the pilot study in 2013. Interviews were conducted with a purposive sample (n=20) of women and primary and secondary care staff, including midwives, GPs and obstetricians (n=20) involved with the study. Interviews were video or audio recorded. Analysis used a qualitative interpretative approach combining thematic analysis with constant comparison.

Results: Women who took part were at risk of pre-eclampsia. Early results suggest that the balance between feeling reassured and/or empowered and feeling anxious and/or medicalised varied depending on women’s previous experiences of pregnancy and/or pre-eclampsia. Staff interviews explored issues around clinical impact, the ability and reliability of women to self-test and raising or reassuring patient anxiety.

Discussion: While self-monitoring of BP in pregnant women has the potential to be a successful strategy in the detection of gestational hypertensive disorders that include pre-eclampsia, this study sheds light on the issues involved in engaging women and staff in adopting self-monitoring.

P2.10.12 Association of health literacy and information source use with health risk anxiety and protective behaviors

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Association of health literacy and information source use with health risk anxiety and protective behaviors

Authors: Ishikawa, H (Hiromi); Kato, M (Mio); Kuchi, T (Takahiro)

Presenter:
Ishikawa, H (Hirono)

Introduction:
Patient health literacy is related to their information-seeking behavior, and consequently to health outcomes. Even if they have access, patients with limited health literacy might not adequately understand and utilize the information in a way that protects and improves their health. The effect of information access on health behavior and outcomes might differ according to health literacy level.

This study explored the associations of health literacy and information source use with health-risk anxiety and protective behavior against risks in the Japanese general public.

Methods:
An online survey was administered to 713 adults age 20–69 years who watch or read news online daily. Risk perception was measured as the extent to which they perceived four common health risks often reported in the media as serious: food poisoning, drinking water safety, infectious diseases, and chronic diseases. Risk anxiety was the extent to which they felt anxious about those risks. Protective behavior was the extent to which they adopted protective measures against those risks. Information source use was the frequency of their use of each information source, including television, newspapers, the Internet, social media, family and friends, and public newsletters.

Results:
Those with higher health literacy used newspapers and the Internet more frequently, and adopted more protective behaviors against the health risks. More use of television information was related to greater risk anxiety, after controlling for demographic characteristics, risk perception, and health literacy level. This association was more evident among those with a higher health literacy level. More use of Internet information and social media was related to greater protective behaviors among those with a higher health literacy level, but was less evident among those with a lower health literacy level.

On the other hand, the use of family and friends and public newsletters was associated with more protective behaviors, regardless of health literacy level.

Discussion:
People might take different messages from the same information sources according to their health literacy level. In particular, those with a lower health literacy level might have difficulty seeking and making use of information from the Internet and social media to adopt protective measures against health risks.

P2.10.13 Evaluating positive behavior as an interactional strategy to address therapeutic goals: A conversation analysis

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Evaluating positive behavior as an interactional strategy to address therapeutic goals: A conversation analysis

Authors:
Jager, M. (Margot); Winter, A.F. de (Andrea); Metselaar, J. (Janneke); Knorth, E.J. (Erik); Reijneveld, S.A. (Menno); Huiskes, M. (Mike)

Presenter:
Jager, M. (Margot)

Introduction:
Dialectical behavioral therapy (DBT) is a promising intervention for adolescents with severe emotion regulation problems. Most of the research on this intervention has focused on its effectiveness for various client groups, but less attention has been given to the client-therapist interaction. A better understanding of the interactional practices that actually occur during therapy, may help to further improve the intervention. In this study we will demonstrate how one of the crucial activities in DBT, namely evaluating clients’ positive behavior (e.g. skillful, adaptive, non-self-destructive), is used as an interactional strategy to realize therapeutic goals.

Methods:
Three individual therapy sessions between one therapist-client couple were transcribed, and analyzed in detail using conversation analysis. The therapy sessions took place every week as part of DBT, an outpatient treatment in a child and youth mental healthcare organization. The therapist in this study was trained in cognitive behavior therapy and DBT. The client was a 19 year old girl diagnosed with an eating disorder and depressive symptoms.

Results:
Behavior was positively evaluated predominantly through an interactional structure which consisted of four basic elements: behavior, compliment, compliment evaluation, and response. This structure is normative in the sense that especially the evaluation-part is made interactionally relevant. This becomes apparent in the therapists’ preference for client agreement with the evaluation, and hence the compliment worthiness of the behavior. Disagreements were negotiated before the interaction at hand could be continued.

When agreement about the evaluation was reached, the interactional structure was being continued, or partly worked through again.

Discussion:
The conversational practice of evaluating positive behavior is utilized to create shared understanding about therapeutically relevant goals, norms and values. This is important in this type of therapy because it aims at replacing negative behavior with positive behavior, both types acknowledged as such by both client and therapist. This study shows how therapeutic goals are interactionally managed between therapist and client. In time this may even lead to an internalization of these goals, norm and values by the client, which may be of great importance for the effectiveness of treatment.

P2.10.14 Understanding patients’ collaborative ‘sense-making’ in online discussions about genetics

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Understanding patients’ collaborative ‘sense-making’ in online discussions about genetics

Authors:
Jones, RH (Rodney)

Presenter:
Jones, RH (Rodney)

Introduction:
This paper explores the discursive strategies patients with genetically related medical conditions use to make sense of the results of direct-to-consumer genetic tests in the context of online discussion forums. It aims to assess the extent to which laypeople are able to engage in joint problem solving and knowledge creation about complex biomedical issues and to identify the linguistic features of interactions that facilitate cooperative learning and result in more ‘scientifically accurate’ understandings.

Methods:
Interactions involving the discussion of direct-to-consumer genetic tests were collected from 12 different patient forums dealing with different conditions. The corpus was analyzed using tools from interactional sociolinguistics and corpus-assisted discourse analysis. In addition, the contributions were assessed based on the degree to which they conformed to models of scientific reasoning and the current state of scientific knowledge.

Results:
Three kinds of exchanges were identified: exchanges involving the sharing of information, those involving the evaluation of information, and those involving the application of information to some sort of theorizing or ‘sense-making’. Factors associated with participants’ ability to move from ‘information sharing’ to ‘sense-making’, as well as with the scientific accuracy of participants’ claims, included their use of epistemic modality to express certainty and uncertainty and to negotiate positions of expertise, and their use of intertextuality -- the way they appropriated and represented the words of others.

Specifically, more experienced contributors showed significant differences in their practices of modality and intertextuality than less experienced contributors.

Discussion:
This study demonstrates that laypeople are capable of working together to engage with complex biomedical issues by sharing information, cooperating to evaluate the reliability and relevance of such information, and combining the information to form theories and solve problems. This ability, however, depends on their mastery...
Consultations. How probing, trust and medication could be viewed as a first step of the discourses. In contrast, patient AFFECT evaluations, mainly to do with loss of capacity, pain and performance, are largely ignored by the therapist.

Discussion:
Our findings shed light on how patient-centredness is understood in physiotherapy consultations. The Appraisal framework shows the limitations of this conceptualisation as well as provides opportunities to make visible the various roles and functions of patient evaluations in the consultation.

P2.10.16 Explanatory Models and Decision Heuristics in HIV Care
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge
Title: Explanatory Models and Decision Heuristics in HIV Care
Authors: Laws, MBL (Barton); Danielewicz, MD (Michael); Rana, AR (Aadia); Kogelman, LK (Laura); Wilson, IBW (Ira)
Presenter: Laws, MBL (Barton)
Introduction: Findings on the relationship between conventional measures of health literacy such as the REALM and TOFLHA, and outcomes in HIV care, have been inconsistent and hard to interpret. An expanded definition of health literacy includes content knowledge—a understanding of disease and treatment consistent with biomedical theory. We explored how people living with HIV (PLWHIV) understand the nature of the virus, HIV disease, and treatment.

Methods:
Semi-structured interviews with 33 PLWHIV in 2 U.S. cities. Interview domains included the experience of receiving the diagnosis, living with HIV, and how feelings about it may have changed over time; treatment history and relationships with physicians and other healthcare providers; comorbidities; current and past medication regimens; living situation, employment, and natural supports; and disclosure to others. Items intended explicitly to elicit patients' explanatory models included such questions as "If you were going to explain to a friend what HIV is, what would you say?" and "How would you explain what T-cell, or CD4 count, means?" Similar items covered the various elements of the domains of etiology, time and mode of symptom onset, pathophysiology, sickness course, and treatment.

Results:
Adherence may have little relevance to health literacy because PLWHIV usually do not depend on mechanistic explanation or cognitive arguments to motivate adherence. It is sufficient that they trust their providers' instructions, and that the norms of their peer community support adherence.

