Coláiste na hOllscoile Corcaigh
University College Cork, Ireland

College of Medicine and Health
Coláiste an Leighis agus na Sláinte

COMET 2023

21st International and Interdisciplinary Conference on Communication, Medicine and Ethics

20 – 22 June 2023

University College Cork, Cork, Ireland

Programme and Abstracts

https://www.ucc.ie/en/comet2023/

WELCOME TO COMET2023!

On behalf of the Local Organising Committee, we are pleased to welcome you to Cork for the 21st International and Interdisciplinary COMET Conference.

The conference will bring together academics, clinicians, and students from across disciplines to share research, ideas, good practices and develop new collaborations. We hope that all visitors enjoy the conference programme, as well as the hospitality of University College Cork (UCC) staff during the meeting.

We hope you will join us for the special guided viewing of “Catching Stories of Infectious Diseases in Ireland” at UCC’s Boole Library on Wednesday (21st) in the evening. The Conference Dinner (separate registration) will take place at the River Lee Hotel, where we will also enjoy traditional Irish music by the group Uilleann Ceoil.

Please do not forget to download the latest version of the conference programme, available on the conference website (https://www.ucc.ie/en/comet2023/).

We would like to take this opportunity to thank the Keynote Speakers for their time and contribution to our knowledge and the members of the Local Organising Committee for their hard work. Thank you very much to Srikant Sarangi for his indispensable support, and to the Scientific Committee for their time and contribution.

We are looking forward to a great conference!

The COMET2023 Local Organising Committee:

Professor Nicole Müller, Dr Helen Kelly, Dr Aoife Fleming, Dr Anne-Marie Martin, Dr Catherine Sweeney, Ms Caroline Seacy, Dr Colm O’Tuathaigh, Dr Valeria Venditti, Dr Anne Marie Devlin

COMET Society Chair:

Professor Srikant Sarangi

The COMET2023 Scientific and Review Committee:

Rukhsana Ahmed
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Christina Samuelsson
Elena Semino
Catherine Sweeney
Bernadette Watson
Ray Wilkinson
Rolf Wynn

PRE-COMET Masterclass

19th June 2023

Engaging Qualitatively with Healthcare Communication

Course Leader Professor Srikant Sarangi, Aalborg University (Denmark) and Cardiff University (UK)

Language/communication-based healthcare studies – concerned with talk, text and other modalities (discourse, more generally) – have been carried out over the past five decades, both within quantitative and qualitative research paradigms. Within the qualitative tradition, in addressing a range of themes, researchers adopt different methodological and analytical perspectives when engaging with talk data (e.g., clinical encounters, telephone helplines, research interviews) and text data (e.g., websites, emails, text messages, media representations, illness narratives). One of the challenges in healthcare communication research is to optimize synergy between areas of thematic interest and available analytical frameworks mediated by datasets.

Within what can be broadly captured as theme-oriented discourse analysis, this masterclass will be primarily devoted to ‘activity analysis’ which is distinctive in at least three ways: mapping of structural, interactional and thematic trajectories; relationality concerning focal themes and analytic themes; and role performance vis-à-vis participant structure. Additionally, attention will be given to ‘account analysis’ which orients to the rhetorical properties of language/communication data.

There are four parts to the Masterclass: two lectures comprising (i) an overview of themes and concepts in healthcare communication research and (ii) the trajectories of engaging with healthcare data from multiple perspectives; (iii) an exercise in sample data analysis; and (iv) a discussion of concerns arising from participants’ own research experiences.

The Masterclass is targeted at both early career and experienced researchers across disciplinary boundaries with an interest in qualitative inquiry.

Pre-COMET Masterclass Programme:

08.30-09.00	Registration / Welcome
09.00-09.30	Introduction
09.30-11.00	Health communication research: An overview of concepts and themes
11.00-11.30	Tea/Coffee break
11.30-13.00	Engaging with health communication data from multiple perspectives
13.00-14.00	Lunch
14.00-15.30	Data session: group work
15.30-15.45	Tea/Coffee break
15.45-16.30	Forum discussion on themes raised by participants

COURSE LEADER: PROFESSOR SRIKANT SARANGI

Srikant Sarangi has been Professor in Humanities and Medicine and Director of the Danish Institute of Humanities and Medicine (DIHM) between 2013 and 2021 at Aalborg University, Denmark (www.dihm.aau.dk), where he continues as Adjunct Professor. Between 1993 and 2013, he was Professor in Language and Communication and Director of the Health Communication Research Centre at Cardiff University (UK), where he continues as Emeritus Professor. During 2022-2023, he has been Visiting Chair Professor at the Hong Kong Polytechnic University and Adjunct Professor at Universiti Teknologi Malaysia. In recent years, he has been Adjunct Professor at Norwegian University of Science and Technology (NTNU), Norway (2017-2021); Visiting Professor at University of Jyväskylä, Finland (2017-2020); Visiting Professor at the College of Medicine, Qatar University (2017-2020); Visiting Professor under the Academic Icon scheme at University of Malay, Malaysia (2013-2015); Visiting Research Professor, Centre for the Humanities and Medicine, The University of

Hong Kong (2013-2016); Adjunct Professor at NTNU, Norway (2009-2013); and Honorary Professor at Aalborg University, Denmark (2009-2014).

In 2012, he was awarded the title of ‘Fellow’ by the Academy of Social Sciences, UK. In 2015, he was elected as a ‘Foreign Member’ of The Finnish Society of Sciences and Letters (Societas Scientiarum Fennica).

His research interests include: institutional and professional discourse from an applied linguistics perspective (e.g., health, social welfare, bureaucracy, education etc.); communication in genetic counselling, HIV/AIDS, telemedicine, primary care and palliative care; communication ethics; teaching and assessment of consulting and communication skills; language and identity in public life; intercultural pragmatics. He has held several project grants to study various aspects of health communication.

He is author and editor of twelve books, guest-editor of nine journal special issues and has published more than 250 journal articles and book chapters in leading journals. In addition, he has presented more than 1200 papers (including plenaries, keynotes, masterclasses and workshops) at international conferences and other forums. Since 1998 he is the editor of *TEXT & TALK: An Interdisciplinary Journal of Language, Discourse and Communication Studies* (formerly TEXT) as well as the founding editor, since 2004, of both *Communication & Medicine* and *Journal of Applied Linguistics and Professional Practice (formerly Journal of Applied Linguistics).* He is also general editor of the book series *Studies in Communication in Organisations and Professions* (SCOPE). He serves as an editorial board member for other journals and book series[es], and as a consulting advisor at many national and international levels.

Over the last twenty years, he has held visiting academic attachments in many parts of the world including: Australia, Brazil, Canada, Denmark, Finland, France, Germany, Hong Kong, India, Iran, Italy, Malaysia, Nepal, Norway, Portugal, South Africa, Spain, Sweden, Switzerland, Tanzania, UK and USA.

Programme Schedule and Book of Abstracts

Day	Time Start	Time End	Location	Session Title	Speakers
Tues	09:30		Atrium	Registration	
Tues	10:30	11:00	WGB 107	Opening Ceremony Professor John O'Halloran, President, University College Cork	Nicole Müller; Srikant Sarangi
Tues	11:00	12:00	WGB 107	Plenary Lecture 1 Chair: Srikant Sarangi Professor Hossam Hamdy Systems thinking in teaching, learning, and assessment of communication in health professions education	Hossam Hamdy
Tues	12:15	13:15	Atrium	Lunch	
Tues	13:15	14:55	WGB G02	Oral Presentation Session 1 Chair: Anne Marie Devlin	
				Implementing a ward-level intervention to improve handover practices	Liza Goncharov
				Father and child in child health care: an ethnographic study of institutional practices	Camilla Rindstedt
				A Direct Patient-Provider Relationship with the Medical Physicist Reduces Anxiety in Patients Receiving Radiation Therapy	Lauren Hamel
Tues	13:15	14:55	WGB G08	Oral Presentation Session 2 Chair: Martin J. Ball	
				(Un)certainty and risk communication on Covid-19 vaccines: a comparison between civilian and military discourse	Roxanne Doerr
				Storytelling in popularising science: good and bad practices at the outburst of the COVID-19 pandemic	Annalisa Zanola
				What are the challenges in managing complex communication coaching in post-Covid healthcare students?	Katharine Heathcock
Tues	13:15	14:55	WGB G14	Oral Presentation Session 3 Chair: Keelin O'Donoghue	
				Argumentative narratives of vaccination experience during the Covid-19 pandemic	Carlotta Fiammenghi
				Assembling methamphetamine: A corpus based discourse analysis of an online forum for users of crystal meth	Andrew Lustig
				Experience of Dying: Concerns on Palliative Care for A Parkinson's Disease Patient	Pauline Luk
Tues	13:15	14:55	WGB G15	Panel: Communication Ethics in Healthcare Encounters	Srikant Sarangi
				Adopting the communication ethics framework to explore Muslim immigrant women's experiences with healthcare in Canada	Rukhsana Ahmed

