

COMET 2017 Abstracts

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Communication, Medicine, and Ethics (COMET) Conference 2017, Indiana University-Purdue University Indianapolis, United States: Oral Presentation Abstracts

Patients' perceptions of chaperones' roles and gender variation in Saudi Arabia
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One of the cultural traditions in Saudi Arabia is that the Saudi female patient has to be accompanied by a third-party on her medical visits, thus giving rise to consultations between three parties. The primary objective of this study is to develop an in-depth understanding of the Saudi female patients' perceptions of their chaperones' roles during their medical encounters and any variations in the role characteristics that are related to the chaperone's gender. Data for this paper were collected from three hospitals in Jeddah, Saudi Arabia. The four open-ended questions were analyzed using thematic analysis, based on the work of Braun and Clarke (2006).

Thematic analysis of the open-ended questions revealed three main themes, (i.e. emotional, informational, and logistical support) that clarified chaperones' roles and gender variation. Findings have shown that female patients valued the emotional support they received from their female chaperones more than their male counterparts. With regards to informational support, results have indicated that both genders were equally likely to be active in an advocacy role, particularly, in speaking on behalf of patients for minor reasons (i.e. patients being shy or illiterate). Findings from logistical support have indicated that female chaperones were more active than their male counterparts in assisting the patients physically by making appointments and dressing them. The results of this study are expected to contribute to the efforts to improve physician-patient-chaperone interaction, as well as fulfil patients' needs by delivering patient-centered care.

Listening strategies: Psychosocial and medical discussions and documentation in primary care complex chronic disease encounters

By: Seuli Brill, The Ohio State University, USA (Presenter)

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This presentation examines linguistic strategies in interactions between patients with complex chronic disease and primary care physicians, as well as physician strategies for documenting such encounters. Understanding of such patterns in a given community can help determine best practices for therapeutic clinician/patient relationships and understanding of team-based disease management. We recruited 15 patient/ primary care provider dyads to explore these topics through individual playback sessions and cognitive interviews with each party. Analysis included discourse analysis of the interactions themselves and the playback and interview sessions and

qualitative content/topic analysis of interactions and clinical documentation to identify which aspects of the encounters were included or omitted in the documentation. We found that both physicians and patients introduced psychosocial concerns and clinical symptoms during office visits. Providers almost universally used a range of verbal and non-verbal acknowledgments of patient contributions that patients evaluated as empathetic and showing interest in and understanding of their perspectives. Patients identified such “empathetic listening” as evidence that providers cared for them as individuals. Providers stated that their engagement in psychosocial talk was crucial in earning patient trust and ‘buy-in’ for therapeutic plans. However, review of physicians’ notes found limited electronic health record (EHR) documentation of patient psychosocial concerns. Provider rationale for incorporating or omitting psychosocial concerns was not specifically explored in this study due to the project scope, thus reasons for lack of documentation were not explicitly identified. A future study investigating such reasons is planned to identify barriers.

Metaphor of cancer in the Chinese news media

By: Aoxuan (Jessica) Cao, Indiana University-Purdue University Indianapolis, USA

Along with the rapid movement of globalization, Chinese including native and immigrants with their large population have received increasing awareness of research values by communication scholars. In Chinese speaking places, lacking of studies in metaphor, especially in health communication, is worthy of attention. This research study with foci on both metaphor and cancer, a major illness of human beings can fill a gap in media and health communication in Chinese speaking areas, as well as inspire all communication scholars. Meanwhile, content analysis of news media related to cancer in Chinese implies similarity and distinctions from people of English speaking countries in frequently used metaphors of cancer. The result of the study can devote to patient-provider communication with great practical value.

The research study includes four parts. Literature review is made up of functions of metaphor in patient-provider communication, importance of studying cancer, rationale of foci on Chinese environment, and influence of media on public health. Methodology is content analysis of 100 random Chinese news media samples containing “cancer” in 2016. The results are shown based on classifications of metaphors, including Chinese characteristic metaphors. The conclusion part explains causal relationship between metaphors and Chinese culture, introducing suggestions for American health providers about cancer-related communication with Chinese speaking patients.

Overall, the research study presents an application in Media and Health Communication focusing on Public Understanding of Health and Illness. It enhances Chinese-English Intercultural Communication.

Development and testing of a computer-tailored: Decision aid to support lung screening decisions

By: Lisa Carter-Harris, Indiana University-Purdue University Indianapolis, USA (Presenter)

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Shared decision-making is particularly important within healthcare contexts where one best solution does not exist. This is the case in lung cancer screening – where benefits are present, but risk and uncertainty both exist and vary depending on each person’s medical history. Nine million Americans qualify for lung screening; however, screening has potential harms that must be weighed against its benefits, both of which may be valued differently by different individuals. Lung screening awareness remains low. Recent findings highlight time-constrained clinical encounters and their negative effect on shared decision-making. When a patient visits their clinician and has never heard of lung screening, making an informed decision is challenging. To facilitate shared decision-making about lung screening, effective methods to prepare patients to have these important patient-clinician discussions are needed. Computer-tailored interventions can help by priming the patient for this important discussion before the clinic visit. This pilot project developed a computer-tailored decision aid (LungTalk) that prepares screening-eligible patients to discuss lung screening with their clinician, and assist them to make an informed, values-based decision.

Methods: Three-phase pilot study involving: 1) a 10-member Community Advisory Board representing the target population to develop LungTalk; 2) pre-testing prototype for usability, acceptability, and satisfaction; and 3) testing LungTalk in a community web-based pilot randomized controlled trial (RCT).

Results: Prototype has been developed and is currently undergoing usability testing. Web-based pilot RCT will be complete by June 2017.

Conclusions: We will present findings from all phases of development of this computer-tailored decision support intervention for lung screening.

[Cancer patient’s perspective of their nurse-patient communication in a hospital ward](#)

By: E. Angela Chan, The Hong Kong Polytechnic University, China

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Background: Effective communication to address the psychosocial needs of Asian patients is known to be of particular importance in cancer care. However, the clinical environment may shape patients’ perspectives on their needs for emotional communication.

Objectives: To explore cancer patients’ perceptions and the meanings of their psychosocial care from their nurse-patient communication and interactions in a hospital setting in Hong Kong.

Methods: Thirty-two patients and their corresponding nurses were recruited for the period of the patients’ stay in hospital. This was a focused ethnographic study involving observations of the

ward and nurse-patient interactions during admission, treatment care, discharge, and interviews with patients on their perceptions and the meanings of their encounters with the nurses. Content analysis was performed on the data with assigned coding and clustering for themes.

Results: Findings include: 1. Patients appreciate the nurses' care when they understand the tremendous work demands on nurses, and accept and live with their illnesses; 2. Attention to patients' psychosocial needs is not expected in a busy ward; rather, their psychosocial being is promoted through nurses' attention to their physical care needs and symptom management; 3. Patients' psychosocial needs are part and parcel of their physical concerns; 4. A partnership between nurses and patients in treatment care improves the patients' psychosocial well-being.

Conclusion: Nurses have limited time to talk to patients about their worries and concerns, but attention to the physical needs and care of patients would improve the patients' psychosocial well-being and boost relationship building.

[Metaphors for Depression among Paramedics in the Code Green Campaign: An Application of the Job Demands-Resources Model](#)

By: Aaron Deason, Indiana University-Purdue University Indianapolis, USA (Presenter)

Daniel Y. Park, Indiana University-Purdue University Indianapolis, USA

Depression is a critical mental health issue among emergency medical service (EMS) personnel, with EMS workers reporting a suicidal ideation rate that is 10 times higher than the US national adult average. This study uses the Job Demands-Resources (JD-R) model (Bakker & Demerouti, 2007) to better understand EMS personnel's depression in relation to job stressors they experience at work (job demands) and the means they use to cope with job stressors (job resources). Specifically, this study uses metaphor analysis as a window into EMS professionals' experiences with depression by analyzing the metaphors they use to talk about job demands, job resources, depression, and the relationship among these variables. The sample for the study is stories collected from the Code Green Campaign, a website dedicated to collecting and publishing EMS mental health narratives, during the first nine months of 2016 using the keyword search-term "depression." Metaphors were identified and analyzed using metaphor analysis methods described by Schmitt (2005) and Goering (2015). Results revealed that paramedics used specific metaphors for job demands, job resources, and depression rather than articulating nonmetaphorically. When linking metaphors for job demands and metaphors for job resources to metaphors for depressive symptoms, paramedics' depression was found to be attributable to interaction between high job demands and poor job resources. The findings imply that focusing on metaphors for depression could help EMS human resource management better diagnose depression among EMS personnel and design intervention strategies to prevent them from experiencing suicidal ideation.

Keywords: code green campaign, depression, job demands-resources model, metaphor, paramedic

[Direct to consumer advertising and the reproduction of medical consumerism](#)

By: Staci Defibaugh, Old Dominion University, USA

Television direct-to-consumer (DTC) pharmaceutical advertising has become a pervasive presence for healthcare consumers in the US over the past twenty years (Ventola, 2011). Much research has been done on the positive and negative effects these ads have on healthcare interactions (c.f. Krezmien, et al., 2011), but specific attention to the ways in which the ideology of medical consumerism is produced through specific linguistic choices has been generally overlooked in the research. Based on discourse analysis of 15 DTC advertisements airing between May and September of 2016, I argue that these ads not only reflect but also actively reproduce the position of patients as consumers. This is done primarily through three means: appeals to consumerist behavior (i.e. “Go online to learn about a free prescription offer”), the use of imperatives (i.e. “Talk to your doctor”) and modeling the ideal ‘patient-consumer’ behavior (i.e. “I talked to my doctor”), which the viewer is then encouraged to emulate. As Ventola points out, “the average TV viewer watches as many as nine drug ads a day, totaling 16 hours per year, which far exceeds the amount of time the average individual spends with a primary care physician” (2011: 671). Because of the pervasiveness of these ads, a clear understanding of the linguistic tactics employed in the production of medical consumerism in DTC pharmaceutical advertising is essential in expanding our understanding of the forces shaping healthcare interactions and decision making in the US.

[Dora and the specter of therapeutic failure: Freudian influences on narration, themes and thought in the narratives of illness *The Man with a Shattered World* and *Awakenings*](#)
By: Nathalie Egalite, University of Texas, USA

In this paper, I argue that Sigmund Freud inspired Oliver Sacks and A.R. Luria to publish captivating narrative accounts even in the face of therapeutic disappointment. Freud was confronted with therapeutic failure when a dissatisfied Dora abruptly stopped her treatment. For almost all the patients Sacks featured in *Awakenings*, there was a drug therapeutic failure marked by adverse effects. The recovery that was hoped for by Zasetzky, subject of *The Man with a Shattered Word*, never materialized - not so much due to a failure of Luria’s treatment as to the irreversible nature of his brain injuries. In publishing *Dora: An Analysis of a Case of Hysteria*, Freud defends the position that there is value to be derived from sharing negative results along with successes. It is my contention that Luria and Sacks, as practitioners of neuropsychology and neurology accustomed to treating patients grappling with devastating effects while seeing only incremental improvements, were especially receptive to this approach. I begin by examining Freud’s scientific and humanistic influence on the narrative forms used by Luria and Sacks. I expand my analysis to Freudian thought and themes, which enabled both authors to contextualize poorer than expected outcomes. I further assess the legacy of Dora and its contribution to their understanding of the therapeutic relationship. Luria and Sacks were ultimately susceptible to similar ethical lapses in illness narration, notably with regards to patient autonomy, therapeutic misconception and privacy. This analysis provides worthwhile guidance to contemporary writers and readers of patient illness experiences.

With a little help from my friends: How women navigate communication privacy management boundaries when seeking social support before, during, and after cancer treatment

By: Donna M. Elkins, Spalding University, USA

When faced with a diagnosis of cancer, women make decisions about how much of their story to tell in order to gain the type and amount of social support needed as they move through the treatment process and beyond. Through interviews with seven women who have navigated the risks, challenges, and benefits of disclosing and concealing their health condition to others, this study provides a rich view of the communication privacy rules individuals create throughout the phases of living with cancer – diagnosis, treatment, and recovery – and how they negotiate the boundaries of these rules. As a cancer survivor herself, the author has had unique opportunities to interview and observe these women who have experienced breast, ovarian, colon, and lung cancer. Using Communication Privacy Management Theory (CPM) as the theoretical frame, this study not only adds to the knowledge of how communication privacy rules may change during these three phases, but also provides insight into the decision processes as patients seek and share social support by telling their personal stories and self-disclosing about their health condition to others in each phase. The results of this study provide a much deeper and richer understanding of the considerations female cancer patients face when balancing concealment of private information against the perceived costs and benefits received from disclosing. These results translate into principles that could better guide new cancer patients in seeking, sharing, and participating in formal and informal support through phases of cancer diagnosis, treatment and recovery.

Coding smartphone medication management app design features using behavior change techniques

By: Rebecca J. Bartlett Ellis, Indiana University-Purdue University Indianapolis, USA (Co-presenter)

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An estimated 50% of people with chronic conditions do not take medications as prescribed, some turning to smartphones for help. Multiple smartphone apps are available; however, to date none have been rigorously evaluated to understand if they are effective in helping people change behavior to support taking medications as prescribed. Given there is no published evidence supporting available medication management apps, and no existing classification of apps to know which ones are designed to help people change specific behaviors, we set out to classify

medication management apps based on an existing taxonomy of behavior change techniques (BCTs).

Methods: Using a qualitative approach, our team classified the top 5 rated medication management smartphone apps available in both iTunes and Google Play stores using the BCT taxonomy. Coders (n=5) independently abstracted and coded design features displayed on screen shots in these app stores, using the BCTs. Then, using a group consensus approach, a final coding scheme was developed for each app. Frequencies were used to summarize the most common BCTs and respective design features were synthesized narratively.

Results: Design features varied by app yet ‘prompts and cues’ and ‘self-monitoring’ BCTs were common. The major BCTs will be discussed with implications for how BCTs could inform selecting appropriate apps, and how this work can be used to guide behavior change research.

Conclusion: Coding components of apps using BCTs may be useful to link app components with theory and permit further study of when and how these apps support patients’ medication management.

[Interprofessional collaboration as joint employment](#)

By: Stephanie Fox, Université de Montréal, Canada (Presenter)

Boris H.J.M. Brummans, Université de Montréal, Canada

What communication practices enable collaboration across professional boundaries in health care teamwork? Providing an informed response to this question is important because interprofessional collaboration has become an increasingly prevalent mode of health care delivery, often manifest in teams and teamwork. However, few studies have examined the micro communicative practices of interprofessional teams in their daily work, such as how they develop shared situational awareness or how roles and mental models get worked out in interaction. We propose the narrative lens of joint employment to investigate how members of interprofessional health care teams make sense of patient information, negotiate heterogeneous meanings, and create common ground in team discussions, which are hallmarks of effective collaborative practice. Inspired by the ethnomethodological tradition and building on literatures on interprofessional collaboration, narrative in health care practice, and organizational sensemaking, we show how joint employment serves as a bridge across perspectives through the narrative logic of transformation. We draw on data from an ethnographic study of four interprofessional teams in an acute care university teaching hospital in Western Canada. To demonstrate the usefulness of this lens, we provide an in-depth analysis of one team’s collaborative performance of a patient case presentation in acute hospital care. Our analysis identifies three employment practices that are key to establishing perspective and meaning in case presentations: causal attribution, temporal-spatial localization, and evaluation. Implications for theory and practice are considered.

[“Has what I’ve said been understood?” Managing alignment in genetic consultations](#)

By: Loretta Gasparini, The University of Melbourne, Australia (Presenter)

Lesley Stirling, The University of Melbourne, Australia

Jean Lillian Paul, The University of Melbourne, Australia

How do healthcare professionals overcome asymmetrical knowledge states or differences in opinion with clients, when the client is unable or unwilling to express their disalignment? This study investigated how 10 clinical geneticists and adult family members of children with developmental disorders expressed and dealt with various forms of disalignment (including miscommunication, disagreements and dispreferred actions) during 32 audio-recorded genetics consultations. The consultations were scanned for instances in which participants checked for alignment by referring to another interlocutor's attitude towards the immediately anterior talk and giving that interlocutor the opportunity to confirm or disconfirm alignment. Geneticists produced more checks than family members and the most common forms of checks were "does that make sense?", "if you know what I mean." and variations thereof. The talk before and after checks made by geneticists was analysed using theme-oriented discourse analysis methods (Roberts and Sarangi, 2005). When checking for alignment, geneticists appeared to be sensitive to responses by family members to previous talk, as well as to the topic of talk. In addition to enhancing parents' understanding, checks for alignment appeared to serve other functions, including being supportive of parents and ensuring that the interaction progressed in a timely manner. Family members seemed more likely to reveal that there was disalignment if a check was non-formulaic and did not come across merely as a routine check produced to initiate a topic shift. This study illustrates behaviour that healthcare professionals can consider when attempting to enhance their clients' alignment and satisfaction with their consultations.