P2.10.17 Health literacy, treatment perception, diabetes knowledge and socioeconomic status in a therapeutic patient education program for patients with type 2 diabetes in a rural area of France
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge
Title: Health literacy, treatment perception, diabetes knowledge and socioeconomic status in a therapeutic patient education program for patients with type 2 diabetes in a rural area of France
Authors: NARDI, ON (Olivier); MUTLU, GM (Gurkan); ROSENTRITT, BR (Brigitte); PERRIER, AP (Antoine); LOPES, AL (Anne-Sophie); JOUENEAU, SI (Sylvie); DEDEYAN, AD (Alexandra); BAUDIN, JB (Julie); DESCAMPS, PD (Philippe); TOUSSAINT, MT (Michel)
Presenter: NARDI, ON (Olivier)
Introduction: Currently, health literacy (HL) is not evaluated in therapeutic patient education (TPE) programs in France. The purpose of this study is to explore the relationship among HL, treatment perception, socioeconomic status and diabetes knowledge among adults with type 2 diabetes included in a TPE program. This study is part of a TPE program intended for patients with type 2 diabetes living in a rural area: Breval, Yvelines, France (DIAPREVAL a program supported by the Agence Régionale de Santé).
Centers score). Perceptions of medical treatment will be assessed using the beliefs about medicines questionnaire specific scale (BMQ-Specific). Multivariable linear regression will be used to assess the association between NVS score, DKT score, DHBM scale score, BMQ-Specific score and most recent hemoglobin A1C level while controlling for other covariates of interest. The study is planned to include 50 patients.

Results:
Preliminary results will be presented.

Discussion:
This study will be the first to include a French version of the NVS in France and to present the relations between NVS, EPICES score, BMQ-Specific score, DHBM and DKT scales in a French population of patients with type 2 diabetes.

P2.10.18 Women’s Voices in the Wake of Perinatal Loss

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Women’s Voices in the Wake of Perinatal Loss

Authors:
Nukrian, PRESENTATION (Maïka); yona, etty

Presenter:
Nukrian, PRESENTATION (Maïka)

Introduction:
“Perinatal Loss” refers to the experience of parents who lose a pregnancy for a variety of reasons including: early miscarriage, late miscarriage, recurrent miscarriages, spontaneous abortion, induced abortion following the discovery of a fetal abnormality or danger to the life of the mother, intrauterine fetal death (IUF) or stillborn.

Methods:
We, as professionals, are expected to prepare for and create methods of intervention that will assist the couple to deal with the tragic event so that they can deal with the loss and prevent the disruption of stability for the individual and the family. Intervention must take place in order to enable the venting of feelings while legitimizing challenging and common problems. Space must be provided for the associated feelings, and there must be an opportunity for public support and adaption of more efficient ways of dealing with the situation.

Results:
“The power of a group as a therapeutic and supportive tool results from the fact that the group is a microcosm that enables the individual belonging to it, to work in protective conditions and in situations where he finds it difficult to deal with publicly in his community. Great importance is given in the group for personal space. Every woman and her overall situation has its own pace and unique path in the framework of belonging because “a stranger won’t understand”.

Discussion:
The woman requires community encouragement along with a supportive group of women who share similar experiences. The group can provide the support they need in the wide open space that was enlarged following a perinatal loss. Support groups provide an important component of empowerment for the individual, the community and the population as a whole. Women who participate in a support group are given the opportunity to express their deepest feelings. This process of grieving can lead to acceptance, healing and growth.

P2.10.19 Interventions to increase chronic patients’ participation during health care visits

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Interventions to increase chronic patients’ participation during health care visits

Authors:
Pon, du, E. (Esther); Dooren, A.A. van (Ad); Dulmen, A.M. van (Sandra)

Presenter:
Pon, du, E. (Esther)

Introduction:
In medical consultations, topics such as the use of medication and adherence are neither frequently nor consistently addressed by patients and their health care providers (HCPs). As a result, questions remain unanswered and patients can struggle with their medication and life style behaviour. To address this problem, we will develop and test an online application (ConsultHulp) in a multi-phased project that can prepare chronically ill patients for a more active role during the medical consultation.

Research question: What are effective (components of) interventions to increase participation of patients with chronic illness during health care visits?

Methods:
In the first phase of the study, a systematic literature search was conducted to investigate useful interventions to increase chronically ill patients’ participation during health care visits. We searched for RCTs about (components of) interventions designed to enhance chronically ill patients’ involvement in the interaction during their health care visit in primary or secondary care. We searched in the databases Pubmed, Cinhall, Embase, PsychINFO, Picarta, IPA and Google Scholar. Two researchers assessed the search output independently to identify relevant studies, selected studies for inclusion, and extracted data. To gain insight into what barriers and facilitators patients experience in discussions with their HCP, patients will be recruited to take part in interviews, in the second phase of the study.

Results:
We identified 267 RCTs from 9 countries. A total of 63010 patients participated in the included studies. The most frequently applied interventions were question checklists and patient coaching. Preliminary results suggest that patient-focused, web-based, tailored tools are effective in the enhancement of patient participation during the consultation.

Discussion:
Although recent decades have seen many studies, especially RCTs, on interventions to improve patient participation, there are few studies that explicitly compare theoretical components. Moreover, in the majority of studies the outcomes are not clinically relevant. The results of this systematic review and the results of our interviews will be used to determine the different components of ConsultHulp application. This application will be made available in primary care in order to improve the participation and exchange of information by chronic patients during their consultation with the practise nurse or pharmacist.

P2.10.20 Social Networks, patient empowerment, and chronic illness: a meta-synthesis informing self-management support strategies in Europe

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Social Networks, patient empowerment, and chronic illness: a meta-synthesis informing self-management support strategies in Europe

Authors:
Rogers, A.E. (Anne); Vassilev, Iva(ylo); Kennedy, Anne

Presenter:
Rogers, A.E. (Anne)

Introduction:
Social networks are implicated in chronic illness management and previous research indicates that the integration of social networks holds promise for empowerment of patients and improving outcomes. However, the mechanisms through which patient’s social networks impact positively on participation in and providing resources SMS are not sufficiently well understood. The aim of this review was to ascertain how whether and to what extent different networks work to empower, transmit information and resources for some people but not others and to understand the underlying mechanisms of empowerment, communication and support.

Methods:
Meta and critical interpretative synthesis of 27 qualitative papers published between 2003 and 2013 focusing on the management of Diabetes Type 2. Searches in Medline and the Web of science.
Studies were included if they were conducted in EU, Norway, Australia or US settings, if they reported health outcomes (specifically about chronic illness) and described the relationship between social networks and the ability to manage chronic illness. The synthesis followed a line of argument synthesis where concepts across studies were translated into each other.

Results:
Three concepts operating in patients' network were identified which were deemed to be involved in self management support (SMS). There were: work (taking over or sharing the burden of illness management work that needs to be done), influence (through advice giving, modelling) and collective interactions, (knowledge exchange and practices within personal illness management networks). Network input can have both a positive and/or negative impact on SMS. Third order constructs were identified which forefronted the importance of network mechanisms: navigation, negotiating relationships, and collective efficacy.

Discussion:
Mechanisms embedded in personal communities of support are relevant to patient empowerment and self management. Navigation, negotiation, and collective efficacy are important for building patient capacity. Management strategies. The design of future interventions and policy developments need to focus on building individual capacity through harnessing the positive, and minimising the negative, impact of social networks. This includes engaging weak ties because they bring new and extended knowledge, awareness and resources beyond immediate family members and intimate relations and enabling environments outside the home.

P2.10.21 Family Centered Care creates the environment to indentify parents with Acute Stress syndrome.

**Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Family Centered Care creates the environment to indentify parents with Acute Stress syndrome.

**Authors:** Simonsen, BISIMO (Birgitte); Dall, RD (Rolf); Skovby, PS (Perinne); Mortensen, JM (Jesper); Elkit, AE (Ask)

**Presenter:** Simonsen, BISIMO (Birgitte)

**Introduction:** Studies show that traumatic stress symptoms are common in parents of children admitted to the pediatric intensive care unit (PICU). Family Centered Care (FCC) has shown promising potential in reducing levels of traumatic stress in this group of parents. To investigate the association between levels of parental satisfaction with nursing care and levels of traumatization, and to identity potential gender differences within this group. To examine the possible relationship between the severity of a child’s illness and the parents’ development of traumatic stress symptoms.

**Methods:**
A total of 118 parents of children admitted to the PICU at the University Hospital of Aarhus were recruited to participate in this cross-sectional study in the period of August 2011 to August 2012. The method of investigation was a self-report questionnaire package consisting of three questionnaires measuring parental satisfaction with support and caregiving, levels of traumatic stress symptoms and levels of severity of the child’s illness. This was supplemented with questions about the parents’ fear regarding the potential death of their child.

**Results:**
The parents were very satisfied with the help provided to them at PICU. No significant gender differences existed. High levels of satisfaction were not associated with lower levels of Acute Stress Disorder (ASD). No association between the severity of illness and ASD was found.

**Discussion:**
The parents were very pleased with the care at the unit. This study did not find an association between parental satisfaction and ASD, but such an association might still exist. Future research need to focus on this possible association. Family Centered Care can be an important mean to help the families overcome a critical time in their lives.

P2.10.22 Don’t let me be misunderstood. Tailored language in evidence-based health information

**Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** Don’t let me be misunderstood. Tailored language in evidence-based health information

**Authors:** Steckelberg, A; Albrecht, M

**Presenter:** Steckelberg, A

**Introduction:** Evidence-based health information is a prerequisite for informed choice. Currently, we prepare an evidence-based guideline for the development of evidence-based health information. Language is a core criterion that facilitates the perception of information. Therefore, the needs of the target audience regarding language specific aspects must be considered. Objective: To assess the effects of target group specific language comprising plain language, personalised and bilingual information on cognitive and affective outcomes.