				Communication ethics and the discourses surrounding perinatal death	Giuditta Caliendo, Lola Marinato
Tues	13:15	14:55	WGB G09	Work in Progress Chair: Judith Oxley	
				Common Conditions, Competing Narratives: The case of obesity/fatness	Margaret Steele
				Prostate cancer patients consulting in radiation oncology: information recall and psychological distress profiles	Stephanie Fox
				Comparing online rare disease testimonies: Preliminary results	Laura Ferrarotti
Tues	14:55	15:20	Atrium	Refreshments	
Tues	15:20	17:00	WGB G02	Oral Presentation Session 1 Chair: Kirk St Amant	
				Nurses' perceptions of politeness while giving advice during intercultural communication for a healthcare environment	Badryah Alalawi
				Authentic methods to explore their health and well-being effects from participation in recreational activities, with non-verbal and non-ambulant children with cerebral palsy: A case series design	Dawn Pickering
				Communication needs and health and social support for disabled people from minoritised ethnic groups during the pandemic: findings and co-designed recommendations from the CICADA study	Carol Rivas
Tues	15:20	17:00	WGB G08	Oral Presentation Session 2 Chair: Owen Kelly	
				Developing and Testing an Ecological Momentary Assessment Smartphone App for Sensitive Health Data in Peru	Archana Krishnan
				'Catching Stories' of infectious disease in Ireland: bringing oral history and cultural heritage platforms together with biomedical commentary	Cliona O'Carroll
				The Sten-O mhealth app – a supportive communication tool in Type 1 Diabetes education for newly diagnosed children and their parents	Diana Schack Thoft
Tues	15:20	17:00	WGB G14	Panel: Leveraging the distributed expertise of parents and professionals to promote social-communication-cognitive development in a young girl with Sturge-Weber Syndrome	Judith Oxley, Katherine Hays, Christine P. Weill
				The evolving therapeutic challenges of case management of a child with Sturge-Weber syndrome	Judith Oxley, Amanda Rivera
				Balancing service delivery to promote the acquisition of functional speech within the context of overall development	Katherine Hays, Judith Oxley

				Narrative development via multi-modal means to reduce cognitive load and maximise participation and social agency	Christine P. Weill, Judith Oxley, Holly Damico
Tues	15:20	17:00	WGB G15	Panel: Communication Ethics in Healthcare Encounters (continued)	Srikant Sarangi
				Authority, expertise and experience: reconsidering the ethics of patient centred care	Alison Pilnick
				Communication challenges when conducting research with vulnerable populations: ethical and methodological considerations	Fiona Wood, Victoria Shepherd, Monica Busse
				Delineating the communication ethics framework in healthcare encounters	Srikant Sarangi
Tues	15:20	17:00	WGB G09	Work in Progress Chair: Matilda Bradford	
				Team Care for the Care Team: When Collaboration is in Crisis	Stephanie Fox
				Communication Privacy Management in an Online Instagram Support Community for Adolescents and Young Adults with Inflammatory Bowel Disease	Caeli Molloy
				Endometriosis in the Media: A corpus-based analysis in the written press	Julie Humbert-Droz
Tues	17:00	18:00	WGB	Welcome Reception	

Wed	08:00	09:00	WGB	Registration	
Wed	09:00	09:15	WGB 107	Welcome Remarks Day 2	
Wed	09:15	09:30	WGB 107	Announcement of COMET 2024	
Wed	09:30	10:30	WGB 107	Plenary Lecture 2 Chair: Nicole Müller Professor Mary Catherine Beach Moral dimensions of respect expressed through language in healthcare	Mary Catherine Beach
Wed	10:30	11:00	WGB	Refreshments	
Wed	11:00	12:40	WGB G02	Oral Presentation Session 1 Chair: Andrew Lustig	
				Doctors Can Step Into the ‘Rough Ground’ with Confidence: Confirmed Route to Cultivate Practical Wisdom in Ethical Decision-Making for the Medical Community	Mervyn Conroy
				Mapping the patient world in predictive Huntington's testing	Matilda Bradford
				Polyphony in the pediatric clinic: Parents reporting teachers’ talk as a resource for building deontic and epistemic (dis)alliances among caregivers	Federica Ranzani
Wed	11:00	12:40	WGB G08	Oral Presentation Session 2 Chair: Elena Babatsouli	
				Now I can understand you and participate!	Katrien Horions
				Skills4HL course for healthcare students to improve health literacy for people at risk of dementia	Charlotte Brun Thorup
				IDEAHL - Reviewing best practices for Digital Health Literacy interventions	Charlotte Brun Thorup
Wed	11:00	12:40	WGB G14	Oral Presentation Session 3 Chair: Catherine Sweeney	
				Discursive and Textual Strategies to Construct Credibility in Narratives of Contested Illnesses	Roxana Delbene
				Learning from the lived experiences of patients with cancer	Theresa O’Donovan
				“Papa, i’m not your wife”: Role-relational disjunction in interview accounts of caring for a relative with dementia	Bartlomiej Kruk
Wed	11:00	12:40	WGB G15	Panel: Family experiences of Long Covid: exploring communication between general practitioners and families through interactive theatre workshops	Anna Dowrick, Performing Medicine, Cervantée Wild
				Patient/healthcare practitioner communication issues for families affected by Long Covid	Cervantée Wild

				Compassionate communication through uncertainty: Interactive forum theatre performance	Performing Medicine
				Reflections on arts-based research approaches: discussion between researchers, performers and the audience	Anna Dowrick, Performing Medicine, Cervantée Wild
Wed	11:00	12:40	WGB G09	Work in Progress Chair: Aoife Fleming	
				Understanding dementia together: evaluation of a collaborative interdisciplinary workshop	Trish O'Sullivan
				Public Health Communication: Analysis of coherence indicators in institutional and non-institutional texts	Sibilla Parlato
				The #longcovid revolution: a reflexive thematic analysis of Twitter users' social construction of long covid	Melody Turner
Wed	12:40	13:30	Atrium	Lunch	
Wed	12:45	13:45	Atrium	Research Networking: COMET meets UCC Futures	
Wed	13:30	17:10	Atrium	Poster Presentations with Refreshments	
Wed	15:30	17:10	WGB G02	Oral Presentation Session 1 Chair: Rukhsana Ahmed	
				Ensuring bereaved parents are seen and heard: Using graphic medicine to affect change in perinatal death review processes	Marita Hennessy
				The Role of the Internet and Telemedicine in Doctor-Patient Communication	Alexandra Csongor
				Stigma and Cosmetic Surgery Discourse: Representations and Perceptions of the Body	Roxanne Padley
Wed	15:30	17:10	WGB G08	Panel: Communicating diagnostic uncertainty: An empirical ethics approach.	Caitriona Cox, Thea Hatfield, Zoe Fritz
				Examining the communication of diagnostic uncertainty using vignette methodology: how is it done, why is it done, and what is the impact?	Catriona Cox
				What is thought, what is said, and what is heard: an ethnography of diagnosis in acute medical settings.	Thea Hatfield
				Legal and ethical aspects of communicating diagnostic uncertainty: what duties do doctors have?	Zoe Fritz

Wed	**15:30**	**17:10**	**WGB G14**	**Panel: Applying Usability Approaches to Health Medical Communication Contexts**	**Kirk St Amant, Darina Slattery, Ella Goodwin**
				Usability for contexts of care: applying psychological concepts to create usable content for the health and medical industries	Kirk St Amant
				Determining faculty and student requirements for usable learning management systems in health and medical education	Darina Slattery
				Culture and ecosystems of care: a framework for understanding international health and medical contexts	Ella Goodwin
Wed	18:00			Special Guided Viewing of “Catching Stories of Infectious Diseases in Ireland” at UCC’s Boole Library (https://libguides.ucc.ie/ExhibInfectiousDisease)	
Wed	20:00			Conference Dinner, River Lee Hotel Accompanied by the Traditional Irish Music Group, Uilleann Ceoil	

Thurs	08:00	09:15	Atrium	Registration	
Thurs	09:15	09:30	WGB 107	Welcome Remarks Day 3	
Thurs	09:30	10:30	WGB 107	Plenary Lecture 3 Chair: Colm Ó Tuathaigh Dr Caroline Jagoe Discriminatory epistemic injustice: The silencing of communication disability in research practices	Caroline Jagoe
Thurs	10:30	11:00	Atrium	Refreshments	
Thurs	11:00	12:40	WGB G02	Oral Presentation Session 1 Chair: Marita Hennessy	
				The Communication Experiences of Patients and Family Members Referred to Specialist Palliative Care Services: A Qualitative Exploration	Mohamad Saab
				Ethical Issues in Using Social Media Data for Dementia Detection: a qualitative study of older adult social media users	Jude Mikal
				Who owns language? The ethics of using online translation software in healthcare education	Averil Grieve
Thurs	11:00	12:40	WGB G08	Panel: Cognitive decline and sensory and communication difficulties	Amr El Refaie
				Care as usual for vision and hearing for persons with dementia in Irish nursing homes	Nicole Müller, Avril Condon, Sarah Stanley, JP Connelly
				SENSE-Cog Residential Care: Adapting a sensory support intervention for residents with dementia in nursing homes in Ireland	Iracema Leroi, Nicole Müller, Amr El Refaie
				What is the knowledge of care staff and the use of hearing aids in Irish Nursing Homes? A pilot study	Laura Sheehy, Siobhan Laoide-Kemp, Amr El Refaie
Thurs	11:00	12:40	WGB G14	Panel: Integrating Narrative Medicine in a Pediatric Clinical Setting: Understanding the Illness Experience of Children While Improving Health Outcomes	Julie Aultman, Nicole Robinson, Daniel Grossoehme
				Narrative medicine workshops and interventions for pediatric patients and families	Nicole Robinson
				Guiding pediatric clinical care practices through narrative medicine and ethics	Julie M. Aultman
				Illness narratives in a pediatric hospital: research	Daniel H. Grossoehme