[Addressing the lack of cross-cultural communication skills among international dentists: The case of Indiana University International Dentist Program \(IU-IDP\)](#)

By: Esen Gokpinar-Shelton, Indiana University-Purdue University Indianapolis, USA (Presenter)

Matthew Hume, University-Purdue University Indianapolis, USA

The framework of intercultural rhetoric and health literacy can be a crucial part of rigorous International Dentist Programs (IDPs) offered by many U.S. dental schools for internationally trained dentists seeking a U.S. dental license. While technical skills are prerequisites for good practice at IDPs, the curricula tend to be highly regimented. This leaves little opportunity for the dentists to improve their skills for communicating in a culturally and linguistically effective way with 1) their instructors and program peers and 2) eventually with U.S. based patients—in particular, to use active listening, speaking and writing skills, to gather and impart information efficiently, and to demonstrate rapport, ethical awareness, and professionalism.

To fulfill this need, the International Center for Intercultural Communication at Indiana University-Purdue University Indianapolis has been collaborating with the Indiana University International Dentist Program (IU-IDP) for the past two years to create an 11-week mandatory transition course for first year international dentists in the program. The curriculum is structured around the theories of intercultural rhetoric and health literacy (Connor, 2009). Following Roberts and Sarangi (2005), the learning goals are designed to improve students' cultural, strategic, and discourse level language competencies. These competencies help students not only

to communicate effectively with a diverse patient population but also to understand the complexity of the U.S. healthcare and education system. In this session, we first discuss intercultural rhetoric's impact on healthcare research and then share the development and application process of the IU-IDP intercultural communication program. Class activities and student feedback are featured.

[The Sacred 7: Integrating humanities into physician assistant \(PA\) education](#)

By: Jill P. Grant, Wake Forest School of Medicine, USA (Presenter)

Tanya E. Gregory, Wake Forest School of Medicine, USA

The Sacred 7 is a health humanities elective for PA students enrolled at the Wake Forest School of Medicine. The course uses literature, film, visual arts, writing, reflection, meditation, and discussion to help students access, explore, and deepen their empathy, compassion, humility, integrity, reflection, resilience, and self-awareness – the qualities that constitute the Sacred 7. The overall goal of the course is to help these trainees become PAs who care humanely for both patients and themselves.

The PA curriculum at Wake Forest spans two years, to include preclinical and clinical phases of training. The Sacred 7 humanities course is delivered in tandem with the respective phase of education. During the preclinical year, students view films, make art, learn deep breathing techniques, and perform readings paired with the organ system being studied in the core curriculum. They also debrief their experiences using writing prompts and group discussion. During the clinical year, students create parallel charts¹ based on actual patient encounters during their clinical rotations. Some students choose to write parallel charts in the form of a narrative, an essay, or a poem; other students may create visual art, photography, film, or music to describe their patient encounter. These are subsequently shared in small group sessions.

Ongoing research examines the impact of students' experiences in Sacred 7 on their empathy level through the Jefferson Scale of Empathy (JSE). While formal results across cohorts from the first three years are pending, the anecdotal feedback on the course has been inspiring, humbling, and revolutionary.

[PARTNERS collaborative care for people with psychosis in the UK: Using tape assisted recall to explore practitioner—client interactions](#)

By: Ruth Gwernan-Jones, University of Exeter, UK (Presenter)

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Maria Cox, Lancashire Care NHS Foundation Trust, UK

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Nicky Britten, University of Exeter, UK

Max Birchwood, University of Warwick, UK

In the UK there is a need to better support people with bipolar and schizophrenia not currently in crisis. PARTNERS is testing collaborative care by placing secondary practitioners in primary care, who take a coaching approach to improve client's wellbeing across mental and physical health, and social and community life.

During our formative evaluation we supported practitioners to follow PARTNERS through training, manuals, supervision and researcher support. To evaluate fidelity we recorded sessions between practitioners and clients, then interviewed individuals using tape assisted recall (6 sessions, 6 practitioner interviews, 6 client interviews). We coded transcriptions using a theoretical framework developed from our collaborative care model. We are currently analyzing the codes drawing from a realist approach, looking at ways the practitioner—client sessions did and did not align with our model, to identify patterns for how this may have affected practitioner and client experiences.

Interim findings show that one practitioner administered PARTNERS with less fidelity than the other. One practitioner listened to and emotionally supported clients, while also taking action on their behalf. The second practitioner focused on developing a shared understanding of clients' needs, and agreeing and working towards person-centred goals. All six clients appreciated the support they received from the service, but those who worked with the second practitioner were more able to describe the progress they had made towards improving their lives. We will discuss final findings and the adaptations we made to our model in response, in preparation for the clinical trial currently taking place.

[Perceived usefulness of personal health records for cancer patients among patients, caregivers, and providers](#)

By: David A. Haggstrom, Indiana University-Purdue University Indianapolis, USA; Regenstrief Institute, USA; Veterans Health Administration, USA (Presenter)

Thomas Carr, Indiana University-Purdue University Indianapolis, USA

Personal Health Records (PHRs) may be useful for communication and information exchange. With appropriate access privileges, a PHR can be shared by patients with their caregivers and healthcare providers. As each group's role in care is different, their perception of the best uses of

a PHR might vary. In this qualitative study, we explored each group's perception of a colorectal cancer (CRC) PHR prototype. Participants completed scenario-based testing across 8 use cases, and semi-structured follow-up interviews. Video tapes were collected in the setting of a human-computer interaction laboratory. Veteran cancer patients (n=6) and their caregivers (n=6) were enrolled, as well as their VHA providers (n=7), including an oncologist, oncology nurse, gastroenterologist, and four primary care physicians. Discrete observations underwent grounded theory affinity analysis to identify emergent themes. All groups agreed with the added value of linking the PHR to an electronic health record; usefulness of tracking treatment and follow-up testing; and best practices for secure messaging. Patients and caregivers valued the journal as a tool for reflection, means by which patients could receive emotional support from others, and a vehicle for non-verbal communication. While some health care providers agreed that the PHR would facilitate patient-physician communication, others worried that sharing journal access would make the doctor-patient relationship less professional. Healthcare providers were also concerned about accuracy of patient-entered data and time burden for both the journal and secure messages. Perceptions differed by role, with providers seeing the PHR as informational, while patients and caregivers viewed the tool as more relational.

[Language, dementia and meaning-making in art galleries and homes: Objects of joint attention as resources for transforming knowledge, building topics and lifting spirits](#)
By: Heidi E. Hamilton, Georgetown University, USA

Multidisciplinary studies have highlighted connections between cognitive changes that accompany dementia and an individual's sense of self (Davis, 2005). Intersecting this line of scholarship is an arts movement that claims that multisensory experiences can promote the social, emotional and creative wellbeing of persons with dementia (Basting, 2009). Analyses of language used by participants may help us understand these cognitive changes in the context of such therapeutic programming.

In this talk, I describe language used in video-recorded specially designed art gallery tours for groups of individuals with dementia and their companions, as they focused joint attention (Tomasello, 2008) on works of art. During these interactions participants made their "thinking visible" (Perkins, 2003) as they shared ideas and opinions. Individuals with different levels of dementia participated actively and appropriately (albeit using different discursive strategies); those with more extensive memory loss who were bound to the 'here-and-now' commented on how a particular painting made them feel, for example, while others whose long-term episodic memory was relatively more intact told stories that were sparked by the artwork.

Building on these findings, I examined everyday conversations between individuals with dementia and visitors to their homes, focusing on talk that likewise centered on objects of joint attention such as family photographs and collectibles. In the most successful of these interactions, a focus on resources in the 'here-and-now' accentuated conversationalists' relative strengths while deemphasizing relative weaknesses in word-finding and episodic memory. These findings have implications for discourse practices that center on an enhanced use of the physical environment with the aim of enriching the lives of persons with dementia and their careers.

Identifying sources of patient dissatisfaction when seeking care for a chronic and complex disease: A content analysis

By: Katharine J. Head, Indiana University-Purdue University Indianapolis, USA

Amanda Harsin, Indiana University-Purdue University Indianapolis, USA

Rebecca J. Bartlett Ellis, Indiana University-Purdue University Indianapolis, USA

Research suggests patient dissatisfaction is conceptually different from the more popular measure of patient satisfaction, and that it can provide valuable information for providers, clinics, and hospitals in terms of patient experiences. Moreover, most work examining patient experiences in healthcare adopts a physician- or encounter-specific approach, rather than assessing patient's cumulative experience in seeking care for a disease. With growing numbers of patients with chronic and complex diseases (CCDs) which require long-term, multifaceted healthcare, researchers must take into account that patients may not view their healthcare experiences as isolated events, but rather reflect on their care experiences from a more integrated approach. To address this gap, the current study asked patients (n = 387) with a CCD called polycystic kidney disease to answer an online questionnaire about their dissatisfying healthcare experiences. Content analysis was used to analyze responses and identify patient sources of healthcare dissatisfaction. Analysis revealed nine conceptual codes related to informational, support, and care management dissatisfaction. Analysis also revealed the type of healthcare provider is often mentioned, and that more than one type of dissatisfaction can occur at the same time. Patients with CCDs are experiencing a variety of types of dissatisfaction when seeking healthcare, which may point to ongoing communication gaps between patients and the healthcare providers they see over time for their disease. Providers can potentially improve care experiences by helping patients manage their care across providers and experiences, and encourage patients to ask questions and express concerns.

Metaphors matter

By: Tiffany Hecklinski, Indiana University-Purdue University Indianapolis, USA (Presenter)

Janet Panoch, Indiana University-Purdue University Indianapolis, USA

Metaphors Matter is an active listening training program designed to identify metaphors in the medical interview with first year medical students. While the use of metaphors is largely unconscious, the metaphors that people use do matter (Deetz, 1984). For health care professionals, the use of metaphors matters even more as a strategy for educating patients and their families about a disease or potential treatment options (Arroliga, Newman, Longworth, & Stoller, 2002; Krieger, 2014; Sontag, 1989). In this program, students learn why metaphors matter in patient-provider communication, particularly in health literacy as metaphors provide a way to proceed from the known to the unknown (Nisbet, 1969). The theory of planned behavior (TPB) informs the design and drives the evaluation methods to measure perceived behavioral control for implementation with patients. Metaphorical language can be an effective means of patient-provider communication; physicians who used more metaphors and analogies elicited better patient ratings in communication (Casarett, Pickard, Fishman, Alexander, Pollak &

Tulsky, 2010) and ultimately build a better relationship with the patient and family. Students will learn to listen for metaphors in selected videos then apply and co-create metaphors in patient focused practice sessions using case studies. The value of patient selected metaphors suggests that metaphor preference could serve as the basis for future diagnostic tools (Plug, Sharrack & Reuber, 2009). This program translates research in TPB to applied medical education as students alternately role play both patient and provider; honing active listening skills for metaphors provides an effective communication tool for future clinicians.

[Improv\(ing\) communication with the public: An Innovative curriculum for pediatric residents](#)

By: Krista Hoffmann-Longtin, Indiana University-Purdue University Indianapolis, USA

Elizabeth Weinstein, Indiana University-Purdue University Indianapolis, USA

In today's complex communication landscape, the public often turns to friends, the internet, and social media (instead of their physician) for health information. However, a report by the National Academies of Science, Engineering, and Medicine¹ cautions practitioners against "the deficit model," the assumption that more and clearer information leads to better public decisions. To influence this complex process, physicians need empathetic imagination and an ability to think like and respond to audiences spontaneously.²

Informed by successful programs for scientists and physicians,³⁻⁴ we designed a curriculum based on techniques of improvisational theater to train pediatric residents (PRs) to communicate more responsively and engagingly. This approach treats communication as a translational process of meaning-making, rather than simply information dissemination.⁵ Trained facilitators led the 7-hour curriculum. It included opportunities to explore empathy and audience analysis, distill messages to key points, and apply the curriculum in media and community contexts. All attendees (N=34) completed a post-workshop survey on their perceptions of curricular structure, efficacy, and utility.

Preliminary results indicate gains in confidence and skill. 74% of PRs reported average or below average familiarity with communication strategies at the beginning of the session; and most (83%) agreed they had learned a great deal of new information. Highest means were reported in listening and overall communication strategy. This type of training encourages PRs to position themselves as trusted experts and partners in making meaning of health information, thus empowering a new generation of pediatricians to bridge communication gaps created by new technology and data sources.

["I will attend antenatal but deliver at home": The choice of home delivery for women in a semi-urban Ghanaian community.](#)

By: Ekuia Essumanma Houphouet, University of Ghana, Ghana (Presenter)

Nana Aba Appiah Amfo, University of Ghana, Ghana

This paper examines factors (including gaps in health education) influencing the choice of unskilled over skilled delivery by women from a semi-urban sub-municipality in Ghana after

receiving ante natal care from the public health centre in the sub-municipality, a practice that the World Health Organization (WHO) acknowledges contributes to the high maternal mortality ratio especially in developing countries (WHO, 2004).

Using a qualitative approach, in-depth interviews were conducted with pregnant women attending antenatal clinic at the public health centre in the sub-municipality, and with a history of home delivery or delivery with a traditional birth attendant (TBA) in the last 5 years. Health workers in the maternity and community health units were also interviewed. Antenatal clinic activities were also observed. The data were then analysed manually and the reasons provided for choice of home/TBA delivery categorised.

The reasons were categorised as follows: misconceptions/gaps in health education provided during antenatal visits, influence of significant others like spouses, and other relatives, poor staff attitude, and financial and logistical reasons. None of the pregnant women interviewed admitted receiving information about labour and delivery during their antenatal period.

The findings from this study supports the WHO listing of lack of information and cultural practices as some reasons for women not seeking and utilizing skilled care during pregnancy. It further strengthens the need for health workers to comprehensively discuss pregnancy, labour and delivery with pregnant women taking the women's cultural background into consideration (WHO, 2016).

[Breaking the cycle of violence and sexual abuse - transformation as a story of the expanded family network](#)

By: Margareta Hydén, Linköping University, Sweden

One neglected aspect in studies on violence and sexual abuse concerns the inclusion of victims in the immediate context of family and friends and how the interplay of structure, meaning and power in social networks transforms the process of abuse. In the article, social networks are viewed as configuration of social relationships interwoven with meaning that can both trap and free individuals in abusive contexts.

Combining narratives with social network analysis, this article elaborates on the life story of a Swedish female. She got trapped in an abusive context at age 13 and ultimately escaped from it at age 19. The main theme in her story concerns the transformation of herself, but also the transformation and connections of the people around her.

After several years and setbacks, she established an “expanded family network”, which linked different people who had responded to the violence and to her position as a victim. The “family” concept is used to emphasize that this network included people that responded with a responsibility and care that is usually connected to family relationships although most of them were not connected by kin. The concept “expanding” refers to her actions in order to establish these relationships outside of her set of family members and relatives. The analysis illustrates the great significance of the responses to interpersonal violence from the surrounding social networks in upholding or ceasing the violence and for establishing the grounds for a better life for the victims – and for the perpetrators.

Dementia, common ground and reality disjunctions

By: Lars C. Hydén, Linköping University, Sweden (Presenter)

Christina Samuelsson, Linköping University, Sweden

Accessing and using conversational common ground is a challenge for persons with AD, as one of the primary symptoms is problems with memory. Over time both the person living with AD as well as other participants will try to find ways to deal with the challenges to common ground. One way for the person with dementia to fill gaps in conversational slots is to use words, names and “facts” that are accessible but maybe not true; what is called confabulation. This strategy may be effective for the person with dementia but can be confusing for conversational partners. In conversations involving persons with AD confabulation is a common phenomenon and often associated with communicative breakdown. In this study, we explored how conversational participants dealt with confabulation and reality disjunctions in conversations involving persons with AD. The study is based on video recorded ethnographic material, and a CA inspired analysis has been used. The study demonstrated that both the healthy participants as well as the person with dementia together skilfully avoid face threats by not pursuing argumentative lines that in the end might jeopardize both the collaborative and the personal relations. The strategies used by all participants – not just the healthy partners – ranged from acquiescence to noncommittance, aiming at avoiding face threatening situations. These interactive strategies can be learned by both person with dementia, relatives as well as health care professionals, as a way of dealing with reality disjunctions in conversations involving persons with dementia.

What does it take to understand? A text-based analysis of the language demands of English-medium ethical materials provided to patients in randomized controlled trials

By: Talia Isaacs, University College London, UK (Presenter)

Zsofia Demjen, University College London

Fiona Stevenson, University College London

Obtaining informed consent is an ethical imperative, signifying participants’ understanding of the conditions of research participation. However, participants’ actual level of understanding is often difficult and impractical to assess in operational research. One setting where the stakes for understanding are high in view of the potential consequences of participation is health intervention research. However, ethics committees’ gatekeeping mechanisms often mean that legalese is mandated in consent forms, which can work against patients’ comprehension (Nishimura, 2013). For example, Eltorai et al. (2015) detected the readability of the consent forms to be at a third-year university level, which is far beyond the average reading level of members of the general public. Further, complex concepts in medicine and trials can be difficult to explain using lay terms (e.g., randomization). These challenges are compounded for linguistic minorities who may not have access to translated materials during recruitment (Brown et al., 2014). This presentation will report on building and analyzing a preliminary >50,000 word corpus of consent forms and information sheets of randomized controlled trials (RCTs) involving the National Health Service England. The results reveal the most frequent and relevant lexical

items and syntactic structures (e.g., sophistication and variation measures), differences between the discourse features of materials used in operational RCTs and ethical templates or best practice guidelines (e.g., WHO, 2016), and a methodology for identifying a comprehension threshold. This is conceived as the first step to inform the development of a simple, practical means to screen patients' understanding of ethical materials during RCT recruitment.