**Methods:** Two authors searched the Cochrane Central Register of Controlled Trials, PubMed, CINAHL, PsycINFO, PSYNDEX, Campbell Collaboration and DIMDI up to December 2013. Also the reference lists were reviewed. Randomised controlled trials incorporating interventions with a ‘target group specific element’ included in patient information, and reporting cognitive or affective outcome measures were included. Searches were restricted to English and German language. Two authors independently assessed each included trial for risk of bias. Evidence tables according to GRADE were created. Due to the complexity of the interventions, analyses were descriptive.

**Results:** We included 6 studies. The quality of the evidence was low. Health information written at low grade reading levels may enhance knowledge compared to health information written at high grade reading levels: 8.82 (±2.33) vs. 6.93 (±2.50), p=0.0033 (score 0-12 points, 12 indicating max correct answers) and 77.5 % vs. 49% correct answers, p&lt;0.01. Health information that addresses recipients in a personalised way compared to non-personalised enhanced knowledge: 23.0 (±4.38) vs. 17.46 (±2.92), p&lt;0.001 (25 items (0-2 points); max score 50 points). Bilingual health information compared to English language only enhanced knowledge: 49.27 (±9.78) vs. 44.88 (±7.10), p&lt;0.05, and 81.41 (±34.64) vs. 27.95 (±41.26), p&lt;0.001 and 54.48 (±33.92) vs. 12.56 (±20.44), p&lt;0.001 (score: each recalled information was given 100 points; score was calculated by dividing total score by number of available information). In addition, 92.1% of participants preferred bilingual health information.

**Discussion:** Considering these aspects of language in evidence-based health information knowledge may be enhanced. However, clinical relevance of some results is questionable and evidence of included studies was low and based on very few studies. In addition, results are hardly transferable to European contexts. Further research is needed.

P2.10.23 The Influence of Gender Dyads on Physician-Patient-Communication in Acute Myocardial Infarction Treatment

**Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge**

**Title:** The Influence of Gender Dyads on Physician-Patient-Communication in Acute Myocardial Infarction Treatment

**Authors:** Willrodt, JW (Julia)

**Presenter:** Willrodt, JW (Julia)
Introduction: Investigating the influence of gender dyads on physician-patient-communication in ward rounds, focusing on psychosocial issues in medical encounters with in-patients who survived first-time Acute Myocardial Infarction (AMI). Psychosocial and gender aspects do play important roles in AMI treatment and for recovery, as well as lifestyle and risk factors are main topics after first-time AMI and differ, likewise family and job responsibilities, with patients’ gender, age, class etc., and may cause rejection of further treatments. There is a growing stock of knowledge about the influence of patients’ gender and physicians’ gender on communication in General Practice. While many studies show that female physicians are more patient-centered and facilitate patients’ participation, i.e. talking about psychosocial aspects, than their male colleges, some studies do not confirm these results. Furthermore, there are studies indicating that patients’ satisfaction depends on gendered expectations than physicians’ communication styles alone. However, little is known about the impact of doing gender in correspondence to different gender dyads in physician-patient-communication, especially focusing on psychosocial issues in AMI treatment in hospital. Whereas some studies suggest that concordant gender dyads seem to be more comfortable for both ‘patients and physicians, there are differences between female- and male-concordant gender dyads and communication styles – including psychosocial talk. Thus, how gender dyads influence psychosocial issues in AMI treatment in ward rounds is the main research question of my PhD thesis.

Methods: In order to investigate the impact of gender dyads on physician-patient-communication in AMI treatment, this qualitative research analyses 40 audiotapes of physician-patient-interactions in ward rounds and qualitative interviews with participating physicians (10) and patients (11) experiencing first-time AMI treatment.

Results: Qualitative analysis of these data shows how specific gender dyads influence i.e. the addressing psychosocial aspects in AMI treatment during hospital stay. Furthermore, the interviews complete these data with patients’ and physicians’ personal perceptions and evaluations of their medical encounters in specific gender dyads.

Discussion: Practical implications for: further investigations of gender dyads in physician-patient-communication in ward rounds/AMI treatment, and gender-sensitive recommendations for AMI treatment and physicians’ education.

P2.11.02 National decision to recall Breast Cancer women with ‘PIP’ implants impacted patient’s medical trust
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: National decision to recall Breast Cancer women with ‘PIP’ implants impacted patient’s medical trust
Authors: Julian-Reynier, CIR (Claire); Bouhnik, AD (Anne-Deborah); Bannier, M (Marie); Resseguier, N (Noémie); Reynier, P (Pauline); LeCozannet, E (Elodie); Rey, D (Dominique); Viens, P (Patrice)

Presenter: Julian-Reynier, CIR (Claire)

Introduction: As patient awareness and technical expertise grow, national rates of breast reconstruction after mastectomy continue to rise. However the recurrent implant crises over the last twenty years could impact doctor-patient relationship. In March 2010 the French national regulation agency (AFFSAPS) requested the doctors to call back all the women who had breast reconstruction with a “PIP” breast implant. Here we assessed medical trust concerns among younger/older breast cancer women who had breast reconstruction just before the 2010 “PIP implant crisis” in France and how this impacted their overall satisfaction of the reconstructive process taking into account their a priori participation to decision-making.

Methods: A total of 117 respondents (77%) among 152 eligible women who declared breast reconstruction after mastectomy prior to march 2010 and following enrollment as part of a geographically based prospective cohort study of breast cancer women. These cohorts included women with breast cancer aged ≤ 40, and aged ≥ 65 at diagnosis (ELUPPSES cohorts; inclusion 2004-2010) in the “Provence-Alpes-Côte d’Azur” area. For this cross sectional survey nested in the cohort, they answered by telephone during the summer 2013 a specific questionnaire lasting 20 minutes on average.

Results: At the time of the initial reconstruction, 88% (n=103) had a mammary implant and 13% (n=13) a “PIP” one. All PIP implants had been removed by 2013. Among the whole sample, the “PIP” crisis decreased women’s trust towards medical team in 12% (n=14) of the cases. This decrease was 33% for the “PIP” group compared to 8.2% for the silicone ‘non-PIP’ (p=0.02), and 12% for the group without silicone breast implants. The determinants of the overall satisfaction and decisional regret (or not) about the reconstructive process will be detailed.
Discussion:
The ‘PIP’ crisis had a marginal impact on women with breast reconstruction who did not receive the defective device. However it significantly impaired medical trust for those who received it. The ideal reconstruction is one that is best aligned to the patient’s expectations, and baseline information, as this will achieve the highest levels of long-term patient satisfaction. Financial support 2013: Cancéropole PACA and Conseil Régional PACA

P2.11.03 Difficult Conversations: Simulation-Based Interprofessional Healthcare Training
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Difficult Conversations: Simulation-Based Interprofessional Healthcare Training
Authors: Rider, ER (Elizabeth); Browning, DB (David); Lamiani, GL (Giulia); Bell, SB (Sigall); Truog, RT (Robert); Meyer, EM (Elaine)

Introduction: The Program to Enhance Relational and Communication Skills (PERCS) at the Institute for Professionalism and Ethical Practice (IPEP) uses simulation-based interprofessional workshops to engage clinicians in challenging healthcare conversations across situations such as critical care, primary care, adverse medical outcomes, and others. Objective: to describe the approach and outcomes across three PERCS/IPEP programs.

Methods: The PERCS/IPEP model creates a safe learning environment, emphasizes moral and relational aspects of care, honors multiple perspectives, supports interprofessional learning, and values reflection and self-discovery. Programs include physicians, nurses, psychologists, social workers, chaplains and others in a variety of educational offerings. Learning occurs through live enactments with actors portraying patients and family members, followed by guided debriefings with group and individual reflection. Approximately 3000 healthcare professionals have participated since 2002. We studied 304 participants in three PERCS programs (2004-2010): pediatric critical care (n=106), neonatal intensive care (n=69) in the US, and PERCS programs in Italy (ICU, Dialysis, Oncology) (n=129).

Results: 304 participants completed post-questionnaires. 35% were physicians, 44% nurses, 16% psychosocial professionals (social workers, psychologists, chaplains), and 5% other. Regarding engagement in difficult conversations with patients and families, a majority reported a greater sense of preparation (91-99%); improved communication skills (89-100%); improved sense of confidence (88-96%); decreased anxiety (63-82%); and an improved ability to develop and maintain relationships with patients and families (87-94%). 99 to 100% would recommend the program to colleagues. Benefits of the training were not related to discipline, level of experience or previous educational opportunities.

Discussion: Program participants in two countries reported enhanced communication and relationship capacities directly following interprofessional simulation-based PERCS/IPEP programs.

P2.12.02 Adaptive learning and the effect on the knowledge of staff in the healthcare sector.
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Adaptive learning and the effect on the knowledge of staff in the healthcare sector.
Authors: Foucaud, J. (Jérôme); Sterkenburg, M. van (Marco)

Introduction: The healthcare sector is faced with a rapidly increasing number of rules and regulations that deal with the knowledge and skills of their personnel. While the work load has increased drastically, the training obligations have grown at the same pace. This has been the basis of a study on more efficient ways to train the staff in healthcare organisations and to keep them permanently educated and compliant.

Methods: A study has been carried out to see whether there are more efficient ways to become and remain compliant with the knowledge and skills requirements that are set for healthcare organisations by the local and international authorities. In this research the study results of a group of students that studied in an adaptive way were compared to the results of students that studied the traditional way, using textbooks. For the adaptive learning, the Drillster platform was used, a learning and test platform that uses a unique algorithm that is based on scientific research (Leitner). The effectiveness of this algorithm has recently been tested in a research of the University of Utrecht (Netherlands).