Thurs	11:00	12:40	WGB G09	Work in Progress Chair: Liza Goncharov	
				Moving towards a better understanding of well-being for children with complex disabilities who use a robotic device, the Innowalk ©Made for Movement	Dawn Pickering
				When a Medical Consultation is a Challenge: A Pilot Study on Language Use and Healthcare Outcomes for Galicians in the Canton of Zurich	Vanesa Rodriguez Tembrás
				Mapping the gaps and challenges for patients and healthcare providers in terms of ethical consideration of existing technologies in healthcare	Eleni Mangina
Thurs	12:40	13:30	Atrium	Lunch	
Thurs	13:30	15:10	WGB G02	Oral Presentation Session 1 Chair: Brent Wilson	
				Communication is Key: Training the art of delivering aphasia friendly services to persons with communication disorders and differences	Jennifer Brello
				Shared goal setting in the context of Dutch Speech and Language Therapy: Multi stakeholder perspectives	Laurien Brauner
				Advancing phonetic transcription skills for communicative disorders: Training SLPs with live data	Elena Babatsouli
Thurs	13:30	15:10	WGB G08	Oral Presentation Session 2 Chair: Rintaro Imafuku	
				Metaphorical Representations of Dementia in the UK Press	Gavin Brookes
				Front-line heroes or trained professionals. The image of nurses, doctors and other healthcare workers in news texts during the COVID-19 pandemic. A corpus analysis	Georg Marko
				A computer-assisted analysis of image representations of obesity in the UK press	Luke Collins
Thurs	13:30	15:10	WGB G14	Panel: The role of and challenges for Healthcare Professionals in provision of Termination of Pregnancy services in Ireland since 2019	Keelin O'Donoghue, Deirdre Hayes Ryan, Claire Murray, Mary Donnelly
				Termination of pregnancy services: introduction of services in Ireland, training needs and challenges	Deirdre Hayes Ryan
				Conscientious provision of abortion care: clinician experiences of early medical abortion	Claire Murray, Mary Donnelly
				Fetal medicine specialist experiences of providing a new service of termination of pregnancy for fatal fetal anomaly	Keelin O'Donoghue

Thurs	**13:30**	**15:10**	**WGB G09**	**Work in Progress Chair: Shauna Bell**	
				Listening WITH a human being is an ethical choice	Corine Jansen
				Flourishing in Strengths: An Investigation of the Development of a Strengths Perspective in Student Clinicians	Patricia Arias Hunt
				Doing ethics - manifestations of moralities in sexual and reproductive health discourse in Côte d'Ivoire	Laura Guadagnano
Thurs	15:10	15:45	WGB 107	COMET Open Forum and Closing Ceremony	

Poster Presentations

Number	Title & Authors
1	**Mystery hospital visits by communication vulnerable persons as education on healthcare communication** Karin Neijenhuis, Sione Twilt, Ilse Ooms
2	**Multilingual communication in Speech Language Therapy: What happens in interaction?** Sione Twilt, Karin Neijenhuis, Jan ten Thije, Rick de Graaff
3	**Storytelling in the medical field: a bilingual and bicultural approach to cancer narratives** Jennifer Moreno
4	**Where is the problem to solve? The multi contexts and problem defining in divided narratives in the shared decision making on cancer treatment** Weiwei Lu
5	**Creating a Rubric for Identifying Dementia Patients on Twitter: distinguishing between authentic and inauthentic dementia self-disclosures** Jude P. Mikal, Daniel Cabrera Lozoya, Yun Leng Wong
6	**Planning ahead for research participation: stakeholders' views about advance research planning to inform participation decisions during future periods of incapacity** Victoria Shepherd, Fiona Wood, Kerenza Hood
7	**Patient-centered care and communication aids: Using visual scenes to promote social interaction** Judith Oxley, Kathleen J. Abendroth
8	**"Not My Mother's Eyes": Healing Intergenerational and Intersectional Selfhood in Illness Narrative** Juliana Mercedes Nociari
9	**Intersectionality between TBI, age, gender, race, and criminal justice system** Warren Brown, Judith Oxley
10	**Addressing the silence: Engaging knowledge users to develop a knowledge translation strategy for pregnancy loss research** Marita Hennessy, Keelin O'Donoghue
11	**Developing a sense of responsibilities and values in professional practice- A case study of dental hygiene students in Japan** Yukiko Nagatani, Rintaro Imafuku
12	**Using Telerehabilitation in Primary Care to treat musculoskeletal pathologies: A case study** Mª Teresa Muñoz Tomás, Mario Burillo Lafuente, Araceli Vicente Parra, Mª Ángeles Franco Sierra
13	**Accuracy is in the eye of the beholder: Assessing Polish-English bilingual children's performance on Sentence Repetition Tasks - Error Analysis and the Role of the Rater** Saoirse Lally, Natalia Banasik-Jemielniak, Ewa Haman, Stanislava Antonijevic-Elliott
14	**How to Tell the Difference: Negotiating Dualities in Co-Constructed Illness Narratives** Cynthia Ryan
15	**Exploring intercultural communication management process: A case study of pharmacist-migrant patient encounters in Japan** Rintaro Imafuku, Masaki Shoji, Yukiko Nagatani
16	**Attitudes Towards Different Types of Health Messages in an mHealth Randomized Controlled Trial of Medication Adherence**

	Archana Krishnan, Yerina S. Ranjit, Alexandra Stankus, Debarchana Ghosh, Frederick L. Altice
17	**Diabetes patient education: time to rethink how it is communicated** Owen Kelly, Matthew Oseni, Pristine Hysten and Carroll Ferguson Nardone
18	**Narrative Coherence of People with Early Alzheimer's Disease** Sonja Hakkarainen, Iida Heino, Tiina Ihalainen, Heli Koivisto, & Nelly Penttilä
19	**Communication impairment and disability: redressing power differentials in clinical encounters for people with intellectual disability via effective deployment of multimodal communication** Judith Oxley, McKenzie Weddle, Mary McMahon, Ghadir Almehileb
20	**Cultural Influences on Patient-Professional Communication between the SLPs and Clients Who Stutter: Evidence from Chinese-speaking Community** Yan Ma, Judith Oxley
21	**Using online interactive discussion boards to explore the concept of confidentiality and telehealth in graduate education** Linda Collins
22	**Being a PA; design and assessment of a medical humanities curriculum for developing professional identity and cultural competence in physician associate students** Ethan Stonerook
23	**Does Mainstream and Social Media Impact on University Students' Vaccine Confidence?** Lyndsey Moore, Sonja Vucen, Anne C. Moore
24	**Guideline for Communication-Friendly PROMs and PREMs** Ruth Dalemans, Katrien Horions, Steffy Stans, Stephanie von Helden-Lenzen, Jessie Lemmens, Darcy Ummels, Stephanie Cornips, Philine Bern, Sandra Wielaert, Ingeborg Simpelaere
25	**Wales Speech Language Communication Identification, Intervention and Evaluation Package** Martin Ball, Yvonne Wren, Cristina McKean, Jenna Charlton, Caroline Floccia, Louisa Reeves, Carol Payne, Vicky Gilroy, Robert Mayr, Toity Deave, Nayeli Gonzalez-Gomez, Sam Harding, Robert Rush
26	**The construction of digital media on pesticide: the transformation from human health to One Health** Yu-Chan Chiu
27	**Developing and piloting immersive simulation in severe brain injury health care education: translating research findings into innovative interventions for pre and post registration training** Geraldine Latchem-Hastings, Julie Latchem-Hastings, Peter Smith, Jenny Kitzinger
28	**"We're Fighting a Different War:" The Disconnect Between Nurses and the Public During the COVID-19 Pandemic** Jennifer S. Alwine, Caeli Malloy, Michelle Mravec, Wendy R. Trueblood Miller
29	**Using Content and Computational Text Analyses to Explore the Association Between Suicide Prevention Public Service Announcements and User Comments on YouTube** Donald Harris, Archana Krishnan
30	**Intercultural Adaptation and Integration of the Chinese International Students in the UK: Barriers, Experience and Strategies—A Case Study of the University of Warwick** Haiyan Zhang
31	**When there is a need to say one more thing: Examining the Phenomenon of Increment in STI Medical Interactions in Southwest Nigeria** Oluwaseun Amusa