[Ethical considerations relating to conducting linguistic research in the UK National Health Service \(NHS\): How to make studies applicable to practitioners and of benefit to participants](#)

By: Pamela Knight-Davidson, Anglia Ruskin University, UK

The practical significance and applicability of microanalytic approaches to healthcare research remains enigmatic despite previous calls for reform in this regard (e.g., Candlin and Candlin 2003). Yet these approaches can reveal pertinent findings to the field of healthcare practice. My experience of conducting linguistic research in the British National Health Service as a doctoral student and latterly working as a researcher in health in a higher education institution, informs me that internal healthcare communication research has the ultimate goal of improving communication, patient satisfaction and, indirectly, patient outcomes. Linguistic research can often be misaligned with these goals and seem disparate to the altruistic objectives of internal healthcare communication studies. They can be seen as more in keeping with a desire to understand language use itself in these contexts leading to criticism that a strong focus on language use is to the expense of the 'realities' of healthcare (Yardley 1997). Moreover, additional lack of confidence is predicated when the ethical premise of research for patient benefit is considered.

In light of moves to direct research funding towards “translational and applied research [to achieve] a more balanced portfolio ...” (Cooksey D. 2006, cited in Carter et al 2016), I will discuss and revisit the idea of researcher/professional collaboration. I argue for strategies for a more sustained adoption, promotion and incorporation of microanalytic approaches in healthcare research and for discursive researchers to address the ethical principle of benefit from the outset of design in order to demonstrate the potential of findings and credibility of linguistic research to the healthcare field.

[A critical appraisal of guidelines for electronic communication: The need for modernization](#)

By: Joy L. Lee, Regenstrief Institute, USA; Indiana University-Purdue University Indianapolis, USA (Presenter)

Michael Weiner, Regenstrief Institute, USA; Indiana University-Purdue University Indianapolis, USA

Nir Menachemi, Indiana University-Purdue University Indianapolis, USA

Background: Patients are increasingly interested in electronic access to providers (e.g., via email or secure messaging). Nevertheless, little is known about how providers should communicate with patients electronically. We sought to identify published evidence that underpins guidelines

for electronic communication (“e-communication”), and to evaluate evidence-based recommendations for e-communication between patients and their providers. We identified a dearth of published work in both areas and instead critically appraise existing published guidelines and suggest an agenda for future work.

Method: We performed a narrative review of English-language provider-targeted guidelines on e-communication, searching Ovid MEDLINE, EMBASE, and PubMed databases using relevant search terms. We identified the themes and suggested practices of each guideline, and evaluated whether they reflect current practice.

Results: We identified 11 guidelines on e-communication. Although many referenced emerging evaluations of e-communications, no recommendation was underpinned by evidence of the effectiveness of the practice. Privacy and data security were major themes and many recommend a discussion with patients regarding expectations for e-communication. The guidelines focused little on the content of e-communications and communication delivery; many are out of step with current practice regarding both how email is used and how patients and clinicians interact.

Conclusion: Although current guidelines for e-communication may be rooted in a solid conceptual basis, their recommended practices are not founded on evidence and they offer little guidance on how to communicate effectively. Just as providers and trainees are taught face-to-face communication skills based on an evidence-rich foundation, the same rigorous work needs to be applied to e-communication. Researchers need to evaluate and identify effective practices systematically, create a framework to evaluate quality of communication, and test the relationship between e-communication delivery and quality of care.

[Is it getting darker in here?: Gaslighting as part of medical culture](#)

By: Janet Farrell Leontiou, Nassau Community College, USA

The term gaslighting has gained tremendous currency within the present political context within the United States. It is used to describe a practice which leads the other to question the sanity of her own experience, reason, and perceptions. This practice may be used consciously to manipulate the other or as in the case of the medical community, it is used unconsciously and the result is an unintended consequence.

Before I had the language of gaslighting, I would describe my experiences with doctors and in hospitals as though I were inhabiting a parallel universe where things seemed to make sense to the organizational member but not to me.

I think that organizational members of medical culture learn gaslighting when they assimilate to the medical culture. I am currently on sabbatical leave writing a book on the topic of gaslighting within the medical world. This work is a follow up to my previous book: *What Do the Doctors Say?: What Doctors Create a World through Their Words*. My previous book looked at how doctors engage in a rhetoric of disconnection through their talk. My hypothesis is that doctors learn to disconnect in medical school and then it is reinforced in the hospitals and practices they join. The doctors who do not disconnect are going against the culture that trained them. I would

also say the same is true for those who do not use the tactic of gaslighting. It is the rare person who goes against the way in which they have been trained. For others I think that when it is pointed out that the end result is the opposite of what they intend to create, I think that they will change.

[Ethics in genetic counselling: Risk communication for SADS in family-oriented contexts](#)

By: Colin Lewis, University of Utah, USA

Olga Zayts, University of Hong Kong, China

Knibbe and Verkerk (2010) argue that risk communications are complex, and that analyses of such communications often focus exclusively on the dyadic relation of practitioner and patient, failing to account for the broader social context (i.e., the family) in which the process of decision-making is set. Since decision-making is often performed within such contexts, Knibbe and Verkerk recommend that communicative practices accommodate this broader context. This position has interesting implications for the ethics of genetic counselling, in which results of genetic testing often affect not only the tested individual, but also other family members. In this paper, we examine the context of adolescent and adult genetic counselling for Sudden Arrhythmia Death Syndrome (SADS). Genetic counselling in the SADS context is particularly complex: while genetic counselling typically concerns either pre-test counselling of individuals at risk of a genetic disorder or post-test counselling of individuals where genetic test results are disclosed and discussed, in SADS contexts these two types of counselling merge. In the 42 consultations that we video-recorded, adolescent clients receive a test result (post-test counselling), and genetic testing of other family members is discussed (pre-test counselling). We focus in particular on the complex ethical issue of disclosure of test results to other family members “for the sake” of these others so that they, too, could be diagnosed and take preventative measures as necessary. We frame these discussions against the backdrop of non-maleficence: a “key principle” of standard biomedical ethics and one often “preferred” during decision-making in biomedical contexts (Page 2012).

[“If I were you, I would maybe look into getting a second opinion.” The social implications of advice giving in lay-to-lay and expert-to-lay communication in online health forums](#)

By: Georg Marko, Karl-Franzens-University Graz, Austria

Giving and receiving advice in clinical encounters usually presupposes a hierarchical relationship between healthcare professionals in possession of knowledge and patients lacking this knowledge. The situation may be less clear in non-institutionalized settings such as online health forums, where it is primarily lay people communicating with each other and where even contributing doctors cannot take their expert role for granted. This means that in providing and receiving advice in forums people are also negotiating their social relationships, a process this paper aims to investigate.

The linguistic realizations of the speech act of advice – i.e. whether advice givers use imperatives (e.g. get a second opinion), modal verbs (you should get ...), or more indirect formulae (e.g. If I were you, I would get ...), and whether there are further linguistic elements

(e.g. you absolutely must get ...; I'm not an expert but you should get ...) or even full speech acts (e.g. information about professional status, I am a neurologist, or expression of sympathy: I can so understand what you are going through,) – allow insights into the negotiating process. This paper will therefore examine such variation in form and its relations to contextual features such as expert status, topic, or emotional involvement. I will also discuss possible practical implications for other forms of communication in the health domain.

The study combines the qualitative conceptions of pragmatics and conversation analysis with the quantitative methods of corpus linguistics. I will examine six self-compiled 1-million-word text corpora of contributions to online health forums on different conditions (cancer, cardiovascular diseases, multiple sclerosis, headaches, depressions, knee injuries).

Translating lived experience into practice: An ethical, practical, and collaborative methodology for medical/healthcare research

By: Sara Newman, Kent State University, USA

Although an interdisciplinary field, medical/healthcare research is often conducted by scholars in different disciplines, using different methods to different ends. However significant the results, they are neither comprehensible to all parties nor successful in effecting the improvements sought. This presentation offers a tiered, cross-disciplinary methodology which “translates research into practice”; specifically, the methodology combines humanistic and scientific research tools and techniques to capture the lived experiences of individuals affected by medical conditions, while providing the reliability and validity which such efforts require. The methodology described belongs to an ongoing collaborative project which aims to improve composition pedagogy by examining how individuals with autism conceptualize writing. The study's first tier gathered qualitative survey data from individuals on the spectrum; the data suggest that, contrary to the prevailing perspective, these individuals consider a variety of audiences and in more than visual terms. To complement these self-reported responses, the study's next stage measures in situ how ASD and non-ASD writers experience writing tasks; using quantitative data collected from EEG technology, the team will analyze and compare how writers with ASD and neurotypical writers respond in time to a writing prompt. This methodology contributes to efforts to develop best practices in representing, dispersing, and applying medical knowledge. Such ethical health and communication practices help us challenge inaccurate, often marginalizing assumptions about health conditions and the individuals who experience them. Finally, this approach engages a community of scholars, patients, families, and health practitioners by means of shared conventions to advocate to similar ends.

Most men uhm well are not able to understand these problems of ours: Are gender(ed) propositions worked with in psychotherapy with women suffering from bulimia?

By: Joanna Pawelczyk, Adam Mickiewicz University in Poznan, Poland (Presenter)

Małgorzata Talarczyk, Poznan University of Medical Science, Poland

Socio-cultural factors constitute one of the causes of eating disorders in general and bulimia in particular. Bulimia can then be construed as a response to a failure to meet the socially dominant

expectations of what it means to be a woman as a majority of bulimia patients are females. In this sense the social category of gender with its inscribed commonsensical propositions and expectations is assumed to be primary and productive in developing bulimia in women.

Hegemonic constructs and discourses of femininity as well as overarching discourse of gender difference are explicitly taken up in narrative psychotherapies with the aims of identifying their roles/functions in the patient's life. Little is known, however, whether, and if so, how the 'gender(ed)' is worked with in other types of psychotherapies with people suffering from eating disorders including women with bulimia.

The data analyzed in this paper come from individual therapy sessions with female patients suffering from bulimia conducted by a female psychotherapist within the systemic therapy approach. By applying the micro approaches of conversation analysis and membership categorization analysis, this paper aims at examining how the gender(ed) propositions are explicitly and/or implicitly invoked by the therapist and/or the female patients and further interactionally dealt with in the course of psychotherapy sessions. It scrutinizes the content of the gender(ed) propositions as well as examines whether they are co-corrected in the local interactional context. Adopting the position of critical feminist perspective, the analysis calls for therapists' reflexivity and greater awareness of their interactional handling of the 'gender(ed)' in view of the specific session goals.

[From health disparities research to tailored health messages: Street Smarts™ Cancer Education Program for homeless women](#)

By: Cynthia Ryan, University of Alabama at Birmingham, USA

In 2009, I began assisting homeless women in Birmingham, Alabama, who were living with a diagnosis of cancer. As a two-time survivor of breast cancer, I used my knowledge of the local health care system to help these women navigate an increasingly complicated medical terrain at a time when Birmingham's Jefferson County Cooper Green Hospital, a low- to no-cost public facility, was struggling financially.

I took my advocacy efforts a step further in 2011, founding the program Street Smarts (trademarked in 2013). Drawing on cancer health disparities research suggesting the continuum of influences on homeless women's access to and utilization of health resources (Arangua, Andersen, and Gelberg, 2005; Bharel, Santiago, Forgione, Leon, and Weintreb, 2015; Teruya et al., 2010; Vijayaraghasan, et al., 2012), Street Smarts™ addresses some of the obstacles that prevent homeless women from being receptive to sound health advice—even when medical services are free and available.

This presentation will focus on research on homeless women and health disparities and the ways in which Street Smarts™ reflects this research. The program provides cancer education in an all-female spa-like setting (including a nutritious lunch, spa services, and take-home backpacks touting a cancer education message and filled with toiletry items), responding to reported anxieties related to self-image and body confidence among homeless women. Cancer education sessions are provided by nurses from Cooper Green with testimonials from cancer survivors who

are members of the homeless community. My presentation will address both the successes and challenges faced in implementing and growing this program.

[“The disconnect: Life ≠ meaningful life - advancing translational research from ‘bench to enactment’ with an insider view”](#)

By: Patricia J. Scott, Indiana University-Purdue University Indianapolis, USA

Complex medical interventions focus primarily on saving lives. The people who own these lives care very much for their survival and the best services available. They often find themselves alone with the challenges of process of resuming their lives, including participation in valued social roles. Participation in valued social roles is seemingly simple on the surface. When one's capacity to perform their roles is threatened, by disease, or expected or abrupt life transitions, this often is a challenge.

Roles are sets of activities performed in a routine way. They structure our lives, and govern the way we see ourselves and others see us. Roles are the ‘how’ of social participation. As an occupational therapist, Dr Scott treated people with problems stemming, in part, from lack of role identification. It is socially awkward to say, ‘this is my brother who just got out of prison’, or ‘I cannot attend because I lost my license for driving drunk’.

This presentation focuses on the threat Scott experienced to her own role identification when she learned she needed a liver transplant. She scoured the literature for information that would help her understand how this would impact her life and found very little. Scott realized if she had this problem, many others likely did also. She has since devoted herself to the goal of increasing access to information such people can return to full meaningful participation in life post-transplant.

This presentation stems from the address given upon receipt of Bantz-Petronio Translating Research into Practice Award.

[“Let’s talk more about this” : An analysis of how experts engage novice physicians in pedagogical dialogue](#)

By: Awad Scrocco, Youngstown State University, USA

This oral presentation reports the results of an exploratory study of pedagogical conversations between faculty physician preceptors and resident physicians in an internal medicine clinic at a private teaching hospital. In this presentation, I identify common categories of communicative actions and analyze how effectively they facilitate pedagogical dialogue. Using a modified grounded theory approach, my analysis considers resident-preceptor conversations at the levels of the conversational exchange and the clause. From this analysis, I report four categories of exchanges that emerged: presenting the case, teaching clinical concepts, initiating clinical discussion, and offering/requesting direct instruction. Focusing on the latter two categories, I then identify common communicative actions in the clauses of speakers’ conversational turns. I contend that clinical-discussion exchanges best support the academic goal of these conversations by engaging novices with open-ended, interpretation-focused questions, proposals, and assessments; in contrast, direct-instruction exchanges support the workplace objective of treating

patients through imperative proposals and procedure-focused questions and assessments. This presentation offers communication scholars insight into how expert-novice conversations support the professionalization process in one workplace. This presentation also provides faculty physician preceptors with an understanding of the types of communicative actions that may better facilitate pedagogical dialogue.

[A corpus-based linguistic assessment of a diagnostic pain questionnaire](#)

By: Elena Semino, Lancaster University, UK (Presenter)

Andrew Hardie, Lancaster University, UK

Overview: This paper presents the methods and findings of a corpus-based linguistic assessment of the McGill Pain Questionnaire (MPQ) – a widely used language-based questionnaire for the diagnosis of chronic pain.

Background: The MPQ includes 78 one-word descriptors (e.g. ‘stabbing’) arranged into 20 groups. Each group captures a particular quality of the pain experience, and includes between two and seven descriptors, arranged in order of intensity of that experience (e.g. ‘sharp’, ‘cutting’, ‘lacerating’). While the use of the MPQ is well established, there are concerns about its reliability, partly due to the selection and arrangement of the linguistic descriptors it includes.

Method: It was hypothesised that the strength of the association between each MPQ descriptor and the concept of pain may influence patients’ selections when completing the questionnaire. The choices made by 800 patients completing the MPQ at a London facial pain unit were correlated with the strength of the collocation between each descriptor in each group and the word ‘pain’ in the Oxford English Corpus.

Findings: It was found that, for nine out of the 20 groups in the MPQ, the choice of descriptor is explicable largely or entirely in terms of the strength of the collocational link from the word ‘pain’ to that descriptor. The findings of the analysis thus undermine the reliability of the intensity scales in those nine groups.

Conclusion: It is suggested that future versions of the questionnaire need to take into account evidence from large-scale corpus based studies of pain descriptors in English.

[Language and professional development: How are they linked?](#)

By: John Skelton, University of Birmingham, UK (Presenter)

Connie Wiskin, University of Birmingham, UK

Jan Whetstone, University of Birmingham, UK

Jon Ward, University of Birmingham, UK

The concept of “professional development” is central to contemporary clinical education. Where doctors are perceived as having “problems” in this area, the label attached to the problem is very likely to be, or have some reference to, “poor communication”. This however means little more than that, as language is the primary interface between the individual and the world, and the

primary mechanism we have for reflecting on our own thoughts and actions, so most professional problems are likely to surface in part as a result of language use.

Doctors in professional difficulty are very often identified as requiring remedial support, and this in turn often means that support is suggested in some aspect of “communication”. But it is clear that communication is very often the symptom of the true problem, not the problem itself. The doctor who communicates poorly because they say very little, may be diffident, or ignorant: the doctor who shouts at colleagues may be a bully, or stressed, or not understand the role of leader, the doctor who makes errors at handover may be lazily indifferent, or muddled, for example.