Results:
There were two main outcomes of the study: 1) The group that studied the adaptive way, mastered their learning material in 40% less time than the group that studied the traditional, non adaptive way. Scientific research has shown that retention of information is best when it is repeated when 60% of the learning material is still top-of-mind. Drillster calculates when knowledge tends to decline and then notifies the student so he can brush up on his knowledge. 2) The group of students that studied the adaptive way realized 10% higher notes for the test that was made at the end of the study time. This can be explained by the emphasis that adaptive learning puts on the development of the weak points in someone’s knowledge.

Discussion:
During the workshop we will outline this research and show what the effects of adaptive e-learning have on all stakeholders in the care sector. Practical cases will be used to demonstrate the applicability of adaptive learning to the care sector.

P2.12.03 Existing and potential uses of Quick Response (QR) codes in the medical field
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Existing and potential uses of Quick Response (QR) codes in the medical field
Authors: Giles, R (Rachael); Kuperman, S (Sophia); Smith, N (Nick)
Presenter: Giles, R (Rachael)
Introduction: As smartphone and tablet usage is increasing worldwide, Quick Response (QR) codes are becoming more ubiquitous. QR codes are already common in the manufacturing, retail, and marketing sectors, and the potential for utilizing QR code technology in other areas such as healthcare is becoming more apparent. We conducted a review to investigate current and potential uses of QR codes in healthcare and medical research.
Methods: A literature review was conducted online by searching 25 healthcare databases including MEDLINE® and Embase® to gather information on current and potential uses of QR codes. The search terms included were "QR code" OR "quick response code", followed by either 'AND patient', or 'AND poster OR presentation'. Search results were reviewed for relevance by the primary author, and were included in the review if they contained information on the current or experimental use of QR code technology in a healthcare or research setting.
Results: The database search returned 19 relevant results on the use of QR codes in healthcare and research, including their use in hospitals, conference posters, and presentations. Few studies were found on current uses in healthcare and research; most results concerned experimental uses of QR codes.
Discussion: The majority of the relevant search results were studies conducted to test the potential for QR code use in healthcare and research, rather than to examine current uses of QR codes in these areas. This suggests that while QR codes have not yet been widely implemented in healthcare and research, interest in their use may be growing. This was also indicated by recent updates to medical device regulations allowing QR codes to be used in instructions for use. The results of the studies suggest that utilization of QR codes in healthcare and medical research could be successful, and that the low cost and small space requirement of this technology indicates that any possible disadvantages would likely be negligible. In medical research, QR codes may be a useful tool for communicating complex or detailed information that may otherwise have been unavailable to the audience, and in healthcare, their use could save time and increase efficiency.

P2.12.04 A pictogram approach to facilitate structured self-reports by patients
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: A pictogram approach to facilitate structured self-reports by patients
Authors: Hishiki, T (Teruyoshi); Yasui, H; Matsunaga, Y (Yoshiko); Itoshima, M (Megumi); Abe, K; Norose, T (Takahiko)
Presenter: Hishiki, T (Teruyoshi)
Introduction: Daily activities recorded by patients with chronic diseases often provide insights to health professionals, but writing sentences every day may be a hurdle to most of the patients. Moreover, quantitative analyses of sentences written in a free format cannot be done in a straightforward approach. We aimed to show that well-designed graphical user interfaces on tablet devices may facilitate patient input of daily activities that would help professionals understand them better and make better decisions.
Methods: We used seven-inch tablets as the devices for the patients. We developed a Web-based self-report system that has pictogram buttons on the starting page. The pictograms represented good or bad mood, pains and their location, several patient activities of daily living, and self-checks of blood pressure. Touches of them were recorded on the server and shared by the patients and the professionals who periodically met them. The professionals added to some comments responding to the inputs when they thought that it was necessary to do so. Seven male patients participated in the study, and we asked them just to touch the buttons when they felt like reporting something represented by the pictograms. Tendency of pictogram selection was measured. We interviewed both the patients and the professionals after three months of this experiment.
Results: All the patients mastered the procedures. Most of the activities, especially taking of medications, were reported instantly. A patient regularly caused stomachache, and we suspected that it might be associated with long walking. All of the patients in thirties made records every day. Patients who were older than seventy and were cared by female home care providers made more records than those cared by a male nurse.
Discussion: Pictogram buttons worked as an easy input method for patients to report constantly. Patient self-report systems such as ours that allow them to report their activities on the spot may strengthen professional relationships and thus result in decisions in a short period of time in an encounter. It is interesting that patient-caregiver relationships may be guessed by the frequency of patient input.

P2.12.05 Designing an IT application to support Shared Decision Making in dementia care networks
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Designing an IT application to support Shared Decision Making in dementia care networks
Authors: Span, M (Marijke); Smits, C H M (Carolien); Groen-van de Ven, L (Leontine); Jukema, J J; Hettinga, M (Mariike); Vernooij-Dassen, M (Myrrha); Efstoting, J J
Presenter: Span, M (Marijke)
Introduction: Designing an interactive IT application for people with dementia, informal caregivers and case managers facilitating shared decision making in dementia is complex. These end users have different capacities and interests. The aim of this study is to identify design issues when developing a user-friendly, tailored IT application facilitating shared decision making in dementia.
Methods: Data collection in this study with an iterative participatory design based on the CeHRes roadmap included paper prototyping in six separate focus group interviews with people with dementia, informal caregivers and case managers; a cognitive walkthrough of the interactive prototype with researchers; and individual usability tests with the adapted interactive prototype (DiCideguide) with case managers, elderly, informal caregivers and people with dementia in succession. Framework analysis was used to analyze the data.
Results: Analysis resulted in a list of design issues addressing: 1) quality of system (e.g. user friendliness and navigation structure; too much information and screens unclear and too busy); 2) quality of content (e.g. comprehensibility; use of simple smiles; use of colors; text refinement; transparency an open communication conflict easily with needs of people with dementia); and 3) quality of service (e.g.}
ongoing concern of other participants about usefulness of application for people with dementia). People with dementia participated in the same phases of development as other participants. They were able to give useful feedback.

Discussion:
Designing an IT application for end users with different capacities and interests requires involvement of all end users. A pilot study will show whether the concerns of other end users regarding people with dementia was fair and whether the starting points of the application (open communication and transparency) conflict with the well-being of people with dementia.

P2.12.06 Use of email communication between patients and primary care physicians

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Use of email communication between patients and primary care physicians

Authors:
Junod Perron, N; Sommer, J; Rieder, A

Presenter:
Junod Perron, N

Introduction:
Email is commonly used by the general population but less is known about email communication between patients and physicians. The aim of the study was to explore the use of email communication between patients and primary care physicians.

Methods:
A postal questionnaire was sent to all primary care physicians (general internists, general practitioners, paediatricians) working in Geneva canton. It included 22 items. Main outcome measures were frequency, advantages, disadvantages and modalities of email use.

Results:
411 questionnaires were returned and 371 completed (58%). 71.4% of doctors exchanged their email ids with their patients. The major subject matters of communication included answering patients’ questions (82%) and changing the appointment (72%). The main reasons for using email communication were to reassure patients (49%) and to avoid additional consultation (44%). The main advantage was a better relationship between the doctor and the patient (48%). 62% of the physicians never charged any email communication. 8 to 21% discussed the framework of email communication (number, content, answer delay) and 22% addressed the issue of confidentiality. The disadvantages included the misuse of email (32%), interference in private life (32%) and absence of charge (30%).

Discussion:
Email communication with patients is widely used by primary care physicians in order to save time and improve the relationship. More attention should be paid to discussing the modalities of use (indications, confidentiality, fees).

P2.12.08 The Potential Value of Communication between Health Professionals and Patients: The Case of Online Pharmaceutical-Services

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
The Potential Value of Communication between Health Professionals and Patients: The Case of Online Pharmaceutical-Services

Authors:
Lapão, LV (Luis)

Presenter:
Lapão, LV (Luis)

Introduction:
To identify the opportunity and assess the potential for online pharmaceutical services communication and interaction with chronic patients.

Methods:
Focusing on Design Science Research Methodology, a mixed methods approach was used with an exploratory observational time and business processes study that used the shadowing method. The study took place in four pharmacies. Based on this, an online-platform was developed for studying communication interaction patterns between pharmacists and patients. Ethical approval was granted and participants signed an informed consent.

Results:
On aggregate, 108h of working time were recorded. An average of 76 minutes per employee was not used in any tasks. Almost 50% of pharmacists time is used in interaction with patients and 38% is used in administrative tasks (including ordering and storage). Considering that 20% of the idle time is spent in socialization and other minor tasks, an average of 38min of available time per pharmacist was estimated. When considering the medicine dispensing process only, 35.4% of patients received some form of counseling. When a chronic use medicine was dispensed, 29.3% of patients got counseling. These findings motivated an opportunity to develop new online services. The use of the online-platform helped to evaluate the capacity to manage and calculate the end date of the patients’ therapeutic profile, which supported pharmacists on the control of their chronic-patients’ profiles and helped them preventing that they end up failing
their therapeutic because the medicines ended. The platform also helps pharmacists monitor their patients and organize the data in a more convenient way. The patients used the platform to communicate possible medicine adverse events and to follow if their home-meaures meet therapeutic goals.