32	**Communication skills curriculum for undergraduate medical education in Poland. Do we need national recommendations?** Aldona Katarzyna Jankowska, Martyna Borowczyk, Agata Stalmach-Przygoda, Antonina Doroszewska, Maria Libura, Marta Chojnacka-Kuraś, Łukasz Małecki, Zbigniew Kowalski
33	**Simulated learning in the clinical education of Speech and Language Therapy Students** Kerrie O'Grady, Aoife Sheehy, Bláthnaid Slaven, Nicole Müller
34	**What Has Status Got to Do with It? The impact of contextual social status on information exchange with doctors, as told by patients** Rachel Fiore, Judith Oxley

06/20/2023 (11:00 AM - 12:00 PM) Western Gateway Building 107

Plenary 1 Speaker - Professor Hossam Hamdy **Tuesday**

Professor Hossam Hamdy, MD, FRCS (Ed), FRCP, PhD Med Education
Professor of Surgery and Medical Education
Gulf Medical University
United Arab Emirates

Systems thinking in teaching, learning and assessment of communication in health professions education

All over the world and for many years, health professions education programs have been using different approaches in teaching communication skills. Empirical evidence of its effectiveness is small and confidence in the results is low (Gilligan C. et. al. Cochrane Systematic Reviews 2021) An important contributing factor to the inadequate outcome is that communication is considered a skill, (Sarangi S. Communication and Medicine 2022) a form of behavior which we teach it like other procedural skills following a linear reductionist approach.

It has been commonly labeled as a ‘soft skill’ in contrast to the ‘hard skills’ i.e., Knowledge and clinical expertise. In fact, it should be considered ‘Hard skill’ as it is core for the successful outcome of the patient journey in the healthcare system.

In this presentation, I argue that Medicine is a social science. It is about people and human interaction embedded in the rapidly changing healthcare system. Ineffective communication training in healthcare, is a multifaceted, multidimensional, complex ‘Wicked problem’. It should be viewed through the lens of a systems thinking, holistic approach, recognizing the communication system components, and the interrelatedness of these components (religion, culture, social, economic, providers, and students perspectives) and how they work in healthcare practice and health professions education.

The presentation builds on the work of Christian Matthiessen’s ‘Systemic functional linguistic theory’, Engel’s Biopsychosocial conceptual model and Community of Practice theory” (Wenger and Lave 1991)

Bio:

Prof. Hossam Hamdy is a Professor of Surgery and Medical Education and the Chancellor of Gulf Medical University in the United Arab Emirates. An internationally known medical educator, active researcher, has been involved in the development of several medical schools in the MENA region.

His work and contribution to Medicine and Medical Education has been acknowledged and won him the Sheikh Khalifa Award for Higher Education for “Distinguished Professor in Teaching” in 2011, honorary Fellow of Association for Medical Education in Europe

(AMEE) in 2021, decorated by the Republic of France with the prestigious decoration as **“Chevalier Dans L’ordre Des Palmes Academiques” / “Knight of the Order of Academic Palms”** in 2011 and was awarded the **WHO Health Workers Recognition Award: Health Professionals Education** in 2021 for his achievements in Medical Education.

06/21/2023 (09:30 AM - 10:30 AM) Western Gateway Building 107

Plenary 2 Speaker - Professor Mary Catherine Beach

Professor Mary Catherine Beach
School of Medicine, Center for Health Equity and Berman
Institute of Bioethics, Johns Hopkins University, USA

Moral dimensions of respect expressed through language in healthcare

Respect is fundamental to all human interactions and especially important in healthcare. In Western bioethics, the long-held, dominant view of respect focuses almost exclusively on respect for patient autonomy, which provides the basis for informed consent and involving patients in treatment decisions. Yet this narrow notion of respect is criticized as being too 'American' or individualistic, and some have advocated for a broader 'European' view of respect that is focused on respect for autonomy, dignity, integrity, and vulnerability.

Through the lenses of philosophy and linguistics, I will discuss in this presentation how different facets of respect manifest in how health professionals communicate with and about patients. I will demonstrate this through examples of patient-clinician dialogue and excerpts of text from medical records. Because these different facets of respect are conceptualized primarily from the perspective of academics, who draw their observations about morality from different experiences than those of many patients, I will also compare theories with how respect is experienced by patients. I intend to argue that the medical field should enrich how respect is talked about, taught, and fostered within clinical settings, and that health communication scholars would do well to embrace the moral constructs that underlie the research and communication skills training of health professionals.

Bio:

Mary Catherine Beach is a professor in the School of Medicine, with appointments in the Center for Health Equity and the Berman Institute of Bioethics, at Johns Hopkins University in the United States. Dr. Beach's research focuses on humanizing healthcare by promoting respect for patients as well as improved patient-clinician communication. Much of her work has been targeted towards improving healthcare quality for patients who face systemic disadvantage and in the setting of HIV/AIDS and sickle cell disease (SCD). Her research has been funded by the National Institutes of Health, the Agency for Healthcare Research and Quality, the Robert Wood Johnson Foundation, and the Greenwall Foundation. Dr. Beach has won numerous awards for her scholarship and mentorship, including the Jozien Bensing Research Award from the European Association for Communication in Healthcare (EACH) in 2010, and the 2017 recipient of the George L. Engel Award for outstanding research contributing to the theory, practice and teaching of effective healthcare communication and related skills. In 2022, Dr. Beach was elected as a Hastings Center Fellow.

06/22/2023 (09:30 AM - 10:30 PM) Western Gateway Building 107

Thursday

Plenary 3 Speaker – Dr Caroline Jagoe

Dr Caroline Jagoe,

School of Linguistic, Speech & Communication Sciences, Department of Clinical Speech & Language Studies, Trinity College Dublin, Ireland

Discriminatory epistemic injustice: The silencing of communication disability in research practices

The accepted knowledge-making practices of academia represent a system of power relations that have the effect of silencing some knowers, with certain groups at heightened risk. Epistemic injustice - the unfair devaluing of a person, or a groups', knowledge and system of knowing – is not a new concept and has been applied to studies on communication and healthcare. Despite this burgeoning literature, I will argue that epistemic oppression remains persistent and underrecognized with regards to communication disability, taking the perspective that this heterogenous group face very particular risks of epistemic injustice. This injustice demands a radical rethinking of the seeming minutiae that make up our research processes across disciplines.

In this presentation I will discuss epistemic injustice and communication disability through two lines of argument. Firstly, drawing on evidence from healthcare and social science research, I will argue that the *de facto* exclusion of persons with communication disabilities results in a hermeneutic injustice with real world consequences. Secondly, focusing on aphasia research, I will argue that the accepted approaches in systematic reviews, the composition of research teams, as well as publishing practices all have an equally damaging effect on hermeneutic justice by devaluing the knowledge contributions of researchers from the Global South and restricting linguistic access to the knowledge generated from their own communities. I will conclude by suggesting that ethical research practices should therefore take anticipatory action at a structural level to ensure epistemic responsibility to persons with communication disabilities and the local professionals who work alongside them.

Bio: Dr Caroline Jagoe is Assistant Professor in the Department of Clinical Speech and Language Studies, Trinity College, The University of Dublin. With a clinical background in speech and language therapy, she has worked in the public health system in South Africa and in Ireland, and has collaborated on projects addressing disability inclusion in a wide range of

countries including Ethiopia, India, Iraq, Mozambique, and Somalia. Her research addresses participation of people who are frequently marginalised in research and programming in humanitarian and development settings, with a specific focus on the inclusion of people with communication disabilities. She is a recipient of the prestigious IRC Laureate Grant, for the project *Co-Construct* and the academic lead of the partnership between Trinity College Dublin and the United Nations World Food Programme addressing inclusion in food assistance programming.

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Liza Goncharov

Tuesday

Implementing a ward-level behaviour change intervention to improve handover practices

Professor Diana Slade[1] and Liza Goncharov[2]

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2. Manager, The Australian National University Institute for Communication in Healthcare (ICH); liza.goncharov@anu.edu.au

Co-authors: Associate Professor Anna Thornton (Director of Nursing, St Vincent's Health Network, Sydney)**, Joanne Taylor** (Nurse Manager, Clinical Practice and Innovation, St Vincent's Health Network, Sydney)**, Laura Chien** (The Australian National University Institute for Communication in Healthcare)

Abstract

Nursing handovers are fundamental to continuity of patient care and safety, and if conducted skillfully at the patient's bedside, provide an opportunity to involve patients in their care. A multitude of studies have evaluated different approaches to improving handover, usually focusing on standardising information transfer or involving patients in bedside handover. But in actual practice nursing handovers are more complex—they are enacted through language, shaped by a ward's cultural and organisational context, and intersect with other interdisciplinary ward handover events, particularly medical ward rounds and multidisciplinary team meetings. Using qualitative ethnography combined with discourse analysis of nursing handover interactions, we developed and implemented a contextualised intervention to improve nursing handover on 8 wards across 3 hospitals in Australia.