The aim of this presentation is to explore in detail approximately 6 cases from the ISU files of 750 doctors sent for remedial support on a one-to-one basis for support in language and communication, and to offer the ISU typology of referrals. It is hoped that this will offer colleagues the opportunity to reflect on the balance of communication and professional development in their own work.

[Memoria, verdad, y justicia: Commemorative acts of solidarity for memory, truth, and justice in South America](#)

By: JesAlana Stewart, Indiana University, USA

On March 24th of 2016, a national holiday of Remembrance took place in Argentina, as a means of commemoration of the 40th anniversary of the desaparecidos or disappeared ones. This holiday is a day to remember those who had been lost due to terrorism of the state, to celebrate the end of a murderous military coup, and to come together to demonstrate against past, current, and future crimes against humanity. This commemoration serves as catharsis for extreme trauma and resulting mental distress from this period in Argentina’s history. Of the many groups advocating for health services, that come in celebration and protest, none are as renowned or as influential as the Mothers of the Plaza de Mayo. These women spoke out against the military regime when it was most dangerous to do so, and gained invaluable steps against unethical treatment and infringements on human rights. Thus, this organization is a beacon for communication of ethical treatment and has become an example for all those who fight against the disappearances of loved ones, which in turn has created critical solidarity across national and geographical boundaries. This concept of critical solidarity has the potential to connect individuals around the globe, in part due to its dissemination via the internet, and could have immense implications for local as well as global health literacy.

[Narratives of illness and death among the Zulu](#)

By: Clarissa Surek-Clark, The Ohio State University, USA

Verbal Autopsy is a well-known method to collect information about causes of death in populations where no official procedure to record deaths exists¹. Between 2005 and 2007, the Africa Centre², a health and demographic surveillance site in KwaZulu-Natal, South Africa, ran a pilot Verbal Autopsy study which yielded approximately 600 recordings of Verbal Autopsy interviews. Starting in 2015, these interviews were made available for transcription, translation and data analysis, with the overall goal of comparing the results from symptoms mentioned by

the next of kin of the deceased as provided in the oral interview with automated methods assessing causes of death. This presentation aims to highlight narratives of illness and death obtained from these interviews, and to discuss the role such recordings may play in improving Verbal Autopsy cause of death assignment methods.

Vulnerable being gay: Reframing through epistemic positioning in a therapy session

By: Ping-Hsuan Wang, Georgetown University, USA

In this paper, I take the research direction of incorporating empirical findings in counseling with LGBT clients (Bieschke et al, 2007), and heed Weiste and Peräkylä's (2015) call for the application of epistemics in Conversation Analysis to therapeutic discourse. I empirically examine the therapist-client interaction in a 3-minute video clip for online commercial use, extracted from a psychotherapy session with a same-sex couple. In the data, I explore how participants epistemically position one another to establish goals and frame the discussion. The analysis demonstrates how the key concepts in epistemics such as epistemic access, primacy and responsibility (Stivers et al, 2011), epistemic status and stance (Heritage, 2013) can be combined with Goffman's (1981) idea of footing and production format. The theoretical constructs elucidate the framing activity in the session, i.e. negotiation over what the discussion is about.

According to Goffman (1981), footing implies participant alignments and in turn shapes the frame, or the definition of a situation. I argue that participants in the session take up multiple footings as they relationally position each other and take different epistemic stances with respect to the knowledge domain. The therapist, for example, takes an unknowing stance to position one of the clients as the principal, assigning him more responsibility to identify the problem and set the goal. The other client "reframes" (Tannen, 2006) the discussion by creating different alignments as he positions himself as more knowledgeable. Whether the therapist notices the reframing through epistemic positioning has influences on goal-achieving in the session.

Woltman Interprofessional Communication Scholars Program (WISP): A blending of two proven techniques to improve communication skills

By: Lucia D. Wocial, Indiana University-Purdue University Indianapolis, USA

Evidence suggests a strong relationship between good communication and better patient outcomes (e.g., emotional health, and symptom resolution). Few communication programs provide interdisciplinary education despite the increasing emphasis of teamwork in health care. WISP is a personalized, learner-centered education approach which blends two proven techniques, "medical improv" developed at the Feinberg School of Medicine and situational coaching with mapped communication guides developed by VITALtalk. The focus on building teams of health care professionals and enhancing their communication skills is what sets this initiative apart from other efforts in this area. This presentation will describe the curriculum development, including data from the pilot year and two subsequent years of holding the program. Evaluations indicated that attendees improved their communication skills on virtually every measure (e.g. telling patients about a new life-threatening illness, talking to patients about their values related to end-of-life care, raising concerns with colleagues about a patient's plan of care). The most powerful statement from one of the attendees, an experienced clinician of many

years who said, “I am not the same person I was when I came”. Participants established meaningful relationships with other attendees which allowed them to build networks across health systems. Months later, participants still talk about their experience and how every day they are using what they learned from the WISP workshop.

Communication, Medicine, and Ethics (COMET) Conference 2017, Indiana University-Purdue University Indianapolis, United States: Panel Presentation Abstracts

Implementation challenges of health communication research

Chair: Ulla Connor, Indiana University-Purdue University Indianapolis, USA

Members: Mary de Groot, Indiana University-Purdue University Indianapolis, USA

Lucina Kessler, Columbus Regional Health System, USA

Robert Mac Neill, CoMac Analytics Inc., USA

Manyun Zou, Peking University Health Science Center, China

Discussants: Seuli Brill, The Ohio State University, USA

Lucina Kessler, Columbus Regional Hospital, USA

For successful implementation, health communication research needs to be interdisciplinary, which can be challenging as numerous reports confirm. One such report is the reflection by a research team of linguists, endocrinologists, communication experts, and pharmacists, as they studied narrative accounts of diabetes patients (Rozycki and Connor, 2015). However, as Sarangi (2017) argues, for successful uptake in clinical and educational practice of health communication research, research needs to be both interdisciplinary (e.g., endocrinology and linguistics) as well as “interprofessional” (e.g., linguist as a professional practitioner and healthcare expert whose practice is being studied).

This panel includes three presentations that describe research studies in clinical settings. The first two were conducted in U.S. healthcare systems, while the third took place in a large hospital in Beijing, China. The first presents findings from a study that identified facilitators and barriers to participation in a health care employee risk management program. The second focuses on the results of an implementation of a patient-centric communication approach in a chronic disease clinic. The third presents the results of patient surveys about the role of Chinese practitioners’ affective behavior. Each presentation addresses a number of solutions for optimizing impact on clinical and educational practice.

Following the three paper presentations, two healthcare practitioners will offer comments on their perspectives as professional practitioners.

Paper 1: Mary de Groot, Kent Crick, Tamara Smith, and Lisa Fleetwood

Promoting health in healthcare: Voices of health care employees

This study identified facilitators and barriers to participation in Healthy Results, an employee risk management program offered within a statewide health care system that is self-insured. Health care employees (N=96) were interviewed in 14 focus groups about health promotion habits and resources available through the Healthy Results Program. Focus groups were stratified by participant status in the Healthy Results program (i.e., participants vs. non-participants). Among participants, 81% of the sample was female, 87% self-identified as White (9.6% African American) with a mean age of 46.7 years (S.D.11.0) and mean duration of employment of 10.8 years (S.D.9.2). Non-participants were 74% self-identified as White (17% African American), 74% female, with an average age of 40 years (S.D.11.5) and mean duration of employment of 5.2 years (S.D.6.1). 76% were participants in Healthy Results and 24% were non-participants. Focus groups were convened until saturation of themes was achieved. Audiotapes were transcribed and coded to reliability by two of the authors (MdG, KC). Themes included: high levels of work-related stress; the impact of work-related stress on employee health; employee struggles to implement good health habits in the context of workplace demands; and employee desire for greater consonance between their pro-health values and self-care habits. While changes in health care delivery hold promise to improve the value and quality of care to patients, these initiatives rely on healthcare employees for successful implementation. Employees share a vision for the benefits of self-care with the values of their organization but struggle to implement best practices for themselves.

Paper 2: Ulla Connor, Lucina Kessler, Mary de Groot, and Robert Mac Neill

Implementing linguistics to improve patient health: An intervention study

In this presentation, we describe a linguistically arrived segmentation and tailored communication intervention that promotes self-management among type-2 diabetes patients in a chronic disease clinic. The intervention tools -- CoMac Descriptor™, Patient Profile™, Points of Emphasis™, and Linguistic Cues™ -- were developed based on linguistic analyses of patient talk (Connor et al., 2012). The CoMac Descriptor™ is a 12-question survey that segments patients in real time on three psychological constructs related to adherence (Control, Agency, Emotion). The other tools provided psycholinguistically tailored messaging for patient-centric communication. The feasibility for clinical practice of the tools has been tested (Ellis et al., 2014; Sandy & Connor, 2015).

The goal of this implementation study was to evaluate the feasibility of an online implementation in a chronic disease clinic as well as examine the impact on blood sugar (A1C) levels in a clinical setting. Two diabetes educators, a nurse and dietitian, used the approach and collected the data during a twelve-month period in 2016. The data consist of 119 patients; 69 patients took part in the intervention, while 50 patients formed the control group.

Qualitative methods were used to assess the implementation process. Quantitative analysis of a two-sample t-test was used to determine a hypothesized positive effect on the intervention group. Qualitative data identified process improvements, e.g., the use of tablets versus desktops for enhanced privacy. Quantitative data revealed statistically significant difference in the A1C levels ($p < .05$) between the two groups.

Longitudinal data in 2017 will further clarify the implementation issues and track the magnitude and consistency of the A1C changes as well other health outcomes.

Paper 3: Manyun Zou, Liping Guo, and Yuling Qiao

Physicians' affective behavior and patient satisfaction with clinical consultation in mainland China

Relationship between physicians' communication style and patient outcome has been well researched globally in the past decades. However, the role of physicians' affective behavior has not been given enough attention, especially in China and other Eastern countries. Current crisis in China's health care services also requires a renewed gaze into Chinese practitioners' affective behavior and the role it can play in improving physician-patient relationship. The present research is aimed to explore Chinese physicians' affective behavior in clinical consultations and its association with patient satisfaction. A questionnaire survey was conducted among 221 patients receiving diabetes treatment in a large-scale university hospital in Beijing, China. Frequencies of 6 types of behavior included in the survey were found to be positively correlated with patient satisfaction. Further multiple linear regression analysis showed a global affective behavior scale based on factor analysis of these 6 types was the strongest predictor [Beta =0.64, $t(202) = 12.19$, $p < .01$] of patient satisfaction while consultation time [Beta = .12, $t(202) = 2.27$, $p = .02$] and number of times a patient frequented the same physician [Beta =0.11, $t(202) = 2.25$, $p = .03$] were weaker factors. However, patients' socio-demographic features, patient's health literacy or length of illness was not correlated with patient satisfaction. The results of this study are promising in confirming the role of socio-emotional aspect of doctors' behavior in physician-patient relationship in China and in indicating the direction for future training of physicians' communication skills in China.

[Partnering with patients: Advocacy advances in technology and education](#)

Chair: Gary Kreps, George Mason University, USA

Members: Peter M. Anderson, Cleveland Clinic, USA

Susan M. Wiczorek, University of Pittsburgh, USA

Michael J. Warner, Patient Advocacy Initiatives, USA

Janet Panoch, Indiana University-Purdue University Indianapolis, USA

Donald J. Cegala, The Ohio State University, USA

Partnering with patients through shared decision making has become an important part of medical school curriculum. Medical students today are well-versed in the conscious practice of patient-centered care while continuing medical education puts the focus on eliciting patient values in medical decision making and active engagement with patients for better health outcomes. However, providers are not the only ones held accountable for the care of others. Improving health is every patient's right and responsibility.

This panel represents a diversified set of scholars and healthcare professionals who put narrative medicine to practice from patient communication skills education for high school students to medical education as undergraduates through continuing medical education for the seasoned clinician. Not only does this panel demonstrate how patients can promote their own health outcomes, but it exhibits professionals within health who have directly applied their patient-focused research and scholarship to actual health needs in practice.

Advocacy advances in technology and education pave the way for patients and families to acquire the skills and self-efficacy needed to be an informed health partner. High school students can practice communication strategies with simulated healthcare professionals in video games. Patients can connect with their doctor from the comfort of their homes using eMessaging or virtual visits for a live video discussion. Patient files are no longer off limits to consumers; now individuals are encouraged to co-author and even correct information in their electronic health record. The Partnering with Patients panel presents some of the most current advances in advocacy initiatives today.

Paper 1: Pete Anderson

Virtual visits and personalization of the ERH

Cancer care is complex and sometimes bewildering to patients and families with so many important decisions and tasks. How to not only stay alive, but survive and thrive? Instead of hospital-based “learned helplessness”, our approach is to educate, then assist and catalyze caregivers into becoming their own best and effective advocates. Our results: 1) Calendars plus summary documents with contact information, pictures, brief history, and “opportunities for improving health” list with an action plan for each opportunity are available on a shared drive. 2) This information is updated to organize visits and follow-up and are printed out or provided on a flash drive (with Cleveland Clinic logo!) 3) Dr. Anderson also provides HIPPA-compliant virtual visits similar to FaceTime to reduce travel time and have more direct visual communication with caregivers instead of email, texting, or phone tag. 4) EPIC EMR notes also have less text and more pictures! He will demonstrate using the snipping tool as VERY easy to place color images (e.g. PET-CT key image), exam pictures (e.g. wound), lab results, calendars, references (e.g. abstract, tables, or figures from an article), and even family photos into EMR notes. EMR can be Printed to pdf and placed on a flash drive. 5) Resources (articles, advance directives) and training to become forward observers can make a difference in both satisfaction and outcomes. Organizing the complicated narrative(s) of cancer care can be very challenging for everyone. Understanding patient and caregivers are HIGHLY motivated and capable can catalyze an improved health care experience.

Paper 2: Susan Wieczorek

eMessaging and patient/provider communication

Despite looming politico-legal alterations to the Affordable Care Act, Stages of Meaningful Use, and Electronic Health Record Attestation Deadlines (October, 2017), electronic communication between patients and healthcare professionals is here to stay—as is the recording of health

information into electronic charts (EHRs), system interoperability, data mining of information, and secured sharing of patient data. Research and training in effective online communication between patients and healthcare professionals must remain a critical concern when discussing patient health information (PHI). An awareness of HIPAA regulations, Internet safety, security, and common-sense techniques emerges as necessary not only in the medical school classroom but also throughout undergraduate, professional, and patient-centered training sessions. Effective medical communication requires an awareness by all users of the benefits and pitfalls of social media networking and electronic messaging involving both secured and even unsecured medical interactions. This discussion points to policies that safeguard online professionalism in medical interactions, outlines new research results concerning characteristics of effective physician/patient eMessaging, and recommends the need for varying narrative styles of recording of medical histories before, during, and after the office visit. Most importantly, professionals and patients alike must be trained in effective, safe, and risk-minimizing electronic communication. Patient narratives include in-office medical interviews, online medical advice sessions, EHR charted information, and even pre-recorded oral histories which together contribute to a broader yet deeper understanding of the overall patient story. Evidence-based training for patients and physicians alike ultimately results in more satisfying, engaging, and effective patient care.

Paper 3: Mike Warner

Co-authorship of the medical history in the EHR

Although federal law grants patients the right to view and amend their medical records, few studies have proposed a process for patients to coauthor their subjective history in their medical record. Allowing patients to fully disclose and document their medical history is an important step to improve the diagnostic process. We aimed to evaluate patients' office experience before and after they authored their subjective medical history for the electronic health record. Patients were mailed a prehistory form and presurvey to be completed before their family medicine office visit. On arrival to the office, the prehistory form was scanned into the electronic health record while the content was transcribed by hospital staff into the appropriate fields in the history component of the encounter note. Postsurveys were given to patients to be completed after their visit. Pre- and postsurveys measured the patients' perception of office visit quality as well as completeness and accuracy of their electronic health record documentation before and after their appointment. Before filling out the prehistory form, 116 of 249 patients (46.6%) agreed or strongly agreed that they felt more empowered in their health care by completing the prehistory form compared with 110 of 131 (84.0%) who agreed or strongly agreed after the visit ($P < .001$). Empowering patients to contribute subjective information to their electronic health record has the potential to improve the diagnostic process. When conducting a medical encounter, the authors recommend having patients complete a prehistory form beforehand to improve the patient experience while accommodating federal law.

Paper 4: Janet Panoch and Don Cegala

Patient self-advocacy training in high school curriculum

The goal of the movement from hierarchical healthcare to shared decision-making is effective communication between patients and providers and increased treatment adherence. Physicians are now trained in interpersonal skills intended to improve clinical outcomes and patient satisfaction. However, successful communication cannot rest solely on the shoulders of the provider; patients need to be educated equally if they are to become active participants. There is little opportunity for patient self-advocacy training prior to experiencing illness; however, health and wellness classes are part of the required high school curriculum for Indiana. This presents the ideal time to begin educating youth – before they become adult patients navigating their own healthcare. We seek to redefine patient-centered care as one that begins with the patient. Using a translational, interdisciplinary approach with Dr. Don Cegala’s evidence based patient training model ‘PACE’, we adapted these skills to the adolescent audience in a series of films. Redesigned as ‘PACE-talk,’ this educational module was tested in the 2015-2016 school year at an Indianapolis high school. Four domains were analyzed separately – Provision, Ask/Verify, Express, Online – all showed a significant positive change in the medical communication competency scale pre-test to the post-test. Qualitative analyses suggest more interactive components and less passive video time – or as one student phrased it, “Needs more cowbell.” Future directions include developing and testing an interactive game design with Yale University’s Center for Health and Learning games and persuading policy makers to require patient advocacy training in the Indiana State Standards.