Discussion:
Our study suggests that there is an opportunity and additional health gains from the use of online pharmaceutical-services. Moreover that community pharmacist could play a more active role in healthcare systems by interacting more actively with patients. Overall, the online-platform allows for closing the gap between pharmacies and their patients by monitoring the patient’s therapy and offering the ability to interact and easily store data on the therapeutics in order to better monitor and serve patients and to detect adverse events with medicines.

P2.12.09 Discussons Santé. A website to help chronic disease patients and their providers engage in productive interactions
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Discussons Santé. A website to help chronic disease patients and their providers engage in productive interactions
Authors: Lussier, MT (Marie-Thérèse); Richard, C (Claude)
Presenter: Lussier, MT (Marie-Thérèse)

Introduction: Communication interventions directed at patients, including self-learning websites, can increase patient participation. Communication skills training is part of most medical curricula. However there have been few attempts at concurrent training approaches to improve both patient and provider communication. Moreover, few communication educational websites are available in French. The project aims to develop and validate a French language website intended to help patients and providers engage in more productive interactions within the primary care (PC) context.

Methods: Phase 1: Development of website materials. Patient training is based on Cegala’s PACE model. Provider training is inspired both by Prochaska and Di Clemente’s model and motivational interviewing principles. Many formats are combined: texts, figures, graphs, video and audio excerpts and interactive exercises. Phase 2: Construction of the website in collaboration with Capsana, a respected community organization specialized in the production of health education materials and websites. Phase 3: Validation of patient and provider sections of the website in terms of content, relevance and usefulness, ease of use, and intention to recommend it by: 1) observing a group of test users while they explored the website; 2) self-administered individual questionnaires; and 3) focus groups to discuss the strengths and weaknesses of the website. Evaluation of three distinct methods to promote the visit of the website within PC practices followed: 1) passive diffusion; 2) and 3) website visit recommendation given to patients by the clinic receptionist or the PC provider.

Results: Validation data reveal that website presentation and content are relevant, useful and that the users intend to recommend it’s use. Patients suggested adding more instructions to improve navigation. Providers wished a greater number of clinical cases to illustrate the theoretical principles presented. Data from the evaluation of website promotional methods will be available at the time of the conference.

Discussion: This french language website aiming to simultaneously improve both patients and providers’ communication in the PC context was highly rated by patients and providers. A randomized trial to evaluate the impact of completing training by patients and providers on patient recall, adherence and clinical outcomes is to follow.

P2.12.10 Patient knowledge about prescription and over-the-counter pain medications, and their attitudes toward pain medicatin borrowing/sharing
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Patient knowledge about prescription and over-the-counter pain medications, and their attitudes toward pain medication borrowing/sharing
Authors: Mullan, JRM (Judy); Ellis, Janette; Weston, K (Kathryn); Rich, W (Warren); Lethbridge, A (Alistair); Worsley, A (Anthony); Pai, N (Nagesh)
Presenter: Mullan, JRM (Judy)

Introduction: Many Australians with arthritis self-manage their pain with prescription and/or over-the-counter (OTC) pain medications. If taken appropriately, these medications are relatively safe; however if mismanaged through a patient’s inability to understand medication labels and instructions, they may cause adverse drug events and/or toxicities. The aim of this study was to identify patients’ ability to correctly identify paracetamol as an active ingredient in some commonly-used prescription and OTC pain medications. The study also investigated the health literacy of these patients and their attitudes toward borrowing and/or sharing pain medications.

Methods: Following human ethics approval, a convenience sample of community-dwelling Australians living with arthritis (aged over 18 years of age) was recruited to complete an anonymous survey between November 2011 and April 2012. Analysis of the data included calculating frequencies for the number of participants correctly identifying paracetamol as an active ingredient, their health literacy scores and attitudes toward pain medication borrowing/sharing behaviours. Chi-square analyses were used to compare borrowing/sharing across high, adequate and low health literacy groups. Differences in ability to correctly identify paracetamol-containing medications as a function of health literacy were assessed using multivariate analysis of variance. The IBM SPSS (Version 19) program was used to analyse the data.

Results: Most of the 254 participants used analgesic agents containing paracetamol as combination tablets (paracetamol 500mg and codeine 30mg) or paracetamol-only tablets (paracetamol 665mg) to self-manage their pain. Respondents with low health literacy scores were significantly less likely to identify paracetamol as an active ingredient in both combination and paracetamol-only pharmaceutical products, and were more likely to guess or did not know how to identify active ingredients. Almost 30% of the respondents indicated that they had and/or intended to borrow/share their OTC pain medications, as compared to less than 10% who indicated that they had and/or intended to borrow/share their prescription pain medication.

Discussion: Australians adults living with arthritis who self-manage their pain medications may risk experiencing adverse drug events if they borrow/share pain medications, particularly if they have low health literacy and do not recognise the active ingredient in their prescription and/or over-the-counter pain medications.

P2.12.11 How the create empowering patient education into the web?
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: How the create empowering patient education into the web?
Authors: Heikkinen, KH (Katja); Leino-Kilpi, HLK (Helena); Salanterä, SS (Sanna)
Presenter: Heikkinen, KH (Katja)

Introduction:
The Internet is rather seldom used as an education method by nurses. There is a growing need to educate the nurses to create an optional method such as internet–based education methods. The aim of this study was to create guidelines for nurse how to create empowering internet–based education.

Methods:
We created empowering Internet–based education for surgery patients. Content of the education was based on the earlier studies. The language was checked by a language consultant. The utility and usability of the website was piloted by an expert panel consisting of experts in information system and health care and patients. Health care professionals also evaluated the clinical accuracy of the content.

Results:
Based on the results of the study made some guidelines for the authors: in Meilan, practice.

Methods:
Taking of stress, and the content of the education should be based on scientific material. Discussion:
Internet-based education is a useful method in patient education. This education method needs special skills also with nurses to develop and evaluate the Internet in patients' education. In addition guidelines for creation and evaluation are needed for nurses to reach this target in the future.

P2.12.12 Taking care of ourselves: A workshop to prevent and manage stressful consultations.

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Taking care of ourselves: A workshop to prevent and manage stressful consultations.
Authors: Peralta-Munguía, L (Lucia); Carvajal-delaTorre, A (Ana); Lamas-Mellán, C (Cipriano); Dago-Elorza, R (Rosario)
Presenter: Peralta-Munguía, L (Lucia)

Introduction:
People with a sense of humor often see life from a more creative perspective, have fewer constraints, laugh more often, suffer less stress, age later in life, are better accepted by others, develop strong bonds of friendship and thus enjoy what they do and enjoy a more fruitful life. Laughter and being in a good mood have a calming effect and help improve some body functions. Based on this idea, we developed a 4-h. workshop with activities that could help participants in changing some negative viewpoints of everyday stress situations related to healthcare; also, we wanted to provide them with some skills that could facilitate a more positive mood at work. Through some participative dynamics—which included serious games and meditation—people showed what they had learned in the workshop.

Discussion:
Health professionals frequently find themselves in stressful situations in their practices. Laughter and humor are beginning to be considered as therapeutic tools for professionals engaged in healthcare, for the enormous potential both in the development of positive attitudes towards life and the maintenance and improvement of quality of life. Although sense of humor cannot be taught, activities like serious games and meditation could help people in managing those difficult situations by changing the way that they perceive them. It is important that the dynamics used in the workshop are meaningful to the audience so that the exercises have a clear purpose and are adequately clarified.

P2.12.13 What is the Effect of the EHR on the Outpatient Office Visit and Student Education?

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: What is the Effect of the EHR on the Outpatient Office Visit and Student Education?
Authors: Sandalval, MBS (Marie); Palumbo, MVP (Mary Val)
Presenter: Sandalval, MBS (Marie)

Introduction:
Frankel et al. (2005) demonstrated that the electronic health record (EHR) affected office visit clinician-patient communication by altering four domains: visit organization, verbal and nonverbal behavior, computer navigation and mastery, and exam room spatial organization. This study sought provider/preceptor opinions regarding the effect of the EHR on various aspects of the outpatient office visit, as well as, student education.

Methods:
Surveys about experience with the EHR were developed, pilot tested and then distributed to 189 physicians and nurse practitioners that had recently served as preceptors. Surveys questions, developed after review of the literature, included EHR current use, percent of time utilized during a patient visit, computer placement and perceived effect on various aspects of the office visit and the educational experience.

Results:
Provider/preceptor respondents (n=99, 52% response rate) indicated 84% used EHRs (future Figure 1 for computer type and location). Providers (69%) felt patient-provider connection was negatively impacted by the EHR. The effect on history taking and teaching students were neutral. Other effects were mostly positive: review of the medical records (84%), communication between providers (74%), review of results with patients (75%) and follow up to testing results with patients (74%). (future Figure 2)

Discussion:
Provider respondents expressed neutral effects on history taking and teaching, positive effects on the above other aspects of the office visit yet markedly negative effect of the EHR on provider-patient connection. We feel that further research into methods to remedy this negative effect is vital to the “art” of medicine.

P2.12.14 Who benefits most? The effectiveness of an Internet-based smoking cessation program delivered in primary care

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Who benefits most? The effectiveness of an Internet-based smoking cessation program delivered in primary care
Authors: Smit, E.S. (Eline); Candel, M.J.I.M.; Hoving, C.; de Vries, H.
Presenter: Smit, E.S. (Eline)

Introduction:
While both computer-tailoring and a brief advice from a primary care professional are effective smoking cessation strategies, the effects of stand-alone interventions are often limited. Therefore, the present study investigated the effectiveness of an Internet-based multiple computer-tailored smoking cessation program and counselling by a practice nurse (MTC) and compared this intervention with computer-tailoring without counselling (MT) and with usual care (UC) among subgroups of smokers.