In this paper we will describe how we have collected and analysed language and contextual data and translated the findings into communication protocols and training and recommendations for ward level organisational changes to improve handover practices. Our translational research approach resulted in significant changes post-intervention including a shift to bedside handover and implementation of ward level changes to handover practices such as redesigned handover meetings and revised handover documentation.

Patient safety markers showed noticeable improvements, with decreases in patient falls, hospital acquired pressure injuries and medication errors. The impact and speed and degree of the changes implemented in each ward in the three months after the intervention demonstrated the power of cross disciplinary collaborative research with management, senior nurses and communication specialists working together to make a difference.

Keywords: Healthcare communication; nursing handover; patient safety; qualitative research

Father with child in child health care: an ethnographic study of institutional practices

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Abstract

The aim of this study is to investigate the interaction between father-with-child and health professionals in Child Health Care (BVC) in Sweden. The focus here is on a unique form of Nordic parental education involving father-only visits, so-called father groups and home visits carried out by child health nurses. Father-only visits have recently been introduced on a nation-wide scale, with a purpose of identifying challenges related to children, as well as issues of parental well-being, working against identified problems. The project explores how fathers are positioned in relation to institutional ideals and notions of “good” parenthood and childhood. The ethnographic study is conducted in different socioeconomic settings and the data include video observations, informal conversations, focus groups, interviews, and analysis of text material, focusing on relations between ideals and practices. Particular attention is given to questions regarding childhood and parenting ideals. The project concerns practices that focus on fatherhood and well-being, through educational opportunities and guidance offered by BVC. Our analysis includes detailed analyses of naturally occurring data. This offers possibilities of theoretical and conceptual development about social interaction in health settings, based on innovative methodologies – generating new empirical insights.

Keywords: Father-nurse interaction, CHC, Fatherhood, Video ethnography

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Lauren Hamel

A Direct Patient-Provider Relationship with the Medical Physicist Reduces Anxiety in Patients Receiving Radiation Therapy

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Abstract

Background: The complex technological processes involved in radiotherapy can be intimidating to patients, causing treatment-related anxiety and reduced satisfaction (Beyer, et al., 2007; Geinitz, et al., 2012; Halkett, et al., 2009; Zolnierek & Dimatteo, 2009). We implemented an intervention providing direct consultations between patients and medical physicists to improve patient anxiety and satisfaction (Atwood, et al, 2018; Brown, et al., 2020). We conducted a randomized trial to test the intervention's effect on patient anxiety, distress, treatment adherence, technical understanding, and satisfaction.

Method: We recruited patients into intervention and standard-of-care arms within a Phase II randomized trial. Intervention arm patients met with a medical physicist who provided technical information and addressed questions or concerns at treatment simulation and before treatment initiation. Participants were surveyed at baseline, prior to simulation, prior to treatment initiation, and prior to treatment completion. Patients in the intervention arm were surveyed before and after each physicist meeting. Outcomes included patient anxiety, distress, treatment adherence, satisfaction, and technical understanding of treatment.

Results: Anxiety was significantly reduced in the intervention arm (difference, -0.29; 95% CI, -0.57 to -0.02; p=0.038). No differences in distress or treatment adherence were observed between arms. Patients in the intervention arm were more likely to feel that technical aspects of treatment were adequately explained (difference, 0.78; 95% CI, 0.03 to 1.54). Technical understanding and satisfaction were considerably higher in the intervention arm at the time of the first visit.

Discussion: The establishment of a direct patient-provider relationship with the medical physicist reduced anxiety in patients receiving radiotherapy. Increases in patient understanding of the technical aspects of care and in satisfaction were observed at the initiation of treatment.

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Keywords: medical physicist; radiotherapy; behavioral intervention; anxiety; trial

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Roxanne Doerr

Tuesday

(Un)certainty and Risk Communication on Covid-19 vaccines: a comparison between civilian and military discourse

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Abstract

One of the main, unsolved controversies that has developed throughout the Covid-19 emergency concerns its vaccine in terms of its safety and the multifaceted communication surrounding it. It therefore represents an exemplary starting place for reflections on the linguistic and discursive strategies of medical risk and uncertainty communication (Crouse et al 2020), as it involves storytelling (Zanola forthcoming), transparency, trust building, hedging, probability, and future expressions. These are all weaved into the style (Doerr 2023) of the discourse crafted by authorities that must answer and reassure laymen and professionals. The present study compares two institutions with differing communicative frameworks, i.e. the US Department of Defense (DOD), which follows a militaristic model that has implemented in the course of the emergency, and the World Health Organisation (WHO), which raises ethical questions on the equity and humanitarian aspects of the vaccination delivery. It applies Corpus Stylistics and Corpus-Assisted Discourse Analysis to a corpus of documents, guides, press releases and FAQs to outline different discursive and stylistic practices and reflect on their efficiency and overall effect.

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Keywords: COVID-19 vaccines, risk communication, military discourse, Department of Defense (DOD), World Health Organisation (WHO)

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Annalisa Zanola

Tuesday

Storytelling in popularising science: good and bad practices at the outburst of COVID-19 pandemic

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Abstract

Linguistic clarity of science-based information has been severely tested recently: the issue of "uncertain narratives" on scientific data has become serious since January 2020. Though sharing the principle of "epistemic uncertainty", which often lies within scientific processes and methods (Hendriks, Jucks 2020: 402), this contribution makes an attempt in underlining the fundamental role of a clear and unambiguous process of producing scientific information through "good" storytelling (Zanola 2023: 61, 97). A corpus of scientifically reliable written texts adopted by science communicators during the first month of the COVID-19 pandemic is analysed in order to highlight the ways in which scientific communication fits into the folds of non-scientific disclosure through texts. The authenticity, correctness and appropriateness of any disclosed scientific information are not called into question: instead, a multi-layered reflection - leading to a reappraisal of both the fundamental responsibility of the science communicator and the important role of storytelling as a tool for explaining and simplifying scientific content - is underlined here. The contribution focuses on the most effective ways to have a scientifically motivated impact on any public audience of non-expert users.

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Keywords: Scientific storytelling, scientific communication, epistemic uncertainty, COVID-19 pandemic

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Katharine Heathcock

Tuesday

What are the challenges in managing complex communication coaching in post-Covid healthcare students?

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Abstract

The remit of the Interactive Studies Unit, based in the University of Birmingham's Institute of Clinical Sciences, is to teach and assess clinical communication across the professional programmes of Medicine, Dentistry, Pharmacy, Nursing and Physician Associates. In addition, we run a unique programme of bespoke remedial support for students struggling with communication, language and professionalisation. Issues may include confidence with history-taking, managing relationships with seniors, problems with organisation and study skills, written communication and conduct issues, including Fitness to Practice. We work one-to-one with students, using coaching and healthcare simulation to develop confidence, skills, values and motivation, with the aim of helping individuals to reflect and build on their professional identities.

As in other HE institutions, a trend has been identified since 2020, when students' academic and social education began to be impacted by the Covid19 pandemic. The nature of challenges students present with is diversifying. Many more students experience problems with confidence and mental health issues, and increased numbers present with specific learning difficulties (SpLDs). The ISU approach has always been inclusive and supportive, helping people to achieve their professional best. Our coaches have wide experience of healthcare education, both as clinicians and from coaching in other sectors.

In this session I will present examples of complex, multi-factorial cases and ask the question: how can we best support these students to graduate safely?
Covering themes of clinical communication training, impairment and disability, healthcare education, values and responsibilities in professional practice, this topic is highly relevant across disciplines.

Keywords: Healthcare education; Remediation; Professional identity formation
Communication skills; Mental health and disability

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G14

Oral Presentation Session 3

Speaker: Carlotta Fiammenghi

Tuesday

Argumentative narratives of vaccination experience during the Covid-19 pandemic

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Abstract

In March 2020, a group of Arizona State University historians initiated a project called *A Journal of The Plague Year*, whose mission it is to document, curate, and preserve experiences of the Covid-19 pandemic; the archive remains open for everyone who wants to contribute, and is available at https://covid-19archive.org/s/archive/page/welcome. The very name of the project, inspired by Daniel Defoe's 1722 novel, testifies to the deep-seated and long-standing connection between storytelling, medicine, and health (Zanola, forthcoming); but this contribution focuses on accounts of personal experience with the Covid-19 vaccine included in the open-access archive to show that these stories can be used argumentatively to provide evidence to back a specific pro- or anti-vaccination claim (Carranza 2015). More specifically, the structure of these stories is analysed following Labov's classical model (1972), to show that their argumentative force often lies in their authors' expert use of causal/temporal nexuses to develop the complication and resolution phases of the story, coupled with their ability to engage the readers emotionally (Fiammenghi 2022). Anti-vaccination activists widely use such stories to back their claims of vaccine harm; conversely, medical doctors and scientists have often avoided exploiting argumentative storytelling, as it ultimately relies on anecdotal evidence, thus going against the principles of the scientific method (Shelby and Ernst 2013). However, these stories possess an argumentative force which must not be underestimated and would be best employed in public health promotion, alongside statistics and fact-checked guidelines (Greenhalgh 2016), to help the public make sense of public health and prevention policies.