[Health care systems in transition: Equality, access and health literacy in three Scandinavian welfare states.](#)

Chair: Inger Lassen, Aalborg University, Denmark

Members: Elin Margrethe Aasen, The Norwegian University of Science and Technology, Norway

Åse Boman, University West, Sweden

Berit Misund Dahl, The Norwegian University of Science and Technology, Norway

Elisabeth Dahlborg Lyckhage, University West, Sweden

Aase Marie Ottesen, Aalborg University, Denmark

Sandra Pennbrant, University West, Sweden

Jeanne Strunck, Aalborg University, Denmark

In this panel the Nordic network “Network of Discursive Research in a Health Care Context” wants to discuss results from an ongoing joint research effort by partner universities in Norway, Denmark and Sweden. The purpose is to provide a stronger knowledge base for improving and balancing health care expenditure and wellbeing by ensuring equal access to health care services for all groups in society. Departing from the Scandinavian welfare system as a platform of inquiry, the project concerns itself with a possible discrepancy between welfare state provision, on the one hand, and the practical implementation of health services, on the other. Welfare state regimes are being challenged by dwindling resources, new management approaches with new

demands on care-seeking persons and patients to take more responsibility for their own health. Such requirements could be harmful to groups considered more vulnerable, such as elderly people and immigrants.

This development invites questions as to how a transition towards a health care system based on person-centred care and patient involvement might affect equality, health literacy and access to health care in the Scandinavian countries. In the panel we approach this complex of problems by exploring discursive constructions of identity and agency of care-seeking persons in selected legislation and policy documents. The purpose is to provide a basis for further exploring how discursive constructions of identity and agency in health legislation are taken up in (web-based) materials available to health professionals, and to what extent the discursive constructions identified are reproduced in practice by care-seeking persons and health professionals. Analytical approaches will include (critical) discourse analysis, content analysis and elements of corpus analysis. The overall project aims at influencing future policy-making, health education and patient welfare.

Paper 1: Aase Marie Ottesen and Jeanne Strunck og Inger Lassen

Health care policy at a crossroads? – A discursive study of political moments and patient roles in national health quality strategies between 1993 and 2015.

As the Danish welfare state has come under fiscal pressure, new management approaches have emerged with increasing demands on care-seeking persons and patients to take responsibility for their own health. The Danish health care sector currently undergoes changes that imply a gradual transition from an evidence based activity model to a value based quality model centered on patient involvement and value-based governance. The patient naturally occupies a central position in health care, and the transition therefore raises important questions about health care quality and how successive national health quality strategies value quality and ascribe identity and agency to patients. To explore this problem complex, we place our study in the historical context of political moments with potential effect on strategy paper contents between 1993 and 2015. We thus ask: a) what important moments may have shaped the contents of the national health quality strategies, b) how is patient identity and agency construed in the strategies and c) how might variation in the construal of patient identity and agency indicate discursive struggle in national health care policy in Denmark? Our theoretical approach involves literature on New Public Management, the welfare state, health communication and patient identity. Our analytical approach is inspired by Critical Discourse Analysis and linguistic analysis will be applied for analyzing patient identity and agency.

Paper 2: Berit Misund Dahl and Elin Aasen

The construction of patients' positions in the Norwegian Patients and Service User's Rights Act: a critical discourse analysis

The aim was to analyse discursive constructions of patients' positions in the Norwegian Patients' and Service users' Rights Act. Research shows that the welfare model is under pressure, and this may reflect the patient's position in the Act. A critical discourse analysis of a law text was

conducted, using Fairclough's three-dimensional framework for discourse analysis. The paper describes dominant and latent discourses of patient positions in the law text in order to reveal underlying discourses about patient positions. The results indicates three main discourses, "a political discourse", at the healthcare systems level, illuminating power, economy and ethical/priority discourses; "an expert discourse", about the patients' right to information, and "an autonomy and participation discourse", referring to discursive constructions of the patient in an active or passive position. This included a "discourse of consent and competence", and a "discourse of confidentiality". The objective of the Act is equal access to health care of good quality by granting patients' and users' health service rights, in line with the Scandinavian welfare model. The analysis revealed a competing active and passive patient position; hence, the passive position was hegemonic. The Act constructed health professionals with power to define who has the right to be a service user or a patient and who has rights or no rights to get health services.

Paper 3: Elisabeth Dahlborg Lyckhage, Sandra Pennbrant, and Åse Boman

"The Emperor's new clothes": Discourse analysis on how the patient is constructed in the new Swedish Patient Act

The Swedish welfare debate increasingly focuses on market liberal notions and its healthcare perspective aims for more patient-centered care. This article examines the new Swedish Patient Act describing and analyzing how the patient is constructed in government documents. This study takes a Foucauldian discourse analysis approach following Willig's analysis guide. The act contains an entitlement discourse for patients and a requirement discourse for healthcare personnel. These two discourses are governed by a values-based healthcare discourse. Neo-liberal ideology, in the form of New Public Management discourse, focusing on the value of efficiency and competition, is given a hegemonic position as laws and regulations are used to strengthen it. The new Swedish Patient Act seems to further strengthen this development. The Act underlines the increased entitlement for patients, but it is not legally binding as it offers patients only indirect entitlement to influence and control their care. To safeguard the patient's entitlement under the Patient Act, healthcare personnel should be made aware of the contents of the Act, so that they can contribute to the creation of systems and working methods that facilitate respect of the Act's provisions in daily healthcare work.

[Examining health communication through the lens of communication privacy management theory](#)

Chair: Sandra Petronio, Indiana University-Purdue University Indianapolis, USA

Members: Timothy Barshinger, Indiana University-Purdue University Indianapolis, USA

Maria Brann, Indiana University-Purdue University Indianapolis, USA

Jennifer J. Bute, Indiana University-Purdue University Indianapolis, USA

Katharine J. Head, Indiana University-Purdue University Indianapolis, USA

Rachael Hernandez, Indiana University-Purdue University Indianapolis, USA

Paper 1: Jennifer J. Bute, Maria Brann, and Rachael Hernandez

Societal-level communication expectations: Privacy boundary management of miscarriage

Communication Privacy Management (CPM) theory posits that culturally specific understandings of privacy guide how people manage private information in everyday conversations. We use the context of miscarriage to demonstrate how societal-level expectations about culturally (in)appropriate topics of talk converge with micro-level decisions about privacy boundary management. More specifically, we explore how people's perceptions of broad social rules about the topic of miscarriage influence their disclosure decisions. Based on interviews with 20 couples who have experienced pregnancy loss, we examined how couples described miscarriage as a taboo topic that is bound by societal-level expectations about whether and how this subject should be discussed in interpersonal conversations. Couples explained why miscarriage is perceived as a taboo subject and reflected on perceptions of privacy rules for protecting information about their miscarriage experiences. We discuss these findings in terms of CPM's theoretical tools for linking macro-level discourses to everyday talk.

Paper 2: Rachael Hernandez and Diana S. Ebersole

A spectrum of explicitness: Parent-adolescent perceptions of family privacy management at the intersections of health, technology and parental drug use

Interviews with parents and adolescents in 40 families revealed crystallized perspectives on privacy rules regarding licit and illicit drug use, and on the roles of health issues and technology in the larger privacy management process. Families demonstrated a spectrum of explicitness and frequency of talk about drug use. The families did not report a "one-shot drug talk," though some families reported less frequent and less explicit conversations about drug use than others. Family members often described an implicit understanding of expectations for drug experimentation and use. Parental substance (e.g., alcohol and tobacco) use was common, but explicit communication about parental use was not. Intergenerational perceptions of privacy rules varied and at times were in conflict. Parents perceived both more substance use and more communication than their adolescent children, and children held protective perceptions of their parents' substance use. Participants reported that privacy rules were revealed and refined through catalysts such as health issues and events, and boundary turbulence occurred regarding amount and content of social media use. The occurrence of boundary turbulence had an impact on both relational and privacy issues. These findings advance our knowledge of legal, moderate, parental substance use and the nuanced distinctions between topic avoidance and reliance on implicit understandings of privacy over the lifespan of a family. This study also provides a model of modern prevention communication in families, including factors like technology and health intertwined with "teachable moments" and that facilitate parent-adolescent communication about substance use.

Paper 3: Timothy Barshinger

Using Communication Privacy Management (CPM) Theory to interpret the communication experiences of pharmaceutical and biotech company-sponsored patient navigations

This presentation will outline the rationale and purpose for a proposed qualitative research project. The study will explore the communication experiences of pharmaceutical and biotech company-sponsored clinicians who provide patient education and self-management coaching services for complex self-administered medications and medical devices. Such services have become popular with healthcare providers (HCPs) as a strategy for maximizing office efficiencies while still serving patients' educational needs. HCPs have embraced such services as many of the programs go beyond the technical components of therapy administration to include coaching strategies that address the financial and psychosocial barriers that impact adherence. This presentation will investigate how these industry-sponsored "patient navigators" interpret their role and how they navigate their interventions within the domain of three regulatory drivers—on-label compliance, fair-balance presentation, and adverse event reporting. I will use the theory of Communication Privacy Management (CPM) as the theoretical lens for examining and interpreting the data. Specifically, I will investigate the patient-navigator experience within the context of three CPM confidant roles—deliberate confidant, stakeholder confidant, and reluctant confidant. Finally, I will explore how regulatory structures may impact the boundary permeability of the patient-navigator relationship. My hypothesis is that these themes may highlight how the requisite "thin" boundary permeability required in the patient-navigator relationship can be put at risk. Boundary turbulence may inadvertently arise because of the regulatory drivers of on-label compliance, fair-balance presentation, and adverse event reporting. These outcomes could have severe implications for the nature of patient-navigator programs and their ability to meet their intended goals.

Paper 4: Katharine J. Head, Sandra Petronio, and Jennifer J. Bute

Patients reflections on disclosure of genetic disease diagnosis to family members

Diagnosis of a genetic disease leaves patients grappling with decisions about disclosing that diagnosis to family members. The extant literature in this area has focused on factors affecting privacy management and what support patients need in disclosing. In need of more exploration is research examining patients' perceptions of the disclosure process itself. This study focuses on patients (n = 202) with a genetic condition called polycystic kidney disease (PKD) and uses the Communication Privacy Management (CPM) theory to frame the inquiry around how these patients' experience disclosing their diagnosis to family members who have a fifty percent chance of having this disease. Because CPM theory argues that people believe they own their private information and therefore have the right to control the flow of private information, this study examines the decisions PKD patients make during the process of disclosing the diagnosis to family members. When asked to describe disclosure issues about this disease, a preliminary qualitative analysis of the data finds a number of important issues. Participants reflected on disclosing choices to address different goals, such as activating others to consider risks or disclosing as a prompt for gathering information about the disease. Participants identified timing issues, such as when they learned of the disease and also noted that there were instances of purposeful sequencing where participants created a hierarchy of urgency deciding who to tell first. The implications from these findings suggest that disclosure of a genetic disease diagnosis is a complex process, with many aspects to consider.

Difficult medical conversations: Patients' and health care providers' perspectives

Chair: Marilyn Ritholz, Harvard University, USA; Joslin Diabetes Center, USA

Members: Karie Cook, Ohio University, USA

Elizabeth A. Beverly, Ohio University, USA

Authors: Darlene E. Berryman, Ohio University, USA

Tara MacNeil, Joslin Diabetes Center, USA

Sue Meeks, Ohio University, USA

Johnna Preston, Ohio University, USA

Anne Rubin, Southeastern Ohio Legal Services

Melissa Standley, Ohio University, USA

Katie Weinger, Harvard University, USA; Joslin Diabetes Center, USA

During medical encounters, health care providers sometimes face difficult conversations or communicating with patients about stressful information and helping them integrate and effectively cope with this information. These difficult conversations may entail giving serious medical diagnoses with sufficient information that promotes understanding without inducing fear, explaining challenging self-care regimens or treatments to promote patients' optimal functioning, and/or inquiring about and addressing patients' psychosocial symptoms/behaviors to ensure their well-being. Understanding the ways providers and patients view and react to these conversations is an important area of patient-provider communication research. Further, obtaining patients' recommendations for what might work best when faced with difficult conversations is vitally important. Evidence suggests that traditional didactic models for teaching communication do not adequately prepare health care providers for supporting patients during challenging conversations. Thus, educational programs are needed to assist providers with understanding, recognizing and addressing how patients best incorporate and optimally cope with challenging conversations as well as how providers consider and address their own experiences during these discussions. This panel will address several areas of these difficult conversations and includes three presentations. The first presents findings from a study of type 1 diabetes and type 2 diabetes adult patients' recommendations for when and how physicians discuss diabetes microvascular complications. The second presents preliminary findings from an ongoing study that explores medical providers' perceptions of barriers to communication about diabetes self-care for patients living in an economically distressed geographic area with high rates of diabetes. The third presentation focuses on the results of an evaluation for The Comprehensive Patient Diabetes Navigation program, which aims to improve patient-provider communication about diabetes treatment and self-care in a medically underserved area in the United States with high rates of diabetes.

Paper 1: Marilyn D. Ritholz, Tara MacNeil, and Katie Weinger

Discussing diabetes complications: Balancing medical information/diagnosis with patient activation and hope

Despite advancements in diabetes technology and management, microvascular complications affecting eyes, kidneys, and nerves remain major health risks with significant psychosocial impact for people with diabetes. Medical treatment recommends that patients with diabetes keep their glucose levels as close to the normal range as possible to delay the onset and slow the progression of microvascular complications. This recommendation has promoted the use of intensive insulin treatment with educational and supportive programs to enhance patients' self-care behaviors. Although the importance of patient-physician communication in the treatment of adult diabetes is well recognized, few studies have explored adult patients' recommendations for how and when physicians discuss microvascular complications. Therefore, we assessed 148 type 1 and type 2 diabetes adult patients' (56% female, 95% white, 60±13 years, 65% type 1 diabetes, 71% ≥1 microvascular complication) recommendations for discussion and diagnosis of microvascular complications and analyzed their qualitative responses using content analysis. Patients recommended physicians offer comprehensive information about diabetes microvascular complications as early as possible and include specific self-care guidance and honest but positive messages that promote hope and active participation in diabetes self-care. Our findings highlight the importance for medical education to improve physicians' communication strategies around diabetes microvascular complications. Physicians need to learn how to educate diabetes patients about diabetes microvascular complications while at the same time help them meet the challenging demands of diabetes self-care and maintain hope for living with diabetes and its complications.

Paper 2: Karie Cook, Darlene E. Berryman, Melissa Standley, and Elizabeth A. Beverly

Providers' perceived challenges to treating diabetes in rural Appalachia

In the Appalachian region of rural southeastern Ohio, diabetes rates are 20%-80% higher than the national average. Here, diabetes patients are more likely to have a delayed diagnosis, limited access to health care, lower health literacy, and less sense of patient empowerment. Moreover, the Appalachian counties located in southeastern Ohio are designated as economically distressed with nearly a third of residents living below the poverty line. Despite the presence of high-risk social determinants of health, the ways health care providers address diabetes and self-care management is understudied in this area of rural Ohio. The purpose of this ongoing qualitative study is to identify barriers unique to treating diabetes in North Central Appalachia. To date, ten medical providers have been interviewed for the study. Interviews were transcribed, coded, and analyzed via content and thematic analyses. Preliminary findings indicate that providers struggle to communicate the severity of diabetes complications in rural Appalachia. Providers felt that the high prevalence of type 2 diabetes in families and low education levels contributed to patients not taking diabetes and its complications seriously. Further, providers' attempts to educate patients about diabetes were deterred by fatalistic attitudes, mental health issues, and time constraints during medical visits. Providers estimated that more than half of their diabetes patients suffered from depression, anxiety, or both. Culturally sensitive diabetes education

materials tailored to low literacy families as well as a regional telemedicine network of specialists may be potential solutions to the diabetes care barriers in rural Appalachia.

Paper 3: Elizabeth A. Beverly, Sue Meeks, Johnna Preston, Anne Rubin, Karie Cook, and Melissa Standley

Diabetes patient navigation: A promising model to improve communication between patients and providers

Poverty, psychosocial challenges, isolation, lack of public transportation, limited specialty providers, fragmentation of care, and a general lack of access to and awareness of services continue to separate diabetes patients from the care that they need. The development of The Comprehensive Patient Navigation Program coordinates medical providers, diabetes navigators, medical legal partnerships, and patient voices in designing a comprehensive network of services to address barriers to diabetes care. A navigator is a person from the community who knows the healthcare system and can help patients navigate through it. Navigators connect patients, social service and benefits agencies, and providers. We conducted an evaluation of the program after its first year of implementation. We used in-depth, face-to-face interviews with 17 individuals (age=44.7±11.6 years, 82.4% female, 94.1% white, 41.2% administrators, 29.4% providers, 29.4% navigators). Interviews were transcribed, coded, and analyzed via thematic analysis. Qualitative analysis revealed two key themes centered on communication: 1) Eyes in the Community and the Patients' Homes: All participants recognized that the navigation program facilitated patient communication about barriers that they typically did not disclose during a medical interview. 2) Gaps in the Feedback Loop: Providers emphasized the importance of receiving timely documentation of navigation visits. Providers wanted to know what barriers were identified and the plan for addressing those barriers so that they could incorporate this information in their follow-up visits. Diabetes navigation may be a promising model to address communication barriers in underserved regions of the United States and elsewhere.