Methods:
A randomized controlled trial with 414 smokers, recruited May 2009-June 2010. Per protocol logistic regression analyses were conducted with 24-hour and 7-day point prevalence abstinence (ppa) and prolonged abstinence after six and twelve months as dependent variables.

Results: After six months, 38% of the respondents was followed-up; 47% reported 24-hour ppa, 41% seven-day ppa and 27% prolonged abstinence. MT seemed significantly more effective than UC in increasing 7-day and 24-hour ppa among less addicted smokers and borderline significantly more effective in increasing prolonged abstinence among older smokers. After twelve months, 56% was followed-up; 28% reported 24-hour ppa, 27% seven-day ppa and 20% prolonged abstinence. MT was found borderline significantly more effective in increasing 24-hour and 7-day ppa among smokers with many previous quit attempts.

Discussion: Internet-based computer-tailoring may be effective for less addicted smokers, smokers with many previous quit attempts and older smokers. While more research may thus be needed on how to adapt these programs for other subgroups of smokers, the modest sample size precludes too firm conclusions.

P2.12.15 Junior Doctor’s (House Officer / Medical Officer) Orientation

Title: Junior Doctor’s (House Officer / Medical Officer) Orientation

Authors: Wee, M (Michelle); Pok, Serene (SP); Ngiam, Eunice (EN)

Presenter: Wee, M (Michelle)

Introduction: Junior doctors are regulatory posted to all institutions. KKH has a mandatory orientation on the first day of the posting to educate them on the hospital’s processes. Past orientation programme: The orientation consisted of full day lectures (15 speakers) that yielded poor participation due to manpower shortage in the wards and clinics. Junior doctors who could not attend had to await the next session months later. This impacted patient care and inter-departmental engagement. Objective: To re-design the orientation to increase time-efficiency, participation and enhance communication between patients and stakeholders.

Methods: The Accelerated Model of Improvement (AMI) Charter concept was used to structure a change process. This included utilising the PDSSA (Plan-Do-Study-Act) cycles to test changes and track improvements. The goals were: 1. To increase time-efficiency. 2. Decrease number of speakers. 3. To enhance participation. 4. To capture out-of-phase doctors. The PDSSA cycle objectives tested were: 1. Reduce to half-day orientation and develop the e-Learning. 2. Capture out-of-phase doctors, and increase overall compliance rate.

Results: The full-day orientation was successfully reduced to half-day, by decreasing the speakers from 15 to 5. A targeted monthly e-Learning platform was introduced for doctors to complete it within 2 weeks. This enabled the institution to capture out-of-phase doctors within a month of their posting. The shorter duration of orientation increased participation by approximately 25% as the Head of Departments (HODs) could release doctors from their morning duties, instead of the full day, which disrupted clinical duties due to manpower shortage. The e-Learning showed a lower compliance, but had increments following collaboration with HODs. Overall, it received favorable feedback from doctors and speakers.

Discussion: The re-designed orientation resulted in a two-pronged outcome. Both speakers and junior doctors can attend their clinical duties in the afternoon, thus improving patient’s waiting time. The junior doctors can attend the orientation with the support from the departments. There are challenges in changing mindsets on the importance of orientation, and implementing the eLearning requires more administrative work. For long-term sustainability, the programme should be incorporated into the doctors’ curriculum and mandating its attendance. It should be updated for relevance and to improve the e-learning as per evolving dynamics in education.

P2.12.16 HEALTH PROFESSIONALS’ PERSONAL USE OF FACEBOOK: IMPACTS ON CLIENT IMPRESSIONS OF CREDIBILITY IN CANADA

Title: HEALTH PROFESSIONALS’ PERSONAL USE OF FACEBOOK: IMPACTS ON CLIENT IMPRESSIONS OF CREDIBILITY IN CANADA

Authors: Weij, CA (Cynthia); Coe, JB (Jason); Desmarais, S (Serge); Majowicz, S (Shannon); Jones-Bilton, A (Andria)

Presenter: Weij, CA (Cynthia)

Introduction: Facebook is nearly ubiquitous in Canadian society for personal and business communication. As people increasingly seek health information online, opportunities for collision between private and professional lives have increased substantially. Given there is no universally accepted etiquette for sharing content online, health professionals need to be aware of the impression that social-media content may make on patients in order to avoid reputation damage and potentially to the health practitioner-patient relationship. Previous research shows that a number of health professionals do post content that could be considered “unprofessional”. However, “unprofessional” is imprecisely defined in the literature, and perceptions of “unprofessional” may be evolving. Given that credibility is widely accepted to be the foundation of health practitioner-patient relationships, this study aimed to test whether an “unprofessional” Facebook profile resulted in lower ratings of credibility (competence, trustworthiness, caring) among members of the general public.

Methods: In this field study, 12 mock Facebook profiles using all combinations of gender (female/male), profession (physician/veterinarian/public health practitioner) and profile content (unprofessional/neutral) were developed. Members of the public were invited to participate in an online survey about first impressions based on online content. After reviewing one of the 12 randomly assigned Facebook profiles, participants rated the health professional on various personality characteristics including credibility. An Anova test was performed to compare participant ratings.

Results: Five-hundred and one individuals completed the survey, 62% of whom were female. Participants were, on average, 40 years old (Median 39, SD 12.70, Range 18-74). Health professionals with unprofessional content on their Facebook profiles were rated significantly lower on credibility compared to those with neutral content (p < .001).

Discussion: This field study demonstrates the online phenomena of “social collision” that is possible between one’s personal and professional life. These findings have important implications for teaching professionalism to the next generation of health professionals and are a basis for furthering our understanding of how new technology may impact practitioner-patient relationships and healthcare goals.

P2.12.17 Social Media and Public Health: A Cross Canada Study of Public Health Practitioners

Title: Social Media and Public Health: A Cross Canada Study of Public Health Practitioners

Authors: Weij, CA (Cynthia); Majowicz, S (Shannon); Coe, JB (Jason); Jones-Bilton, A (Andria); Desmarais, S (Serge)

Presenter: Weij, CA (Cynthia)
Wejks, CA (Cynthia)

Introduction:
Social media offer public health the potential to better communicate health messages and engage the public, yet such media, like Facebook, have both potential benefits and inherent risks. For registered health professionals, other public health practitioners and their organizations, risks to image and reputation are of concern, since Facebook facilitates the collision of personal and professional identities. Previous research shows that health practitioners are frequent users of Facebook, and some post content that could be interpreted as unprofessional (e.g., details of client interactions). In light of this, and given the call for a highly competent workforce in public health, our objective was to explore attitudes towards, beliefs about, and behaviours on Facebook, among Canadian public health practitioners.

Methods:
Members of eight Canadian public health organizations were sent a link to an online questionnaire. The questionnaire assessed Facebook usage factors, sharing behaviours on Facebook, personality dimensions and views about acceptable sharing online. Descriptive statistics were calculated. Fisher’s exact test was used to test the probability of agreement with posting certain types of content and odds ratios were calculated.

Results:
Of 621 respondents, 480 (77%) held Facebook accounts. Facebook account holders reported using Facebook for an average of 5.29 years (median 5.25, SD 1.94, range 0.17 to 10 years), and spent an average of 23 minutes per day on Facebook. Most respondents (78%) reported checking their Facebook profiles at least a few times a week. For Facebook account holders, the odds of agreeing that it is acceptable to vent about the general public online were 1.87 times the odds of those without Facebook accounts ($p=0.04$).

Discussion:
Facebook offers an opportunity for public health to share intended public health messages, however a key feature of Facebook is the social collision between personal and professional lives. The findings of this study may serve as a basis for social media training that allows public health practitioners and organizations to maximize the benefits and minimize the potential risks associated with social networking.

P2.12.18 Individual Video Training IVT - Development of a National Infrastructure for Video-Supported Learning

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Individual Video Training IVT - Development of a National Infrastructure for Video-Supported Learning

Authors:
Woermann, UW (Ulrich)
Woermann, UW (Ulrich)

Introduction:
Video-Supported Learning is particularly effective when it comes to skills and behaviors. Video registration of patient-physician interviews, class room instruction or practical skills allow it to learners themselves, their peers, and their tutors to assess the quality of the learner’s performance, to give specific feedback, and to make suggestions for improvement.

Methods:
In Switzerland, four pedagogical universities and two medical faculties joined to initiate the development of a national infrastructure for Video Supported Learning. The goal was to have a system that is simple to use, has most steps automated, provides videos over the Internet, and has a sophisticated access control. Together with SWITCH, the national IT-Support-Organization for Swiss Universities, the program IVT (Individual Video Training) was developed by integrating two preexisting technologies. The first technology is SWITCHcast, a podcast system. With SWITCHcast, videos are automatically uploaded to a server as soon as the registration is over. There the videos are processed and converted to different formats. The second technology is the national Single Logon System AAI (Authentication and Authorization Infrastructure) that enables IVT to link each video with the corresponding learner. The learner starts the registration with his Single Logon. Thus, the video can unambiguously be assigned. Via his institution’s Learning Management System (LMS), the learner can access his video and give access to his video to peers and tutors.