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Keywords: scientific storytelling, argumentative storytelling, scientific communication, COVID-19 pandemic

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G14

Oral Presentation Session 3

Speaker: Andrew Lustig

Tuesday

Assembling methamphetamine: A corpus based discourse analysis of an online forum for users of crystal meth

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Gavin Brookes, PhD
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Abstract

This study examines the social construction of identity among people who use methamphetamine. Using a mixed methods approach, we analyzed 500 threads (318,422 words) from an online forum for people who regularly use crystal meth.

The qualitative component of the analysis used concordancing and corpus-based discourse analysis to identify discursive themes informed by assemblage theory. The quantitative portion of the analysis employed corpus linguistic techniques including keyword analysis to identify words occurring with statistically marked frequency in the corpus and collocation analysis to analyze their discursive context.

Our findings reveal that forum contributors use a rich and varied lexicon to describe crystal meth and other substances, ranging from a neuroscientific register (e.g. methamphetamine, dopamine) to informal vernacular (e.g. meth, dope, fent) and commercial appellations (e.g. Adderall, Seroquel). They also use linguistic resources to construct symbolic boundaries between different types of methamphetamine users, differentiating between the esteemed category of "functional addicts" and relegating others to the stigmatized category of "tweakers".

In addition, forum contributors contest the dominant view that methamphetamine use inevitably leads to psychosis, arguing instead for a more nuanced understanding that considers the interplay of factors such as sleep deprivation, poor nutrition, and neglected hygiene.

This is the first digital ethnography of an online community of methamphetamine users and provides a candid view and rich insight into this community.

Keywords: Digital ethnography, Critical addiction studies, Mental health, Corpus-based discourse analysis, Social media

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G14

Oral Presentation Session 3

Speaker: Pauline Luk

Experience of Dying: Concerns on Palliative Care for A Parkinson's Disease Patient

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Abstract

More than 10 million people worldwide are living with Parkinson's disease (PD). It is estimated that by 2030, Chinese PD patients will be accounting for a half of the worldwide PD patients. The motor and non-motor complications of PD caused degrading end-of-life quality for the PD patients. Previous studies on PD emphasized the importance of involvement of caregivers in education of palliative care for PD patients. The lack of knowledge created additional burdens to the healthcare system and prolonged the grief period of family members of PD patients. It is important to consider how experiences of PD affect end-of-life care. As such, it could enhance the end-of-life quality of the patient and caregivers.

Through reference to my own experience as a caregiver for my late father who has PD, the reflective narrative uses an auto-ethnographic format to interpret how the illness brings suffering to the patient and family caregivers as occurring in the last three months of his life. This enhances our understanding of the PD through descriptions of dying and caring processes. Knowledge and wisdom are further interpreted as enhancing researchers' understanding the needs of palliative care to PD patients. The narrative also addresses the lack of information and knowledge communication with the caregivers in the current healthcare system.

Concepts presented in this article aid researchers' understanding of how quality palliative care might be achieved. Such knowledge has important implications for the management of patients of PD, which may be most clearly described through the lens of the caregivers.

Keywords: Dying, Palliative Care, Parkinson's Disease, Caregiver, End-of-Life quality, Narrative

06/20/2023 (15:20 PM - 17:00 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Badryah Alalawi

Tuesday

Nurses’ perceptions of politeness while giving advice during intercultural communication for a healthcare environment

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Abstract

Background: Effective intra-professional nursing communication is significant for health professionals, including nurses and doctors, as well as patients and healthcare organisations (Moore *et al*., 2013). In Saudi hospitals, nurses come from different cultural backgrounds; the majority are Saudi, Filipino and Indian, conducting routine interactions in English as a lingua franca. Intercultural communication can become culturally and linguistically challenging due to different attitudes/perceptions of other cultural norms, such as politeness (Nomnian, 2018). Thus, investigating politeness from an intercultural perspective is much needed in health communication (Rossi and Macagno, 2023), particularly regarding face-threatening acts, such as advice-giving.

Objectives: The study explores Saudi, Filipino and Indian nurses’ perceptions of politeness when giving advice to each other in Saudi healthcare contexts.

Methods: The data was collected using Discourse-Completion Tasks, in which 150 nurses (50 Saudis, Filipinos and Indians each) were asked to provide advice for six scenarios. Data was analysed based on Brown and Levinson’s (1987) politeness theory and Blum-Kulka, House and Kasper’s (1989) speech acts realisation project to reveal nurses’ perceptions of politeness.

Results: Different nurses’ groups demonstrated some similarities and differences in politeness perceptions. Preliminary results indicate that Filipino and Indian nurses were more negative-politeness-oriented than Saudi nurses, while Saudis were more positive-politeness-oriented. Indian nurses employed bald-on-record more frequently than Saudi or Filipino nurses.

Conclusion: The study provides insights into how nurses from different cultures perceive politeness, which could be used to raise nurses’ awareness of other cultures, reduce miscommunication, and improve healthcare outcomes.

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Keywords: healthcare communication, nurses, politeness, advice giving.

06/20/2023 (15:20 PM - 17:00 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Dawn Pickering

Tuesday

Authentic methods to explore their health and well-being effects from participation in recreational activities, with non-verbal and non-ambulant children with cerebral palsy-a case series design

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Abstract

Purpose: This paper authentically represents the voices of non-verbal children with cerebral palsy using a case series design. Policy suggests that children should have the right to play and leisure opportunities, however non-verbal and non-ambulant children with cerebral palsy have fewer choices. Additionally, children with communication, learning and mobility limitations are usually excluded from research. The aim of this research was to capture the 'voices' of participants by exploring their well-being impact in terms of their experiences and choices about their level of participation in recreational activities.
Methods: A qualitative case series study included interviews, observations, non-identifiable photographs and diaries. Where possible, the diaries were completed by both caregivers and children. Data were analysed individually, then across case analysis.
Results: Seven children aged nine to sixteen years participated. Three overall themes were identified: participation enhancers, champions for well-being and hindrances to participation. The findings showed how equipment, people and environments enabled or hindered their participation. The children also advocated as champions for their own well-being. Positioning theory was applied across the data sets and this theory was adapted to include those who cannot speak, offering a way to better understand the children's well-being responses. This is represented by a kaleidoscope of well-being, illustrating how well-being can fluctuate in different contexts. Further research is needed to understand what well-being means to this underserved group.
Conclusion: The findings demonstrate how these children were able to self-advocate, demonstrating their well-being by their intentional behaviours from their level of participation in a recreational activity.

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Keywords: Non-verbal communication; Self advocacy; Children with cerebral palsy; Participation in recreational activities; Positioning theory; Well-being

06/20/2023 (15:20 PM - 17:00 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Carol Rivas

Tuesday

Communication needs and health and social support for disabled people from minoritised ethnic groups during the pandemic: findings and co-designed recommendations from the CICADA study

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Amanda P Moore (UCL), **Kusha Anand** (UCL)

Abstract

The COVID-19 pandemic both exposed and exacerbated multiple pre-existing societal inequities for people from minoritised ethnic groups in the UK, disabled people and those with poor health. This led to mortality statistics that captured public and government attention but also sidelined other aspects of their pandemic experience. The strengths-based CICADA study explored these other experiences with the aim of developing solutions and recommendations to reduce inequities in health and social care and wellbeing. Our mixed-methods approach included a three-wave survey (over 5,000 respondents), and semi-structured qualitative interviews (over 250) with follow-up participatory workshops and citizen science support. Our user-centred research (including lay co-researchers, futures-based co-design and theatre) enabled us to collect narratives of experience from less heard migrants, including undocumented migrants, and also co-developed solutions and recommendations. In this talk, we will explore commonalities and differences across and between: a) four broad minoritised ethnic groups (Central/East European, South Asian, African, Arab) and native white British, and b) seven disability impacts (mental functioning, mobility, stamina/fatigue, sensory impairment, developmental/intellectual, food-related, cancer-related). Topics will include: communication breakdowns from the perspectives of both staff and service users; issues of trust in the NHS and a turn to private care; differential deployment of technologies, community and family to support communication; professional-patient new communication needs; existing best practice and impact. As this was a longitudinal study we will explore changes through the last three years and their implications for services and communities.