[Professional ethics and communicative vulnerability in healthcare delivery](#)

Chair: Srikant Sarangi, Aalborg University, Denmark; Norwegian University of Science and Technology, Norway

Members: Rukhsana Ahmed, University of Ottawa, Canada

Michael C. Brannigan, The College of Saint Rose, USA

Lauris Kaldjian, University of Iowa, USA

Kirk St. Amant, Louisiana Tech University, USA; University of Limerick, Ireland

This panel continues – and extends – the discussions surrounding the interface of communication and ethics at COMET 2016 in Aalborg. In this panel we focus on the topic of ‘communicative vulnerability’ which characterizes the interactive environment of healthcare professionals and their patients/carers, including the digital medium.

By ‘vulnerability’ is meant a deficit or lack of equipoise in linguistic, communicative, institutional and socio-cultural repertoires. In a sense, vulnerability is the other end of the

competence spectrum – linguistically, culturally, ethically – all manifest at the communicative level. Communicative vulnerability is not something that is only brought along by the participants to a given healthcare encounter. It is also the case that the interactional trajectory itself can potentially contribute to the emergence of such vulnerability in the healthcare setting – in primary care and tertiary care sectors. With regard to efficacy in healthcare delivery, ‘communicative vulnerability’ has consequences for processes of healthcare delivery as well as patient outcomes.

The six contributors address the topic of ‘vulnerability’ from different vantage points, involving different healthcare scenarios and representing different disciplinary traditions. The following themes receive critical attention: the impact of unequal levels of health literacy in immigrant populations’ health information seeking behaviour (Ahmed); presentation and uptake of clinical trials for cancer patients against the backdrop of altruism (Barton); the potential hindrance posed by medical technology in affording ‘connectedness’ and ‘embodied presence’ (Brannigan); the ethical challenges in upholding ‘relational autonomy’ and minimizing ‘process injustice’ while accomplishing shared decision making (Kaldjian); accounts of different levels of communicative vulnerability in hospital complaints which may threaten healthcare professionals’ credibility and trustworthiness (Sarangi); optimization of design features in the context of health technology by foregrounding the needs of vulnerable groups to enable ease of access and usability (St Amant).

Paper 1: Rukhsana Ahmed

Online health information seeking among female Muslim immigrants in Canada: At the crossroads of communicative empowerment and vulnerability

The Internet as a source of health information is becoming increasingly common among the public. Studies have highlighted the importance of looking at health information seeking behaviors in different cultural, religious, socio-economic, age, and gender groups. However, there is a gap in the literature in understanding health information seeking behaviors of Muslim immigrants, a rapidly growing minority group in Canada. In particular, online health information seeking behaviors of female Muslim immigrants in Canada are relatively unknown.

Against this backdrop, this paper examines the use of the Internet among female Muslim immigrants in Canada to seek health information. To this end, data from focus group discussions conducted with self-identified Muslim immigrant women living in Ottawa, Canada, were subject to thematic content analysis. Three major themes emerged from the focus groups discussions, which relate to participating Muslim immigrant women’s: (1) reasons for seeking online health information; (2) search for healthcare-specific information; and (3) perceptions of the Internet as a resource for health information. Taken together, the findings reveal that a complex set of interrelated individual, social, and environmental factors, and more importantly, the participants’ particular cultural and religious beliefs shape their online health information seeking behavior. Ethical implications of how online health information seeking can lead to communicative empowerment as well as vulnerability are discussed, particularly in relation to digital divide, health literacy, and effective doctor-patient communication.

Paper 2: Ellen Barton

Vulnerability and motivation in phase 1 cancer consultations

Offering clinical trial to a cancer patient is fraught with ethical and rhetorical issues by reversing the usual dynamic of a medical encounter, from offering standard treatment to offering experimental treatment with unknown benefits. Phase 1 cancer clinical trials take this reversal to its extremes as these are designed specifically to test the toxicity, and not the efficacy, of therapeutic agents: fewer than 5% of patients benefit from their participation in a Phase 1 trial; and over 75% of experimental drugs do not go on to become approved cancer treatments.

With such a poor risks-benefits ratio, clinicians and bioethicists have argued that the principle of equipoise is not an appropriate standard for a Phase 1 trial, identifying the ethical responsibilities in Phase 1 consultations as avoiding therapeutic misconception and unrealistic optimism, and focusing on the altruism that supposedly motivates patients to participate in Phase 1 trials.

Interestingly, however, the clinical interaction in Phase 1 trial consultations is yet another reversal. In trials investigating efficacy, oncologists recruit persuasively, only rarely appealing to altruism. But in a discourse analytic study of four Phase 1 consultations, supplemented by interviews and observations of clinic meetings, we found that patients must persuasively present themselves as good candidates for oncologists to enroll them in Phase 1 trials. Specifically, patients must repeatedly articulate their understanding of the high risks, the lack of benefits, and the purpose of a Phase 1 trial, and, more problematically, articulate a motivation of medical altruism that may displace their own motivations for seeking participation in a Phase 1 trial.

Paper 3: Michael C. Brannigan

Communicative vulnerability and our disembodied selves

I will explore communicative vulnerability through the lens of a phenomenology of embodiment within the context of an ontology of bodiliness in the healthcare setting. Such ontology, or view of identity, emphasizes the inseparable, interactive nexus between the body and consciousness. This ontology of the body further incorporates ideas from Maurice Merleau-Ponty's *Phenomenology of Perception* such as "body-subject," and his more radical grounding in *Visible and Invisible* through notions of "reversibility," fined-tuned in imagery of *l'entrelacs* and *le chiasme*.

This ontology is a crucial ground for communication. I argue that our increasing reliance on communicative technologies as a prime vehicle for communicating with patients and with each other generates an inauthentic disembodied ontology. The moral ramifications of this within the healthcare setting are profound and far-reaching.

Essentially, connectivity, or communicating primarily via devices, does not in itself bring about genuine connectedness, hence a thesis I have long underscored through emphasis on what I consider "embodied presence." Embodied presence essentially refers to our interactive, interpersonal engagement with each other via face-to-face. While connectivity situates this engagement through communicative technologies and devices, connectedness refers to communication through embodied presence, physically being-there-with-and-for-the-other, and

thus, in healthcare, being present to the patient. Indeed, over-dependency on connectivity diminishes connectedness, acutely apparent in U.S. healthcare.

While my approach is phenomenological, I conclude by illustrating this further through examining contours of relationship between empathy and recent findings regarding so-called mirror neurons. Evidence strongly suggests this further supports the communicative value of embodied presence and communicative vulnerability of disembodied interaction.

Paper 4: Lauris C. Kaldjian

Process injustice in shared decision making due to communicative vulnerability

In shared decision making, patients and clinicians share information and take deliberative, consensus-building steps to reach agreement about medical testing or treatment. The emphasis in current frameworks is on empowering patients by informing them of their options, helping them articulate their preferences, and facilitating decisions that allow patients to achieve what matters most to them. Shared decision making is therefore a communicative process, motivated by notions of “individual” autonomy that assume patients can achieve self-determination if they are properly informed within a supportive patient-clinician relationship. But communicative vulnerability among patients challenges these frameworks by pointing to patients’ dependence on clinicians in relationships that are asymmetric with respect to information, access, suffering, and ability. This asymmetry signals the interdependence of shared decision making that warrants the idea of “relational autonomy.”

The challenge of communicative vulnerability invites us to consider how our professional ethical principles are characterized, and whether communication might be too narrowly associated with individual autonomy and insufficiently related to beneficence and need-based justice.

Communicative vulnerability may arise from deficiencies in the structure or, more likely, the process of healthcare, either of which may negatively impact outcomes. Because health is such an important human good and communication is vital for healthcare, failure to address communicative vulnerability may lead to “process injustice.” Harms associated with communicative vulnerability may be ameliorated by including explanatory and interpretive support in the process of shared decision making.

Paper 5: Srikant Sarangi

Accounts of ‘communicative vulnerability’ in hospital complaints

Acts of communication are neither uniform nor stable and they invariably index ethical and moral parameters. When patients and carers attend hospitals for acute or chronic conditions their experiences of how healthcare professionals communicate are likely to be varied as would be their expectations concerning treatment and management of their conditions. In making complaints about their hospital experiences, communication issues are likely to be foregrounded in relation to avoidable adverse events.

In this exploratory study, a corpus of twenty written complaints addressed to the senior management team in a hospital in northern Denmark is analyzed qualitatively by adopting a

‘narrative account’ perspective – focusing on how the complainants articulate their vulnerability at the communicative level. The analysis leads to the proposition of a taxonomy – ranging from gaps in information to acts of non-communication and breaching of communication rights and responsibilities, bordering on indifference and a lack of empathy and respect for human dignity. Other categories in the continuum include: unpreparedness and unwillingness to communicate; prioritization of institutional procedures over patients’ needs; non-adoption of a listening stance; and treatment of patients as third parties.

Based on the findings, I discuss the ethical consequences of such experiences of ‘communicative vulnerability’ on the part of the patients and carers concerning the healthcare professionals’ credibility and trustworthiness as well as for the institution of healthcare delivery itself with regard to claims of compensation in an increasingly visible litigation culture.

Communication, Medicine, and Ethics (COMET) Conference 2017, Indiana University-Purdue University Indianapolis, United States: Poster Presentation Abstracts

The role of religious beliefs and values on knowledge and attitude toward organ and tissue donation and transplantation among Muslims in Canada: An exploratory study
By: Rukhsana Ahmed, University of Ottawa, Canada (Presenter)

Peter Schulz, University of Lugano, Switzerland

The impact of a critical shortage of organs and tissues for Canadians awaiting organ and tissue transplants is widely recognized as a public health issue (Health Canada, 2005; The Kidney foundation of Canada, 2005). Despite the growing awareness of the fact that Canada has one of the lowest organ donor rates in the developed world, specific knowledge about organ donation among the public remains limited (CIHI, 2004). There are difficult challenges and visceral fears associated with the issues of death, mechanical support, organ replacement and the utilitarian use of the human body. Religious beliefs and values further compound these challenges and fears (Padela & Zaganjor, 2014). Yet, little is known about the role religious beliefs and values of Muslims, the fastest growing religious minority group in Canada (Statistics Canada, 2011), play in their knowledge and attitude toward organ donation. In this study, we answer the following research question: how do the religious beliefs and values of Muslims in Canada relate to their knowledge and attitude toward organ and tissue donation and transplantation?

Methods: Employing a qualitative approach, data were collected using semi-structured in-depth interviews with 10 individuals who were 18 years old and above, self-identified as Muslim, lived in Ottawa, and were able to communicate their experience in English. The interviews were analyzed using thematic analysis (Owen, 1984) approach.

Findings: The findings suggest that, in the sample studied, religious beliefs and values shape knowledge and attitude toward organ and tissue donation and transplantation. Several reasonings were discerned from the connections the participants made between their religious beliefs and values and their knowledge and attitude toward organ and tissue donation and transplantation. These reasonings were sorted into three broad themes: value of life, body as sacred, importance of family.

Discussion: The findings reveal a complex relationship between religious beliefs and values, and knowledge and attitudes toward organ and tissue donation and transplantation. This complexity has important implications for focusing organ and tissue donation and transplantation efforts that are sensitive to religious beliefs and values for relevant populations.

Patient summaries, virtual visits, and the EMR can be more informative & friendly
By: Peter M. Anderson, Cleveland Clinic, USA (Presenter)

Stacey Zahler, Cleveland Clinic, USA

Organizing the complicated narrative(s) of a chronic illness such as cancer can be very challenging for physicians, PAs, NPs, nurses, caregivers, and patients. We are part of a team whose mission is to catalyze the best treatment of young people with cancer and to improve the experience. Three components of our strategy to communicate in a family-friendly manner include:

1. “One-page” Patient Summaries: We create a word document on a shared drive with contact information, pictures, brief chronological history, and a problem list-aka “opportunities for improving health” with action plan for each. These summaries are updated to organize visits and can be printed out or provided on a flash drive for patient to take home to explain care to others.
2. Virtual Visits: these are similar to FaceTime and can be scheduled to reduce travel time and provide friendly direct visual communication instead of email exchanges, or phone tag.
3. EMR notes with less text and more pictures! Using the snipping tool, it is easy to place color images into your note using the snipping tool. We routinely place scan images (e.g. PET-CT, Chest CT, bone scans, etc.), exam pictures (e.g. wound), lab results, chemotherapy calendars, references (abstract, tables, or figures from a citation), and even family photos in EMR notes. These can make more memorable EMR notes for review or to educate caregivers.

Summary: We use some simple and easy means to make our health care electronic “paper work” more enjoyable and easy to comprehend!

Healthcare providers’ education engagement as a predictor of diabetes patient activation

By: Timothy Barshinger

This presentation is a secondary analysis of diabetes patients who participated in the Aligning Forces for Quality Evaluation: Consumer Survey Round 1. A regression analysis was conducted that examined the relationship between patients’ perception of educational engagement provided by their healthcare professionals (HCP) and the patients’ degree of activation to self-manage their condition. The outcome measure for this study was the score generated from the thirteen-item short form version of the Patient Activation Measure [PAM-13]. The variable of interest was the Healthcare Professionals’ Education Engagement (HCPEE) score which assessed patients’ perception of HCP engagement in their education. A control variable was included related to the number of years since diagnosis. The study found that patients’ perception of their HCPs’ level of educational engagement was a significant predictor of diabetes patients’ degree of activation. The number of years since diagnosis had little impact on that outcome. The results have implications for those HCPs who curtail their patient education efforts because of time or efficiency strains. As prior studies have noted, highly activated patients with diabetes are associated with higher levels of adherence as well as fewer hospital admissions and emergency room visits. Hence, short-term drivers for efficiencies often don’t lead to long-term healthcare savings. Secondly, this study would suggest that HCP-facilitated education for patients with diabetes should not be resigned to high “transition” times such as at diagnosis or when moving patients to insulin therapy. Diabetes patients require consistent and on-going education to remain activated and good self-managers of their health.

Engaging families in decision-making for Hypospadias Surgery: Development of a decision aid

By: Katherine Hubert Chan, Indiana University-Purdue University Indianapolis, USA; Riley Hospital for Children at Indiana University Health, USA (Presenter)

Janet Panoch, Indiana University-Purdue University Indianapolis, USA

Elhaam Bandali, Indiana University-Purdue University Indianapolis, USA

Hypospadias is a common congenital malformation defined as a proximal urethral meatus (an opening for urine on the bottom side of the penis) encompassing a wide spectrum of disease severity. For those who undergo surgery, the recommended timeframe is between 6 and 18 months of age. While some medical decisions clearly have a superior path, most health-related decision-making is fraught with uncertainty because of the potential for desirable and undesirable outcomes. Recent studies have identified decisional conflict (DC) and decisional regret (DR) as a problem for a significant proportion of parents who have elected surgical repair of hypospadias during early childhood.

The utilization of a shared decision-making (SDM) process may hold the key to addressing the issue of DC and DR in hypospadias repair. SDM helps to clarify the modifiable factors in decision-making that often contribute to DC and eventually DR. Many researchers are increasingly promoting SDM as the optimal process for the engagement of both the patient and physician in clinical decision-making, and studies have shown that it reduces DC.

We propose the development of an evidence-based decision aid (DA) as a tool to facilitate the SDM process for parents of hypospadias patients. We hypothesize that the DA will facilitate the SDM process for parents thereby decreasing DC, reducing DR and improving parental satisfaction with the decision.

To inform the DA, we are conducting semi-structured interviews with both adolescents and parents. For the parental interviews, preoperative parents will inform us about informational needs, expectations/goals of the procedure and decisional conflict while postoperative parents will inform us about their child's experience of having hypospadias repair and provide us with insights into postoperative results and potential issues with decisional regret.

This NIH-funded study is work in progress; preliminary results of the parental interviews will be coded for presentation at COMET 2017.

Narrative medicine, literature, and the hidden curriculum

By: Roxana Delbene, Drew University, USA

Narrative medicine (Charon 2006, 2017) makes the case that there are similarities between literary acts, medical acts, and texts; and that narrative training in close reading and reflective writing contributes to clinical effectiveness. Charon (2000) argues that some of the benefits of practicing close reading of literary texts are self-knowledge, development of clinical imagination, and awareness of the ethical dimensions of clinical situations.

Concern over the balance between medicine as an art and a science lies at the heart of the discrepancy between the formal and informal curriculum. The latter has received attention from the perspective of medical education, ethics, and professionalism (see e.g., Pellegrino 1972, 1989, Hafferty 1998). Narrative practices have been used to counteract the effects of the hidden curriculum in medical schools (see e.g., Suchman et al. 2004, Frankel 2015). However, to the extent of my knowledge, the implications of the hidden curriculum have not been directly addressed by narrative medicine. Studies agree that the effect of the hidden curriculum on the formation of medical students is detrimental for medical care (see Martimianakis et al. 2015).