Results:
IVT is now used at all involved institutions. The system works flawlessly. In Bern, we use IVT for the communications skills training in the forth and sixth year. Since students meet with patient actors alone, IVT is also used to certify attendance. Students are encouraged to watch the videos of the interview and the feedback of the patient actor. The offer to discuss a video with a tutor was not used by the students.

Discussion:
We plan to expand the use of IVT by making peer assessment compulsory. To support this, annotation capabilities are currently added to IVT. We also want to use IVT in training of practical skills, again for self as well as for peer assessment. At present, we use IVT for quality control of patient actor’s performance.

P2.13.01 Knowledge and Attitudes towards suicidal behavior among people in Kahatagasigidiyala, Sri Lanka

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Knowledge and Attitudes towards suicidal behavior among people in Kahatagasigidiyala, Sri Lanka

Authors:
Dissanayake, D.R.N.K.K (Nayomi); Guruge, G.G.N (Duminda)

Presenters:
Dissanayake, D.R.N.K.K (Nayomi)

Introduction:
Increasing suicide rate is a vital global health issue and there has been a significant increase in some developing countries including Sri Lanka. Knowledge and Attitudes are major determinants which linked with this issue. Purpose of this study was to determine the current status of knowledge and attitudes towards suicidal behavior among people in Kahatagasigidiyala

Methods:
This was a Cross-sectional study. Data were collected using a well-structured Interviewer-administered questionnaire with open ended questions and an attitudinal scale. This was completed from randomly selected people over 18 years of age in Kahatagasigidiyala by principal investigator. Statistical analysis was performed using SPSS software.

Results:
The sex distribution of the sample was 53% female and 47% male, and participants were proportionately selected from age categories. Overall, only 23% of the respondents had a good knowledge of the definition of suicide. Only 30% of the respondents had a good awareness on legal aspects of suicide. A majority (90%) had identified youth as the most risk group for suicide. Almost 90% of the respondents had an attitude, suicide as a crime. And 63% were perceived that person who committing suicide never reveals the intention, with the most (80%) perceived that no need to bother about saved person from suicide. Only 66% had an attitude on suicide runs in families.

Discussion:
People over 18 years of age in Kahatagasigidiyala had poor knowledge and negative attitudes towards suicidal behavior. Health promotion approach to address these determinants will be effective to reduce suicidal behaviours among those communities.

P2.13.02 Talking about emotion in follow-up cancer consultations. A case study combing different methods

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title:
Talking about emotion in follow-up cancer consultations. A case study combing different methods

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P2.13.04 Validation of Patient Values Questionnaire and testing measurement equivalence across 4 European countries.
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Validation of Patient Values Questionnaire and testing measurement equivalence across 4 European countries.

Authors: Mazzi, DR (Maria Angela); Rimondini, Michela; Deveugele, Myriam; Bensing, Jozien

Presenters: Mazzi, DR (Maria Angela)

Introduction: In International surveys, involving many countries and different “cultural” groups, the data comparability is a key concern and often a critical assumption that needs to be tested. Following the recent literature on cross-cultural analysis, the present paper tests the psychometric properties of a questionnaire aimed to explore patients preferences on medical consultation and doctor’s communicative behaviors: the Patient Values questionnaire (PVQ). This tool developed from the results of a previous study named GuLiVer, has been applied in a wider research project (QUALICOPC) that assessed quality and costs of primary care in Europe.

Methods: The PVQ is composed by 19 main questions, followed by sub-questions. 33 items, grouped into 4 main questions, focused on communicative behaviors that occur before (6 items), during (21) and after (6) medical encounter and that are referred to doctor (18), patient(9) and setting (6) items. Each item was rated on a 1-4 Likert scale (from “not important” to “very important”). A subsample of four countries (It, Be, NL and UK; n = 789), corresponding to the countries that participated to GuLiVer study, was selected from the Qualicopc sample (6000 patients from 32 European countries). Confirmatory Factor Analysis (CFA) was applied to evidence the factor structure of PVQ, through GOF indices (Good of Fit); while Structural Equation Modelling (SEM) assessed multi-group equivalence (structural and measurement invariance). The reliability of each factor was explored by Cronbach’s Alpha.

Results: CFA explored 2 possible models of 4 factors each. The first one focused on time (when the specific behavior occurs: pre-during-post encounter) and the other one put first the underlying intention (to
inform/share and to pay attention to person); both of them took into account the person who performed the action (doctor or patient). In the first model, GOF indices are: CFI=0.748, RMSEA=0.079, SRMR=0.064, CD=0.981, Alpha range: 0.66-0.87. The second model is characterized by: CFI=0.738, RMSEA=0.079, SRMR=0.064, CD=0.978, Alpha range: 0.59-0.84. Further exploration is needed to test the stability of the loading coefficients among the countries.

Discussion:
The results of the CFA will be used to identify quality indicators of doctor-patient communication, that represent the basis for comparative analysis among European countries.

P2.13.05 Validation and cultural adaptation to Portuguese of the Interpersonal Communication Competence Scale (ICCS)
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge
Title:
Validation and cultural adaptation to Portuguese of the Interpersonal Communication Competence Scale (ICCS)
Authors:
Puggina, AC (Ana Claudia); Silva, MJ (Maria Júlia Paes da)
Presenter:
Puggina, AC (Ana Claudia)
Introduction:
Even with all the current technological evolutions in communication, interpersonal contact is still essential and in the area of health continues to be fundamental. The objective of this study was to validate and culturally adapt the Interpersonal Communication Competence Scale (ICCS) for the Portuguese language.
Methods:
Descriptive cross-sectional validation study with quantitative and qualitative approach. Factor analysis, principal component analysis with flag 40 and evaluation of internal correlation using Cronbach’s Alpha was performed. This was developed in two phases: the first phase included experts in English language and communication in the translations and the committee of judges, as well as 13 teachers, qualitatively evaluated the pre-test version of the scale and, in the second phase, 177 undergraduate students in Nursing answered quantitatively the pre-final test of the scale.
Results:
A convenience sample of 177 undergraduate nursing students, having an average age of 21.51 (SD = 3.59), constituted the majority and participants were female (n = 164, 92.66%) and single (n = 173, 97.74%). The final version was named Escala de Competência em Comunicação Interpessoal and consisted of 17 items and 5 dimensions (Control Environment, Self Disclosure, Assertiveness, Management of interactions and Availability). Cronbach's Alpha among the 5 dimensions was 0.71 and between items was 0.82. The instrument can be considered validated in relation to the content and construct with good correlation.
Discussion:
Studying and working with interpersonal communication variables is not an easy task, communication is a complex and difficult subject to review. Studies point to the lack of validated and adapted to Brazilian culture to assess aspects of interpersonal communication tools. Factor analysis did not confirm the areas proposed in the original scale, probably because the domains of the original scale were produced by a semantic and subjective approach and not by statistical methods. To ensure reliability of the ECCI a scale reduction of 30 to 17 items was chosen with a good correlation between the 5 domains. The judges committee raised the difficulty of competent thinking in interpersonal communications in general, without context, so it is suggested that the subject of research should focus on an situation when answering the questionnaire.

P2.13.06 Conjoint psychiatry-primary care consultation : an integrated approach for residents to manage mental health problems
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge
Title:
Conjoint psychiatry-primary care consultation : an integrated approach for residents to manage mental health problems
Authors:
Saillant, S (Stéphane); Hudelson, P (Patricia); Dominédo, M (Melissa); Junod Perron, N (Noëlle)
Presenter:
Saillant, S (Stéphane)
Introduction:
Thirty to forty percent of primary care patients suffer from mental health problems. Primary care doctors often feel ineffective and lacking in skills to adequately care for these patients. We evaluated the impact of a conjoint psychiatry-primary care consultation on primary care residents’ perceptions of their role in managing mental health problems.
Methods:
We conducted a retrospective analysis of reports of psychiatric evaluations conducted between October 2010 and August 2012 (n=182), at the Division of Primary Care of the University Hospitals of Geneva. We also conducted four focus groups with 23 residents who had participated in conjoint consultations, in order to explore their experiences and perceptions.
Results:
Follow-up with a psychiatrist was recommended for only 38% of patients after the conjoint consultation. The doctors interviewed said that before participating in conjoint consultations, they considered mental health to be outside their professional domain, and often felt useless and incompetent with regards to mental health problems. The conjoint consultations helped to demystify the role of the psychiatrist, gain skills and improve confidence in managing mental health problems.
Discussion:
Although primary care residents often initially have a dichotomous view of somatic and mental health, conjoint consultations enabled a paradigm shift, offering a more integrated approach to caring for patients with both mental and somatic health problems.