Keywords: migrants, disability, pandemic, healthcare, communication breakdowns, technologies

06/20/2023 (15:20 PM - 17:00 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Archana Krishnan

Tuesday

Developing and Testing an Ecological Momentary Assessment Smartphone App for Sensitive Health Data in Peru

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Abstract

In Peru, HIV+ men who have sex with men (MSM) face considerable substance use and stigma, which leaves them vulnerable and exacerbates health inequities. A lack of rigorous data to disentangle the temporal association between substance use and risky sex thwarts design of targeted behavioral interventions. Previous cross-sectional studies have suffered from methodological limitations such as recall bias. Event-level methods like ecological momentary assessment (EMA) using ubiquitous smartphones are suitable for examining episodic risk behaviors in a confidential and less-stigmatizing manner but have yet to be employed in Latin America or among HIV+ MSM.

We developed and field-tested an EMA smartphone application (app) to collect near real-time data of mood, substance use, sexual risk behaviors and medication adherence. To test app feasibility and participant burden, we followed a three-step process by conducting: 1) in-person usability testing, 2) field beta-testing for 10 days, and 3) debriefing focus group among 10 HIV+ MSM in Peru.

Acceptability of the EMA app was high (6.4/7.0) on the MAUQ-S scale. Importantly, compliance was >90% despite participant burden to enter sensitive health data daily. Participants were given the choice of entering false data during beta-testing, yet all chose to enter real data. Follow-up focus group showed that the app was easy to use and navigate. Participants were willing to complete EMA for an extended period, albeit with daily reminders. There was consensus for utilizing the EMA app to collect sensitive health data. Detailed findings and recommendations are discussed.

Keywords: mHealth, smartphone app, ecological momentary assessment

06/20/2023 (15:20 PM - 17:00 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Cliona O'Carroll

Tuesday

'Catching Stories' of infectious disease in Ireland: bringing oral history and cultural heritage platforms together with biomedical commentary

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Abstract

In the mid-1940s around 1,000 children died in Ireland each year from diseases such as whooping cough, measles, diphtheria, polio, and tuberculosis. With the success of public immunisation programmes introduced in the 1950s, deaths from these diseases dropped to zero. It is now hard to appreciate the severe impact that such diseases had on communities in the first half of the 20th century. A contributing factor to the recent return of certain infectious diseases is the fact that community memory of those diseases is fading.

In 2019, 'Catching Stories' was launched in University College Cork, to explore how cultural heritage methods might bring these memories to the fore within a broader public health context. The project has collected memories of a range of diseases, from Spanish 'Flu to COVID-19, from 20th and 21st century Ireland. It brings them together with biomedical commentary in an online resource, www.catchingstories.org, to explore how the experience of these diseases and related public health measures have affected Irish society. Elements of the project are brought into the community through outreach and site-specific events, and through an exhibition in UCC's Boole Library (February-June, 2023: a tour of the exhibition is also in the conference programme.), and the oral testimony is archived with the Cork Folklore Project. This presentation explores the process of creating the resource and lessons learned through the collaboration between cultural heritage and STEM colleagues, and through the process of giving people's voices, memories and emotions a platform as we attend to past experiences.

Keywords: oral testimony; infectious disease; vaccination; social history

06/20/2023 (15:20 PM - 17:00 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Diana Schack Thoft

Tuesday

The Sten-O Starter m-health app - a supportive communicational tool in Type 1 Diabetes education for newly diagnosed children and their parents

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Abstract

Background: It is estimated that 1.2 million children and adolescents worldwide are affected by Type 1 Diabetes (T1D), being one of the most common chronic diseases of childhood with a rising frequency. Being diagnosed with T1D is a life transformation as T1D needs management day and night. Clear communication in diabetes education is therefore important. Sten-O-starter is an m-health app developed to support diabetes education and diabetes self-management when newly diagnosed, using eye-level appropriate communication and interactive elements.

Aim: This study investigated children with newly diagnosed T1D and their parents' use of and experiences with Sten-O-starter as a tool for diabetes education during hospitalisation and four weeks after discharge.

Methods: Mixed methods convergent design approach was used, collecting quantitative and qualitative data simultaneously but analysed independently. The quantitative strand used data logging (timestamps) to describe the use of Sten-O-starter. The qualitative strand used semi-structured dyadic interviews to explore the participants' experiences. All results were integrated through merging.

Findings: The quantitative analysis showed that the most used topics in Sten-O-starter were 'Learning about diabetes', 'High and low blood sugar', and 'How to manage your blood sugar'. The qualitative analysis revealed three themes: 'Positive to be introduced to the app', 'The videos, games and quizzes are interesting', and 'Sten-O-starter is a supportive tool after discharge'.

Conclusion: An m-health app like the sten-O-starter, is useful as a motivating and supporting communicational tool for children and parents when being educated about diabetes and self-management.

Keywords: Children; Type1 Diabetes; App; Technology; Self-management; Mixed Methods.

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Mervyn Conroy

Wednesday

Doctors Can Step Into the 'Rough Ground' with Confidence: Confirmed Route to Cultivate Practical Wisdom in Ethical Decision-Making for the Medical Community

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Abstract

Phronesis or practical wisdom is the virtue of making ethically wise decisions informed by accumulated, collective wisdom gained through previous practice dilemmas and decisions. In addition to achieving good and wise decisions for people served by the practice, the aim is wider societal wellbeing. This paper responds to a call from medical practitioners to be provided with the means to apply *phronesis* to their decision-making. It has been argued that *phronesis* has been reduced to following guidelines or a sequential algorithm which may not be applicable to all contexts. In responding to this call, our research collected doctors' narratives in answer to the question: What does it means to the medical community to make ethically wise decisions for patients and their communities? The fifteen virtue continua analysis is conveyed in a seven-part film series and app resource. This paper provides evidence that *phronesis* can be cultivated based on a three-year evaluation of this moral debating resource when applied to professional education for doctors and other healthcare professionals. The key finding is that when used non-prescriptively to stimulate reflection and debate, the emergent dialogical learning cultivates *phronesis* application to decision-making. The implications are that the resources can be used by medical educators and practitioners with confidence that they will complement and enhance other ethical decision-making approaches. Wider implications are that any profession can learn to cultivate *phronesis* in ethical decision-making by using these medical 'collective practical wisdom' resources as a starting point or by creating their own bespoke moral debating resources.

Keywords: phronesis, medical practice, moral debating resource, ethical decision-making, cultivating practical wisdom

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Matilda Bradford

Wednesday

Mapping the patient world in predictive Huntington's testing

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Abstract

A minority of patients at risk of Huntington’s disease (HD) choose to undergo predictive testing, confirming whether they will develop the condition in later life. Guidelines advise that patients undergo a series of appointments in which to receive information, explore the costs and benefits of a test and decide whether to proceed. As part of this process, clinical genetics professionals invite patients to reflect on their experience of HD, and their expectations for life following a test. Social and familial dynamics are explored, both to understand patient motivation and as part of assessing psychological coping.

Detailed analysis of transcripts from five recorded patient consultations reveals the centrality of relationships to the patient journey. Patients are found to have significant range in the breadth, diversity, and nature of the figures they describe when approaching this key life decision. Reference to other figures appears as a mechanism through which patients explore their identity and model their potential futures. Reported speech is observed in places, both as a means of appeal to authority and an emotional protection in scenarios which might provoke judgement or social rejection. By focusing specifically on those not in the room, we observe how patients construct, navigate and communicate their test process. The emerging ‘social map’ for a patient can be depicted visually, providing a tool for situating the patient in their lived, relational experience. Such maps could facilitate patient-centered consultations, highlighting areas for concern and opportunities for support.

Keywords: Genetic, Counselling, Family, Huntington’s, Predictive, Social

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Federica Ranzani

Polyphony in the pediatric clinic: Parents reporting teachers' talk as a resource for building deontic and epistemic (dis)alliances among caregivers

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Abstract

In the last decades, the therapeutic alliance between parents and healthcare providers has been increasingly conceived of as crucial in granting children's healthy upbringing. However, such an alliance is a challenge for two reasons. First, care professionals increasingly share with parents some territories of knowledge (e.g., children's typical development, well-being, learning outcomes) and, therefore, they have to take into account parents' lay expertise. Second, different institutional caregivers are in charge of children's health development, each one with their own specific "professional visions". This polyphony of different 'expert voices' produces epistemic struggles: (dis)affiliation with non-present yet reported expert stances and the management of conflictual visions are phenomena pervasively at stake during institutional encounters concerning children's well-being. Despite the relevance of these issues, little is known about the interactional management of present and evoked expertise and the situated construction of epistemic and deontic (dis)alliances in these encounters. This paper reports findings from a study on the interactional construction of epistemic and deontic (dis)alliances among present and evoked caregivers. Adopting a conversation analysis-informed approach to a corpus of 54 video-recorded pediatric visits, we analyze complaint sequences where parents report the teachers' voices. We illustrate the local ratification of the pediatrician's authority over the teacher's one and the interactive construction of an alliance with the pediatrician against the school's community-oriented stance. We advance that this local system of deontic and epistemic (dis)alliances can index a shift toward a hyper-individualized model of care deaf to the ecology of the school community of practices.