Drawing on the tenets of narrative medicine, this paper offers an analysis of Selzer's story, Imelda. The analysis shows that while the story portrays values associated with the hidden curriculum, it has a meta-meaning that critically revises those values and facilitates (self) reflection. The paper concludes that close reading of literary works, as proposed by narrative medicine, is another pedagogical practice that could be used to facilitate self-awareness about the effects of the hidden curriculum.

[“The healing power of philanthropy”: Situating medical discourse in an ethical examination of grateful patient giving](#)

By: Nathalie Egalite, University of Texas, USA

The participation of health care providers in the solicitation of financial contributions from their patients for philanthropic purposes is fraught with ethical issues. Among concerns are the vulnerability of patients; the provider's role expanded to gift acquisition; and impacts on justice and fairness (Wright, 2013). Philanthropy denotes a notion of the greater good and paying it forward, yet “grateful patient” gifts involve a return of money to the treating institution because of a therapeutic relationship. This paper explores the implications of using medical discourse to frame such gifts as being good for the health of the patient. An analysis of publications by philanthropic professional services firms reveals that medical concepts, health jargon and references to clinical studies are used to promote health care philanthropy. This paper develops the argument that beyond distorting scientific evidence and risking both patient and provider misinformation, such use of medical discourse has the effect of legitimizing the participation of health providers in health care philanthropy.

[Genre analysis: Determining the moves and steps of english informative medical podcasts](#)

By: Thian Huat Goh, The Chinese University of Hong Kong, China (Presenter)

Shameem Begum Binti Mohd Rafik Khan, University Putra Malaysia, Malaysia

Chan Mei Yuit, University Putra Malaysia, Malaysia

Afida Binti Mohamad Ali, University Putra Malaysia, Malaysia

Podcasts are one of many online communication tools that the world is currently using to disperse a variety of information across the globe through the web. They are different from ‘internet radios’, ‘video blogs’ and ‘written blogs’ because podcasts are audible, automatic, portable, and always available to the listeners without having to constantly stream or download

the files (Geoghegan & Klass, 2005). Due to that, podcasting is a tool that audience use to gain knowledge about a particular topic of interest including medical issues. For this reason, this new tool can be used by doctors to communicate to a wider audience with a certain level of clarity and uniqueness in terms of layout. These can be achieved if the format within English medical podcasts are identified and clearly stated for doctors to be able to replicate similar talk shows easily. Using Swales's Genre approach in analyzing English medical podcasts, the moves and steps of an informative medical podcast can be identified and be used either by doctors or in a English for Medicine classroom (Bhatia, 1993). This, indirectly, will help current and future medical practitioners to discuss topics especially new findings to the lay audience in hope to implement or give a clearer understanding about medical issues and topics through English medical podcasts.

[A measure of college student's management of private information about condom use](#)

By: Rachael Hernandez, Indiana University-Purdue University Indianapolis, USA

Generally, adolescents are uncomfortable broaching sexual health topics, and confidentiality is especially important to teens when they seek out sexual health care. In light of thick boundaries surrounding young people information about condom use, understanding privacy management is integral in developing sexual health interventions. The theory of Communication Privacy Management (CPM) has been studied extensively in health contexts, though most prolifically via qualitative methods (Petronio, 2007). In order to expand understanding of both the theory and public health risk behavior, this study seeks to develop a reliable and valid quantitative scale of college student privacy management condom use. Exploratory and Confirmatory Factor Analyses were conducted with a data set collected from college students, and resulted in both a validation of the scale and of the tenets of the theory of CPM.

[Examining tensions between the biomedical and psychosocial models in physician communication training](#)

By: Grace Hildenbrand, Washburn University, USA

This presentation will reveal findings from a paper which analyses tensions that arise between biomedical and psychosocial models of health in physician communication training, as demonstrated in a training session presented by Timothy Gilligan, M.D. for MD Anderson Cancer Center. Gilligan's presentation addresses the difficulties in enhancing communication between physicians and patients and the implementation of a communication training program.

The tensions are based on his discussion of desirable outcomes and methods for communication training, and his perception of the complexity of communication. The paper reviews the biomedical and psychosocial models in physician communication training, analyses Gilligan's presentation and how it reveals tensions between the two models, and concludes with implications for physician communication trainers.

Communication training lacks a clear foundation for what the term is and how it should be taught. The lack of communication research being used in such training indicates a gap between

the fields of communication and medicine, a need for physicians to seek out this research, and for communication scholars to make their research more accessible.

Ultimately, Gilligan's presentation provides an example of how communication training for physicians can be built upon the principle of the psychosocial model, but can still demonstrate a reversion to the biomedical model. To truly incorporate a psychosocial, patient-centered program, physicians must investigate communication research in order to understand that communication is a complex process which must engage with the psychological, social and cultural experiences of patients in order to be most effective.

Creation of a course to educate 3rd year medical students utilizing synchronous/asynchronous methodology, interprofessional consultations and the teaching

By: Kenneth H. Lazarus, Indiana University-Purdue University Indianapolis, USA

Andrea Pfeifle, Indiana University-Purdue University Indianapolis, USA

Dan Lodge-Rigal, Indiana University-Purdue University Indianapolis, USA

Rebecca Rose, Indiana University-Purdue University Indianapolis, USA

Kathryn Goggin, Indiana University-Purdue University Indianapolis, USA

Tochukwu Iloabuchi, Indiana University-Purdue University Indianapolis, USA

Matthew Segar, Indiana University-Purdue University Indianapolis, USA

Bradley Allen, Indiana University-Purdue University Indianapolis, USA

Indiana University School of Medicine (IUSM) was granted an American Medical Association – Accelerating Change in Medical Education (AMA-ACE) grant to develop a teaching electronic medical record (tEMR) by de-identifying the records of 10,000 actual patients and using those records to teach medical students about the newly developed and rapidly growing field of health systems science. Recognizing the opportunity for the tEMR as a tool for interprofessional teaching and learning, IUSM has developed a course to bring students from multiple healthcare professions together to consider issues involved in patient management.

In October 2016 the first pilot for the course launched, running longitudinally with third year medical students' required clerkships. This course allowed medical students to identify the issues involved in providing longitudinal care as well as understanding the role of various healthcare professionals in overcoming barriers to care, transferring care, preventing medical errors and ensuring that care is provided in a multi-disciplinary, patient-centered manner.

Preliminary data suggests that Indiana University medical students gained increased insight into issues involved in multi-disciplinary, longitudinal, patient-centered healthcare especially centered around teamwork and communication with colleagues, patients, and families.

We created a unique synchronous/asynchronous course for third year medical students to teach issues related to longitudinal, multi-disciplinary, patient-centered health care. Students gained

experience and knowledge in clinical teamwork, analyzing clinical materials, and consulting with other health care professionals. Students especially appreciated the opportunity to collaborate with peers and other healthcare professionals.

[Intercultural rhetoric within immigrant-counselor conversations](#)

By: Cynthia Martiny, Université du Québec à Montréal, Canada (Presenter)

Myra Deraîche, Université du Québec à Montréal, Canada

The province of Québec in Canada is dependent on an increased number of immigrants into the marketplace to avoid labour shortages as the work force is shrinking. The problem, however, is that immigrants, qualified professionals in their native countries, must speak and write French in order to integrate the Québec society. Some of the negative health related effects of unemployment are depression, conjugal violence, substance abuse. As a preventive measure, two professors, one teaching French as a second language and the other teaching multicultural career counselling, at a French speaking university, have created dyads over several years, between their students and film their conversations as the Québec native and immigrant discuss difficulties and strategies relating to integration. Under investigation is the co-construction of sense in spite of misunderstandings because of accommodations. Twenty-five of these conversations, converted into texts, are analysed in view of examining the pertinence of intercultural rhetoric on minority-majority relations, the development of culturally oriented counselors and French language teachers.

[Translating advocacy videos to interactive video games for high school health classes: teens inform *PACE-talk – The Game*](#)

By: Janet Panoch, Indiana University-Purdue University Indianapolis, USA, (Presenter)

Nerissa Bauer, Indiana University-Purdue University Indianapolis, USA

John Parrish Sprowl, Indiana University-Purdue University Indianapolis, USA

Amira Nafiseh, Indiana University-Purdue University Indianapolis, USA

One of the four following graduate students will co-present:

Abdulrasaq Ajao, Indiana University-Purdue University Indianapolis, USA

Richard Brown, Indiana University-Purdue University Indianapolis, USA

Nakia Finley, Indiana University-Purdue University Indianapolis, USA

India Johnson, Indiana University-Purdue University Indianapolis, USA

Consumers of healthcare services are unprepared to actively participate in making decisions with providers. While medical school curriculum is grounded in patient centered care and engagement for adherence and shared decision making, consumers do not receive equal communication skills training. Patients still adhere to the patriarchal paradigm of passive patient-expert doctor and are unwilling to participate amidst concerns they might be seen as difficult and “the doctor knows best.” Providers agree that consumers should be informed about

the essential role they play in decision making though no intervention exists to address this change of traditional roles. U.S. high schools mandate a health and wellness class for graduation, yet health communication education is not a required part of the curriculum. This represents a missed opportunity for necessary attitudinal changes of the incoming adult population, leaving both parties at an impasse when shared decision making is necessary.

An interdisciplinary team of researchers and clinicians developed PACE-talk, a video module using the evidence-based model for patient communication skills – PACE-talk– to teach active participation through advocacy. Videos using peer actors and animation were pilot-tested in high school with significant results. Students reported that the advocacy training was an important skill and liked the final set of role play videos with passive patients vs. active patients; however, their suggestions for improvement overwhelmingly included less viewing and more interaction.

PACE-talk - The Game explores the adaptation of these passive role play videos to an interactive video game with input from stakeholders. High school students were recruited for a focus group session using an interview guide framed by the theory of planned behavior. Thematic analysis of the data will be reported at COMET 2017; the results will inform a “Game Playbook” or manual for game developers in collaboration with Yale’s Center for Health and Learning Games.

[Understanding contextual communication issues related to adopting helping babies breathe program in low income African setting](#)

By: Mary E. Riner, Indiana University-Purdue University Indianapolis, USA

The Helping Babies Breathe program focuses on preventing neonatal asphyxia through knowledge and skill development and has proven to be effective in low resource settings. The challenge is how to translate this program into sustained system-level practice in new settings. The study site is the Liberian-Japanese Maternity Hospital at the John F Kennedy Memorial Medical Center (JFKMC), in Monrovia, the referral medical center in Liberia. Liberia has one of the highest rates of infant mortality with a current rate of 61.1 deaths per 1,000 live births. In infant mortality rate, it ranks 156th out of 175 countries followed by Pakistan, Afghanistan and neighboring Sierra Leone (CIA n.d., UN, 2015). This study applies implementation science theory to understand hospital leadership communication issues during the planning, implementation, and sustainment phases of adopting the practice. The focus is the context and communication processes involved in engaging leaders and staff at JFKMC and from the multiple educational institutions associated the JFKMC. A participatory action research strategy is used to engage with interdisciplinary leaders, staff, educators, and students to develop organizational interventions designed to support initiation and sustainment of HBB. Conceptually we use the Transtheoretical Model (TTM) and the Normalization Process Theory (NPT) to develop a deeper understanding of how hospital leadership communicates support for implementing and sustaining the practice. TTM is used to understand communication that occurs as the organization moves through the stages to adoption. NPT propositions are used to study how collective and individual agency are enacted throughout the study.

Understanding perceptions and knowledge of diabetes and prediabetes among New York City residents: Development of the Public Health Detailing Diabetes Action *Kit*

By: Wendy Vaughn, City University of New York, USA (Presenter)

Christina Zarcadoolas, Hunter College, USA

Ignasi Clemente, Hunter College, USA; University College London, UK

Michelle G. Dresser, NYC Department of Health, USA

New York City (NYC) is an ethnically and culturally diverse urban area where over 2 million adults have diabetes or prediabetes. Developing linguistically and culturally competent health education materials to be used by providers with their patients requires understanding factors that influence the prevention and management of diabetes.

To explore these factors and investigate consumer response to patient-focused diabetes materials, English and Spanish language focus groups were conducted with 22 adults currently diagnosed with either prediabetes or type 2 diabetes, and residing in low-income communities of NYC. Findings revealed several unique themes, such as the perception among younger, high-risk adults that health providers give low priority to addressing and diagnosing prediabetes; structural barriers, including limited access to fresh and healthy foods and the cost of diabetes testing supplies; as well as personal barriers, such as a sense of fatalism and poor social support. Across groups, participants wanted materials containing clear information about their condition, specific suggestions to facilitate healthy choices, and resources to help them address barriers.

Results from this study were used to develop the Diabetes Action Kit – containing tools, resources and patient education materials to promote evidence-based practices – for the NYC Health Department’s Public Health Detailing (PHD) Program. Modeled after the pharmaceutical sales approach, PHD works with health care providers and other clinical and community members to improve patient care relating to key public health challenges.

Communication, Medicine, and Ethics (COMET) Conference 2017, Indiana University-Purdue University Indianapolis, United States: Works in Progress (WIP) Abstracts

First person composite narrative and artist-mediated narratives: The experiential
landscape of congenital heart disease

By: Sofie Layton, Great Ormond Street Hospital for Children, UK (Presenter)

Jo Wray, Great Ormond Street Hospital for Children, UK

Lindsay-Kay Leaver, Great Ormond Street Hospital for Children, UK

Giovanni Biglino, Bristol Heart Institute, UK

Unearthing narratives of illness experiences is essential for developing a holistic approach to medicine. Participatory artistic practices are presented as a valuable tool to gather narratives from adolescents with congenital heart disease (CHD). By means of creative activities including creative writing, blindfolded self-portraiture, body mapping and embossing, powerful imagery relating to individual uniqueness and, specifically, the heart can be evoked. The workshop process is complemented by using MRI data and 3D printed heart models, gently introducing ideas of heart outlines and cardiovascular anatomy in the workshop. The creative output is articulate, confident, and charged with experiential and medical connotations. The phenomenological descriptions emerging during the process are presented using a composite first person narrative approach, re-presenting the phenomenon as a reflective story incorporating the voices of 14 adolescents with CHD. Heart narratives are potent and unique, including eloquent metaphors of survival, resilience, fight, strength, fragility, and structural complexity. As a further evolution of the process, a unique artwork is created as a visual re-presentation of the heart-related narratives, whereby the artist becomes the conduit for the patients' experiences. The artwork takes the form of a large panel incorporating embossed heart elements realized by the patients, embossings created by the patients' parents and researchers involved in the project, and powerful quotations from conversations between the artist and the participants. We would like to present these observations on CHD narratives as work-in-progress, as work is under way to involve other cardiac patients in the process, culminating in a major art installation.

Exploring the effects of bibliotherapy through linguistic analysis - a pilot study

By: Zsófia Demjén, University College London, UK

Bibliotherapy uses the reading of fiction, nonfiction, and poetry for engaging mental health service users in discussions, leading to catharsis, insights into illness, and potentially a faster healing process (Hynes & Hynes-Berry 2011; McCulliss 2012). Although there are numerous claims for such benefits of bibliotherapy, reliable evaluation and validation of the technique is still in short supply (NICE, 2007). This presentation reports on a small-scale pilot study designed to contribute to filling this gap.

Previous research has shown that frequencies of personal pronouns (Rude et al., 2004), negation, polarized expressions (Fekete, 2002; Demjén 2015) can indicate intensity or severity of depression and distress. Therefore, a possible approach to investigating the impact of particular therapies is linguistic analysis.

This pilot study investigates the language use of three participants of a London-based bibliotherapy workshop for people coping with depression. Just under 10,000 words of participant language collected over four 1.5-hour sessions is explored (as a whole and session-to-session) using two corpus-based tools: the software package LIWC2015 (Pennebaker Conglomerates Inc.), which has been validated in psychological studies, and Wmatrix (Rayson 2009), which has linguistic validity. A qualitative analysis of participants' language complements the quantitative analysis.

Points of similarity and divergence in output (e.g., regarding pronouns, so-called positive/negative emotion words, time-orientation, informal language, etc.) are examined for evidence of any impact of the workshops, and for their implications for how impact can be measured. This presentation is thus an example of an attempt at 'translating practice into research'.

[Dying spaces: The experience of space and place on end-of-life communication with dying parents](#)

By: Kristina A. Wenzel Egan, Eckerd College, USA

End-of-life (EOL) communication with dying parents is a critical time to make meaning of life and family relations (Keeley, 2016). As older adults live sicker for longer periods of time, adult children often serve as caregivers who oversee a variety of needs including the management of older parents' final living arrangements (National Alliance for Caregiving [NAC] & American Association for Retired Persons [AARP], 2015). Managing living arrangements requires making decisions on where older parents will spend their final days and constructing spaces to functionally serve older parents' needs.

A growing body of scholarly attention is being paid to how material environments impact communicative and psychological experiences (Foster & Keeley, 2015; Sternberg, 2009).