P2.13.07 Emotional communication in medical interviews, Culture and language The adaptation of VR-Codes to Portuguese
Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge
Title:
Emotional communication in medical interviews, Culture and language The adaptation of VR-Codes to Portuguese
Authors:
Garrido Pais, V (Vanessa); Figueiredo-Braga, M (Margarida); Mota-Cardoso, R (Rui)
Presenter:
Figueiredo-Braga, M (Margarida)
Introduction:
The Verona-CoDES-P system permits a sequence analysis and a detailed description of how health professionals respond to patient’s emotions. This consensual system permits to overcome methodological difficulties that have accompanied the study of physicians’ response to patient’s concerns. Research on emotional communication in medical interviews has been recently reviewed and individual, cultural and context differences have been identified. VR Codes reliability is confirmed by standardized procedures guarantying inter rater agreement, and has proved to be a useful, efficient and reliable tool in clinical communication training and research. In this work, authors describe the on-going process and difficulties found for the application of VR-CoDES to Portuguese doctor-patient interactions.
Methods:
In phase 1, authors registered and obtained the VR-CoDES coding manuals and instructions. Subsequently, they completed the coding exercises suggested in the coding exercise book and reviewed studies published. In the next phase (phase 2) the VR-Codes and Unit of Analysis manual was translated to Portuguese. Ten videotaped consultations between physicians and their patients were transcribed and coded according to VR-CoDES. Two observers with post graduate Communication skills training performed the codification and discussed the results, clarifying doubts and linguistic ambiguities.
Phase 3 included the jointly analysis by the same raters of other 10 taped and transcribed interviews, coded using the coding manual. Phase 4 is now taking place and involves individual coding of 20 interviews and calculation of inter-rater reliability.

Results: Presently the VRCoDES-CC according to the manual translated to Portuguese have been used to code patient cues/concerns and physician responses. Authors found higher disagreement in coding cues than health provider responses. Some specific emotional expressions of patients were difficult of coding, namely between cue b and cue c.

Discussion: In order to understand emotional concerns/cues and adequate health provider responses in different contexts we need to use clear concepts, shared by different authors. The use of VR-CoDES to code interviews in languages others than English can be hampered by specific linguistic expressions, which could affect inter-rater variability. In this project, authors found that, in the case of Portuguese language, difficulties appeared mainly when coding of specific emotional expressions into specific cues.

P2.13.08 How can we measure communication skills of patients in patient-provider-interactions? Introducing the COCO questionnaire

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: How can we measure communication skills of patients in patient-provider-interactions? Introducing the COCO questionnaire

Authors: Schmidt, E.; Schöpf, A.C.; Farin, E.

Presenter: Schmidt, E.

Introduction: The quality and success of a patient-provider-conversation depend on the skills of the provider AND the patient. Against the background of intended patient empowerment and self-management, we need methods to measure communication skills of patients. One way of measuring communication skills is through questionnaires. The psychometric characteristics of the questionnaires currently available have not been thoroughly researched or have failed to address important aspects of communication behavior (e.g. communication about personal circumstances). That is why we aimed at developing and psychometrically testing a questionnaire that measures patient’s competencies in patient-provider-interaction (COCO questionnaire).

Methods: The development of COCO was based on data from 17 focus groups (N=97), 9 with chronically ill patients (N=49) and 8 with providers (N=48) from rehabilitation centers. We asked the key question: “How should a patient act when speaking to his or her physician so that the conversation proceeds in a useful and beneficial manner for the patient?” For psychometric testing of COCO 1264 patients with chronic back pain, chronic-ischemic heart disease or breast cancer who underwent inpatient rehabilitation were surveyed at the end of rehabilitation.

Results: The final version of the COCO questionnaire contains four scales (patient adherence in communication, critical and participative communication, communication about personal circumstances, active disease-related communication) and 28 items addressing competent communication behavior of patients. Rate of missing values is below 2.5% for all items. There are no ceiling/floor effects (two items with ceiling effects were eliminated). Cronbach’s alpha is ranging from .80-.87, we provide evidence of Rasch-model fit and good reliability.

Discussion: The COCO questionnaire reflects relevant patient communication skills, seen as important by providers and chronically ill patients. As its psychometric properties are good, the COCO can be used for the evaluation of patient communication skills interventions.

P2.13.09 Assessment of trust in the physician - A systematic review of measures

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: Assessment of trust in the physician - A systematic review of measures

Authors: Scholl, IS (Isabelle); Zill, JM (Jördis M.); Dirmaier, J (Jörg); Härter, M (Martin); Scholl, I (Isabelle)

Presenter: Scholl, IS (Isabelle)

Introduction: Over the last decades, trust in physician has gained in importance. Studies have shown that trust in physician is associated with positive health behaviors. However, the validity of empirical findings fundamentally depends on the quality of the measures in use. Our aim was to provide an overview of trust in physician measures and to evaluate the methodological quality of the psychometric studies and the quality of psychometric properties of identified measures.

Methods: We conducted an electronic search in three databases (Medline, EMBASE and PsycINFO). The secondary search strategy included reference and citation tracking of included full texts and consultation of experts in the field. Retrieved records were screened independently by two reviewers. Full texts that reported on testing of psychometric properties of trust in physician measures were included in the review. Study characteristics and psychometric properties were extracted. We evaluated the quality of design, methods and reporting of studies with the CONsensus based Standards for the selection of health status Measurement Instruments (COSMIN) checklist. The quality of psychometric properties was assessed with Terwee’s 2007 quality criteria.

Results: After screening 3284 records and assessing 169 full texts for eligibility, fourteen studies on seven trust in physician measures were included. Most of the studies were conducted in the USA and used English measures. All but one measure were generic. Sample sizes range from 25 to 1199 participants, recruited in very heterogeneous settings. Quality assessments revealed several flaws in the methodological quality of studies. COSMIN scores were mainly fair or poor. The overall quality of measures’ psychometric properties was intermediate.

Discussion: Several trust in physician measures have been developed over the last years, but further psychometric evaluation of these measures is needed. The methodological quality of psychometric property studies could be improved by adhering to quality criteria like the COSMIN checklist.

P2.13.10 How to measure preoperative anxiety in Danish children.

Tuesday, 30 September 2014: 04:00 - 05:00; Room: Forum Lounge

Title: How to measure preoperative anxiety in Danish children.

Authors: Skovby, PS (Pernille); Rask, CJR (Charlotte); Dall, RPD (Rolf)

Presenter: Skovby, PS (Pernille)

Introduction: Anaesthesia and surgery can be a frightening experience for children. It is well-known that preoperative anxiety in children is a multifactorial and complex problem with a broad number of symptoms affecting the entire family both before and after surgery. Children with preoperative anxiety have an increased need for analgesics and experience postoperative nausea and vomiting more often. Additionally, they are at risk of developing behavioural changes postoperatively. Standardised assessment of anxiety in children before surgery is well known and documented. Internationally, the modified-Yale Preoperative Anxiety Scale (m-YPAS) is often used. The m-YPAS exists today in a Danish translated and validated version. To ensure correct observation of...
preoperative anxiety in children it is necessary to learn how to apply the m-YPAS tool to a Danish clinical setting. Purpose of the study was to investigate if systematic training of three certified registered nurse anaesthetists in the use of the m-YPAS can ensure high interrater reliability and consensus in rating of preoperative anxiety in children between 2 and 12 years of age.

Methods:
The three certified registered nurse anaesthetists achieved knowledge of the development of children and behavioural traits of anxiety to acquire a basic understanding of different reactions of children in the operating room. Moreover, the three certified registered nurse anaesthetists were trained as raters using the m-YPAS on 43 video sequences recorded the first author. Each video sequence lasted for approximately 15 minutes and showed the children from arrival in the operating room until they were anaesthetized.

Results:
The systematic training of raters led to a high interrater reliability between the three certified registered nurse and the investigator.

Discussion:
Standardised assessment tools are necessary to evaluate intervention studies aiming at reducing preoperative anxiety in children. Correct use of the Danish m-YPAS version has been ensured by systematic training of future raters. A Danish version of the m-YPAS and systematic training of three certified registered nurse anaesthetists have ensured a high interrater reliability.

P2.13.11 The Foucaultian Dispositif Analysis – An Approach for the Research on Health Communication

Title:
The Foucaultian Dispositif Analysis – An Approach for the Research on Health Communication

Authors:
Urban, MU (Mona)
Presenter:
Urban, MU (Mona)

Introduction:
Discourse- and dispositif-analysis focus on discursive practices producing and implementing particular knowledge in specific socio-historic contexts. Above all, the studies referring to the late writings of Michel Foucault consider not just on a diachronic dimension of discursive practices and knowledge but also their synchronic intermediation with institutions, technological advances, scientific developments and socio-political developments, in other words: the reconstruction of the order of knowledge and its power impact. In the terrain of the health care system especially, the ‘governmentality’- studies have lately traced a paradigmatic change of the self-conception of the individual: In the last thirty years, attributions of a hierarchical normative nature exercised by professionals were replaced by appealing to a “responsible” individual. While on the one hand, the patients are recently getting empowered, on the other, the modern subject is obligated to show responsible, informed and rational - ergo healthy - behavior patterns throughout all sphere of (daily) life. Thereby, individuals are being made responsible for their own health status.

Methods:
Firstly, the poster outlines the Foucaultian dispositif analysis, while secondly illustrating modes and patterns of modern “subjectification” during discursive practices. The data originates from a research project on the practices of (drug-) testing in the workplace, the education system and private sphere in Germany. Next to 20 guideline-based interviews with experts, the corpus consists of a research on (mostly anonymous) online blogs and forums with contribution of those to be tested. The research does not just undertake a sociology of testing, but a reconstruction of the body of knowledge about health and safety and its specific rationalities.

Results:
The main findings point towards a new “responsibilisation” of the modern subject. While individuals get empowered and are less likely to fall victim to a disciplinary regime, those with behavior not matching the hegemonic rationalities are increasingly denied the access to social resources. Those resources could either be found in the workplace itself or in the benefits of the health care system.

Discussion:
Hence, behind the empowerment of the modern individual lies quiet a new social sorting. The Dispositif-analyses may offer a reflection of such developments.