Spatial elements common in hospitals and nursing homes can inhibit the privacy needed to engage in EOL communication concerning delicate, emotional, or confidential information. One scholarly avenue to explore how spatial elements influence EOL communication is to employ a family communication perspective. Thus, the purpose of this project is to understand how parental caregivers experienced and/or constructed space as their older parent neared the end of their life and how these spaces influenced their EOL communication with their dying parent.

A deeper understanding of the communicative experience in dying spaces can benefit medical practitioners, architectural designers, and parental caregivers by informing design and spatial configurations to facilitate quality EOL communication. The oral presentation will report on preliminary findings from data gathered by in-depth interviews with parental caregivers and discuss the practical implications of the findings.

[What students believe is healthy: Language clues in pre-diabetic populations](#)

By: Rebecca L. Garner, University of Texas at Arlington, USA (Presenter)

Laurel Smith Stvan, University of Texas at Arlington, USA

Sridhar Panchapake Nerur, University of Texas at Arlington, USA

By conflating the adjective fat describing bodies, with the food component fat, people assume they cannot become fat if they eat fat-free food, while not considering consequences of eating other high-calorie ingredients. For sugar, people tracking blood sugar levels often focus only on the sugar that they eat, not on carbohydrates with other names that can affect blood sugar levels. Such misunderstandings lead individuals to very different preventive health behaviors, undermining public health recommendations.

Objectives: Much corpus work on health focuses on the speech from medical providers and researchers. Crucially, we examine how health information is conveyed among non-specialists. In creating (H-CODE) the Health Corpus of Diachronic English, we focus here on conversations among students at risk for diabetes, a growing population due to U.S. childhood obesity. We collected focus group conversations on health from undergraduate college students to track expressions of improving or causing health risks.

Methods: Collections of written pilot texts from CADOH (the Corpus of American Discourses on Health) yield a model for data collection and metadata types for word pairs with meaning conflation (Stvan 2007, 2008, 2013, 2015). Work with community-based assessment of diabetes risk provides our understanding of the communities involved (Garner et al. 2015). Systematic capturing of key terms is tracked via text analytics, like Raghupathi and Nerur (2008, 2010)'s medical informatics work.

Implications: Analysis will reveal how health is currently understood, and how wording interacts with public health behavior, allowing us to make concrete recommendations for at-risk communities in the university community.

[YouTube and mental health: A comprehensive assessment of youtube video content](#)

By: Sarah Hemmersbach, Indiana University Purdue University Indianapolis, USA

Approximately 20 percent of young adults in the United States struggle with mental illness related issues or AMI. Many of those young adults utilize the internet as a primary information source, particularly YouTube. YouTube reaches more 18-49 year olds than any major cable network in the United States. It is reasonable to believe that among the vast user base of YouTube, many users have experienced AMI or know someone with AMI. The current literature shows that people with AMI are already utilizing YouTube to seek information about their symptoms and develop ways to work through their problems. However, the quality and potential efficacy of that content is still undetermined.

This study seeks to evaluate the mental health content on YouTube to determine its usefulness to those with AMI through the lens of Social Cognitive Theory. SCT is based on the idea that people learn through observation and is often cited as the reason for positive health outcomes.

This study aims at assessing the quality of information, the instructional design, and self-efficacy of YouTube content about AMI.

To analyze the potential usefulness, a content analysis of YouTube videos will be conducted. Search terms relating to mental health will be utilized, then videos will be coded for typical characteristics, information source, content quality and accuracy of health information, educational content and design, as well as SCT elements of identification and self-efficacy. Then the data will be analyzed for frequency distributions of variables. Results will help determine the potential usefulness of YouTube videos for people with AMI.

[Ethical implications of routine urine drug testing of pain patients](#)

By: Rachael Lussos, George Mason University, USA

The number of deaths caused by an overdose of prescription opioids is at an all-time high in the United States, due in part to the diversion of legitimately acquired opioids (Volkow and McLellan, 2016; Alford, 2016; Frieden et al., 2016). Although most diversion cases involve pain patients who share their medication with family and friends, an estimated 7 to 10% of cases of diversion are caused by patients who “feign pain” and then sell the medication to someone else (Volkow and McLellan, 2016, p. 1258). In response to the issue of rampant opioid misuse, in March 2016, the Centers for Disease Control and Prevention (CDC) released a Morbidity and Mortality Weekly Report (MMWR) that detailed twelve new guidelines for physicians who prescribe opioids. Some of the MMWR’s guidelines are ethically appropriate, such as regularly communicating and assessing the risks and benefits of opioid use as they pertain to individual patients. However, the guidelines also include a recommendation that, I argue, was added primarily for the sake of reducing diversion by the minority of patients who “feign pain,” to the detriment of patients who truly suffer. The CDC suggestion that physicians conduct routine urine drug tests violates the ethical principle of nonmaleficence, primarily because it furthers a systemic distrust of pain patients. I recommend that physicians do not perform routine urine drug testing on all pain patients but retain the right to perform random urine drug tests, in the event that a patient exhibits other indications of possible drug diversion activity.

[Connecting interprofessional IT: Care coordination across community and clinical contexts](#)

By: Dawn S. Opel, Michigan State University, USA

This proposed work-in-progress oral presentation involves a project designed to use an American, state-wide call center for indigent legal services for the elderly as a node to facilitate coordination with related community services, including health services. As background, a legal services clinic gathered sufficient data over time to indicate that clients had related legal, health, and community service issues. A client may call with a legal question concerning a Medicare claim, but in the process, reveals needs for health and community services, such as behavioral health services and in-home health or food delivery. A resolution of the legal problem often cannot occur because of the interrelatedness of health and legal issues of these clients, and despite giving information to clients to contact these community providers directly, this information was rarely acted upon because the onus for all communication fell upon the client.

This data led the legal services clinic to seek IT solutions whereby the legal clinic phone representative could administer a questionnaire and solicit data to be distributed (with the client's consent) to other community partners. After a prototype was developed, the legal clinic's director approached the author about collaboration with a community hospital in which she works as a communications researcher. This presentation will discuss the in-process pilot study of this potential interprofessional IT solution for care coordination, including obstacles to facilitation of coordination across professions, issues of data, ethics, and privacy, and other considerations for implementation as we translate the research for this project into practice.

[Reflective practice on critical moments in physician-patient conversations in the context of complex diseases using the example of endometriosis: What coaching research and practice can contribute to the debate](#)

By: Nicole Pillinger, Oxford Brookes University, UK

*Coauthor is in the course of being determined

The purpose of the study is to explore how physicians and patients relate to each other in significant or tense moments when talking about further investigation or treatment options in the context of complex conditions, using the example of life-restricting forms of endometriosis. While patients in these situations are challenged to deal with uncertainty and sometimes experience unexpected strong emotions, attending physicians need to tolerate and use feelings of their own constructively to guide the conversation and inquiry.

Researching both physician and patient perceptions of critical moments conducting post-consultation parallel interviews can provide a better understanding of how patient-doctor encounters are experienced by both parties involved. Further reflective conversations will add more in-depth, differentiated insights on the respective perspectives. Physicians only, will also reflect on conversationally challenging situations. The study involves patient-doctor conversations from different care stages to explore how these conversations work at different points in health care.

Situated in the constructionist paradigm and following the exploratory, embedded case study methodology, the research aims to identify conversational patterns relevant to critical moments. Thematic text analysis will allow the researcher to develop a conceptual conversation framework and identify themes for reflective practice. Further, linking findings to existing theory will inform theory elaboration.

Findings can be relevant to clinicians in describing how discussions can be framed so that what is most important and helpful to patients in shared decision making is addressed and receives the attention it deserves in clinical practice. Findings can possibly inform new approaches to physician's continuous development.

[Analyzing the social networks of electronic support groups for contested illnesses](#)

By: Jennifer K. Ptacek, Purdue University, USA (Presenter)

Daniel Kamal, Purdue University, USA

This work-in-progress is driven by the question: How do electronic support groups bring attention to a contested health condition in the public sphere? Electronic support groups (ESGs) are commonly-used online spaces for patients with contested illnesses such as fibromyalgia, premenstrual dysphoria, and chronic fatigue syndrome (Murphy, Kontos, & Freudenreich, 2016), and include social media platforms, chat forums, and patient-moderated message boards. Our research question is important because it will help researchers understand how discourse pertaining to illnesses brings the specific health conditions to the attention of society, which has several potential implications. First, making a condition more well-known to the public could increase general understanding and acceptance of those who suffer from the condition. Second, if it is not yet considered to be an official medical condition, illuminating it could aid in medicalization which could lead to treatment (e.g., Barker, 2008). Third, the presence of support groups could not only provide an outlet for sufferers to seek support, but it could also help sufferers realize that there are other people who are experiencing the same issue(s) (e.g., Smedley, Coulson, Gavin, Rodham, & Watts, 2015). This study employs a social network analysis and text mining approach to analyze ESGs to understand the characteristics of the discourse that takes place and how discussion is spread throughout online spaces. Preliminary results illustrate previously unknown information such as patterns of information sharing, themes prevalent in the discourse, as well as how participant involvement changes over time.

[Exploring patient information preferences and feedback after clinical trial participation](#)

By: Susanna Foxworthy Scott, Indiana University-Purdue University Indianapolis, USA

An overwhelming majority of clinical trial patients wish to receive study results after trial completion. However, sharing results is not standard practice for clinical trials. Because patients wish to receive results, either in aggregate or personalized form, this is a pressing issue both as an ethical obligation and as a display of commitment to patient-centered care. Conversely, there are legitimate concerns that research results could heighten patients' uncertainty. In addition, low health literacy might prevent patients from understanding research results. Finally, economic feasibility and logistics could pose a significant hurdle to integrating dissemination of results to patients into trial design.

I aim to explore the information preferences of patients in or who have completed a cancer clinical trial in any phase through a theory-informed survey. The conceptual framework for this proposed investigation will integrate theoretical concepts based on health literacy, information preferences, and uncertainty management. Although this work in progress will only cover the proposed abstract, the research arc after an initial survey study will include designing an intervention, taking into account cost-benefit, to deliver trial results informed by health literacy, information seeking preferences, and uncertainty management.

[The experience and communication of symptoms in advanced pancreatic cancer patients and their caregivers](#)

By: Chia-Chun Tang, Indiana University-Purdue University Indianapolis, USA (Presenter)

Claire Draucker, Indiana University-Purdue University Indianapolis, USA

Diane Von Ah, Indiana University-Purdue University Indianapolis, USA

Symptom management is the main focus of care for patients living with advanced pancreatic cancer (APC) as curative treatment is often unrealistic for them. Unfortunately, evidence shows that symptom management is far from satisfactory for this population. Poorly managed symptoms have had profound negative impacts on APC patients' and caregivers' life. While communicating symptoms with healthcare providers is the first step to achieve effective symptom management, some studies revealed the poor quality of symptom discussion among cancer patients and healthcare providers. To date, no study has looked at how patients with APC and their caregivers discussed symptoms with healthcare providers.

Aims: The purpose of this study is to examine symptom discussion among APC patients, caregivers and healthcare providers.

Method: This is a qualitative descriptive study using qualitative content analysis to analyze unstructured symptom discussions among patients with APC, caregivers and oncologists occurred during regular office visits. The transcripts of APC patient/caregiver-healthcare provider office discussions (n=37) are obtained from a larger, randomized control study, the Values and Options in Cancer Care.

Implications: This will be the first study to explore how APC patients and caregivers communicate symptom related issues with healthcare providers in regular office visits. Findings will contribute to effective symptom management as it will deepen our understanding of symptom experience and relative communication process.

[Seeking medical help in Hong Kong using English as a lingua franca: Patients' perspective](#)

By: Sum Pok Ting, Hong Kong Baptist University, China

With internationalization, mobility of people around the globe increases. It becomes more often for healthcare providers to encounter patients who do not speak the local language. Thus, both patients and providers, who do not speak English as their first language, may have to use English as a lingua franca, a common language, to communicate. While there are studies in health communication looking at language issues, few look at cases where both patients and providers were non-native speakers of English. Therefore, the current study aims to explore the issue from investigating how Filipinas perceive using English with Cantonese- and English-speaking healthcare providers in Hong Kong, and the issues they encounter in such context.

Initial content analysis from focus group interviews with the Filipinas shows that there is a low level of patient satisfaction. Communication has been ineffective if not minimal. Partly relating to the providers' language use, a sense of discrimination and a lack of compassion from healthcare providers are perceived. In addition, there is a lack of willingness from healthcare providers to communicate with patients, as (verbal) communication is often perceived to be lacking. Emotional needs of patients are also often not cared for, with patients even feeling insulted at certain instances. Finally, mutual understanding may not have been achieved as instances of non-understanding may go undetected.

Physician Orders for Life-Sustaining Treatment (POLST) facilitation in complex care management: A Pilot Study

By: Alexia M. Torke, Indiana University-Purdue University Indianapolis, USA (Presenter)

Susan Hickman, Indiana University-Purdue University Indianapolis, USA

Bernard Hammes, Gundersen Health System, USA

Steven Counsell, Indiana University-Purdue University Indianapolis, USA

Patrick Monahan, Indiana University-Purdue University Indianapolis, USA

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Kianna Montz, Regenstrief Institute, USA

Lev Inger, Regenstrief Institute, USA

Background: The Physician Orders for Life Sustaining Treatment (POLST) form is an advance care planning tool (ACP) used to document patient treatment preferences as medical orders that are valid across care settings. We conducted a pilot project among community dwelling older adults to evaluate the impact of structured POLST facilitation on engagement in ACP.

Methods: Potential participants were patients aged 65+ with a diagnosis of a serious, life-limiting illness. All were enrolled in a Complex Care Management (CCM) program in one urban, public health system. CCM social workers and nurse practitioners were trained in the Respecting Choices Last Steps POLST facilitation model and delivered the intervention in the home. Completed POLST forms were scanned into the electronic medical record. We administered the ACP Engagement survey pre and post intervention.

Results: We enrolled 58.1% (18/31) of eligible patients. The average age was 73.13 (SD 9.58). There were 14 (77.8%) women; 12 (66.7%) were African American. POLST facilitation was delivered to all 18; 10 completed POLST forms. Of 16 follow-up interviews, there were nonsignificant improvements in the total score of the ACP Engagement Survey (pre 90.5 range 52-129, post 103.5, 47-149, $p=0.2028$). We found 87.5% agreed/strongly agreed that “Talking about the (POLST) form helped me think about what I really want,” and 80.0% agreed/strongly agreed that “I felt more confident my treatment preferences will be honored because of the (POLST) form.”

Conclusion: This pilot demonstrated preliminary evidence that POLST facilitation is feasible, well-received and leads to a high rate of POLST completion.

Friendship, social class, and health

By: Jill Tyler, The University of South Dakota, USA

Adult friendship networks have become more important sites for the negotiation of health and wellness as traditional family forms erode. Health practices and habits tend to be shared more

consistently within friendship groups than has been reported within family groups, and health events and issues often emerge as key turning points in adult friendships. These friendship groups share similarities in sociocultural and economic circumstances, and collectively socialize to reinforce similar identities and interpretations of the social world.

This critical discourse analysis of interview and focus group data evolves from Allan's (1998) argument that relational scholars have overlooked the material and physical dimensions of relationships, and ignore friendships that do not fit the model described by middle class, college-educated research participants. Lareau (2008, 2011) uses Bourdieu (1984) in her study which exemplifies the different sets of resources – material, linguistic, practical and cultural dispositions – that can be used more or less effectively in various contexts. The practices of engaging in health behaviors and decision-making requires skills that are reproduced in social groups and are, therefore, unequally distributed across society. The complexities of health care systems withhold access and care to those who are unable to negotiate effectively, and crucial information is also held out of reach, or distrusted, by people who have been denied opportunities based on social class. This is further complicated by the population of care providers, therapists, educators, and public health workers who do not naturally discern the barriers stabilized by social class, and risk making moral judgments about the health knowledge and behaviors of those with limited material advantages.

[Perception of genetics among the public: A content analysis of Swiss media](#)

By: Bettina Zimmermann, University of Basel, Switzerland (Presenter)

Steffen Kolb, HTW Berlin, Germany

David Shaw, University of Basel, Switzerland

Bernice Elger, University of Basel, Switzerland

The proliferation of genetic technologies and increase in medical knowledge bring many challenges, commonly referred to as Ethical, Legal and Social Issues (ELSI). As genetic knowledge in personalized medicine is a delicate matter, one important aspect within ELSI is public opinion on and interest in these emerging possibilities to gain insight into one's genetic predispositions. In Switzerland, there is little data available on public opinion and discourse about genetics. This project aims to address this lack of data by investigating Swiss print media coverage of genetics over the last four years, 2013-2016. A mixed-method approach including both quantitative and qualitative content analysis is used to identify new frames and to perform statistical analysis. The most read print media from the German and the French speaking part of Switzerland are included. These two areas have independent media systems and different cultures and attitudes, so we assume to detect differences in our study similar to those seen when comparing different countries. We furthermore aim to identify changes over time and the impact of the Angelina-Jolie-effect and CRISPR/Cas9. As data collection is still in progress, results can only be announced by June 2017. Because media coverage can to some extent reflect public awareness of a topic, this study gives insight into one part of public discourse about genetics. This kind of study is performed for the first time in Switzerland and aims to cover a broad

spectrum of genetic themes to get comprehensive overview on the discourse about genetics in Swiss print media.