Keywords: Pediatric visits; Epistemic and deontic authority; Reported speech; Community-oriented care; Children's Caregivers; Medical talk-in-interaction

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Katrien Horions

Wednesday

Now I can understand you and participate!

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Abstract

Background: Our society becomes stronger when everyone can participate. To participate in society, language, numeracy and digital skills are essential. People who struggle with these basic skills live less healthy lives and have less control over their choices in life. As a result, they often cope with a variety of societal challenges. Professionals use technical jargon all the time, but are often unaware that their language is not understandable to all citizens. As a result, miscommunications occur, mistakes happen and people fail to take action. For example, people get into debt because they do not understand letters from the housing organization.

The project "Now I understand you and participate!" addresses this problem by seeking answers to the research question: 'How can professionals use understandable textual and digital language with citizens in different social domains?'.

Phase of research: this is a two-year study; from November 2021 to November 2023, in collaboration with three universities of applied sciences (NL): Zuyd, Saxion, Windesheim. We interviewed 20 professionals and 33 clients about language messages in three different contexts: a care organization for people with learning disabilities (Koraal), the municipality of Almere and a housing organization (IJsseldal Wonen).

The presentation: We will give you a look at the first research results. In an interactive way, we will discuss language messages. Questions as 'How can language messages be adapted to the target group?', 'How do we increase the recipients options for action?' will be answered. So that we can move together towards a more inclusive society!

Keywords: written communication, participation, inclusion, language aspects, visual aspects, social aspects

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Charlotte Brun Thorup

Wednesday

Skills4HL course for healthcare students to improve health literacy for people at risk of dementia

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On behalf of the Skills4HL consortium

Abstract

Background: Low health literacy is correlated with higher disease risk to decreased self-care skills and underuse of health care. One person´s health literacy "*determines the motivation and ability to gain access to, understand and use information in ways which promote and maintain good health*". It is therefore important to educate healthcare students to reflect on their patients´ health literacy level to support and improve it. This is especially the case when meeting patients with low health literacy as they have been reported to have a significantly higher risk of dementia, a faster decline in cognitive function over time and a poor access to health services,

Aim: The aim of this Erasmus+ study is to improve the knowledge, skills and abilities of healthcare students to improve health literacy when caring for people at risk of dementia and their families.

Methods: A literature search was conducted in relation to research, policies, and curriculum together with four focus group interviews and 14 individual interviews with experts from with a wide range of social and health care sites in Denmark, Finland, Norway, and Sweden. Hereby, ensuring that both research and practice inform the project.

Results: The results have informed a competence profile for healthcare professionals regarding the knowledge, skills and abilities needed to promote and improve health literacy for people at risk of dementia.

Conclusion: Based on a reflective practical learning approach, a course has been developed, focusing on health literacy, pedagogical and didactic approaches and dementia-friendly communication.

Keywords: Health Literacy, Dementia, Erasmus+, Education, Competence profiles.

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Charlotte Brun Thorup

Wednesday

IDEAHL: Reviewing best practices for Digital Health Literacy interventions

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Abstract

Background: In the attempt to empower EU citizens in using digital tools to improve own health and well-being a HorizonEurope project has been established. IDEAHL (Improving Digital Empowerment for Active Healthy Living) is focusing on developing and testing new models of digital health literacy ((d)HL) interventions through the co-creation of a comprehensive EU (d)HL Strategy. Reviewing literature on health literacy (HL) and (d)HL interventions in EU and beyond, became the initial phase of IDEAHL

Purpose: Reviewing key factors, drivers, barriers, and best practice on HL and (d)HL interventions from literature

Method: Through a participatory scoping review process among IDEAHL´s 14 partners (10 EU Member States), the review was conducted. Ten electronic databases were searched, supplemented with grey literature. Covidence was used for managing references based on inclusion criteria that embrace key factors, (drivers, barriers, effectiveness, and best practice) on HL and d(HL) interventions

Findings: Among articles meeting the inclusion criteria, five represent interventions at political level, 14 at organizational level, 23 at group level and 34 at the individual level. Key factors for interventions involved training of healthcare professionals, patients, caregivers, or others or involved tailored communicative initiatives. Mental health literacy was the most dominant outcome across the identified interventions targeting adolescents. Only few interventions addressed (d)HL still, most interventions included use of digital tools

Conclusion
Great diversity in key factors for HL and (d)HL interventions were found, still this review provides an overview of core tendencies. More research is needed to determine best practices of improving (d)HL

Keywords: Health literacy, Digital Health Literacy, Mapping Health Literacy, Scoping Review. Best practice. Europe.

Discursive and Textual Strategies to Construct Credibility in Narratives of Contested Illnesses

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Abstract

Contested illnesses (e.g., Hart 2014; Quinn Schone 2019; Swoboda 2005, 2006) seem to amplify the credibility dilemma (Halkowski 2006) that all patients face in their doctors' offices, given that we are socially expected to tell out-of-the-ordinary stories within the 'ordinary cast of mind' (Sacks 1984, 1995). This study is concerned with the discursive ways in which patients, facing a diagnosis of a contested disease, construct credibility in their memoirs (Couser 2012). It is argued that patients/narrators with contested illnesses are particularly challenged by the narrative demands of the reportability paradox (Labov 1997, 2008, 2013): as more eventful a story sounds the more reportable, but the less credible it will be.

A total of twenty-two memoirs, eighteen about contested illnesses (e.g., Lyme disease, fibromyalgia, multichemical sensitivity) and four about non-contested illnesses (e.g., cancer, peripheral nerve injury), are analyzed drawing on narrative analysis (Labov 1997, 2008, 2013) and stancetaking (Aikhenvald 2005; Chafe and Nichols 1986; Hunston and Thompson 2000).

Memoirists' discursive strategies to construct credibility are summarized: constructing credibility by (1) challenging reliability, that is, by drawing on discursive devices of ambiguity and contradictions; (2) by means of 'reported evidential' devices (Mushin 2001) that assert the narrators' 'visceral knowledge' (Belling 2012) as complementary to the knowledge of medical science; and (3) by displaying figurative linguistic devices as ontologically valid tools to represent experience. It is concluded that writing memoirs by using these textual strategies plays a social, legitimization function (Dumit 2005) in constructing patients' conditions as existentially real.

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Keywords: contested illnesses, credibility, reportability paradox, memoirs

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G14

Oral Presentation Session 3

Speaker: Theresa O'Donovan

Learning from the lived experiences of patients with cancer

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Abstract

Background: In 2020, the MSc Radiation Therapy program opened in UCC. During the course development process, several stakeholders were invited to assist in teaching and curriculum design.
Methods: Patient representatives were identified and approached via their social media platforms, or through local radiation therapy departments. Patient representatives were provided with the details of the program and the proposed sessions. Amendments to the sessions were made in collaboration with the patient representatives. As a result, there was variation in the contributions of individuals.
Results: Four patient representatives contributed to the programme for the 2020 intake of students, with one representative contributing to each professional practice module. These sessions took the form of a short presentation from the patient followed by a question-and-answer session. Students were invited to submit questions and these questions were reviewed by the patient representative prior to the session.
The feedback has been overwhelmingly positive from students and contributors.
Feedback from patient representative 3:

"I'd be delighted to chat to the Radiation therapy class again, It was so lovely last year!"
"I think it worked well the last time, really looking forward to it!"

Feedback on learning from student 5:

"Patient centred care is extremely important and advocating for your patient How we as RTs can improve patient experience by hearing from patients themselves what they found hard, what they liked/didn't like etc".

Conclusion: Students value the interaction with patients and gain valuable insight into the patient experience through this type of small group facilitation.

Keywords: patient-centered care, narratives, education

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G14

Oral Presentation Session 3

Speaker: Bartłomiej Kruk

Wednesday

“Papa, I’m not your wife”: Role-relational disjunction in interview accounts of caring for a relative with dementia

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Abstract

One of the difficulties for healthy relatives interacting with a person with dementia is that the latter becomes increasingly confused regarding their roles and relationships with other family members. This may lead to a role-relational disjunction (cf. Hydén and Samuelsson 2018; Pollner 1975) whereby both parties have contradictory experiences of their relationship with each other that they both claim are true. Such events can disrupt their relationship and understanding of who they are. This study investigates how, in a research interview, caregivers narrate, discursively construct and navigate instances of role-relational disjunctive behaviour as displayed by their relatives with dementia.

Membership categorization analysis (MCA) and conversation analysis (CA) are applied to a data corpus comprising 10 audio-taped interviews with American family caregivers to explore their accounting practices. The analysis demonstrates how role-relational disjunctions are discursively encoded through contrastive sets of standardized relational pairs (SRP). Caregiver-proffered SRPs are factual/(auto)biographical and clash with, sometimes multiple and fluctuating, non-factual/alternative SRPs that are used by sick relatives, and that are oriented to by caregivers as locally deviant. The MCA tools allow me to identify and examine the local meanings of disjunctive episodes in terms of mismatched familial role-categories and category-bound assumptions and moral expectations. In the analyzed accounts offered by caregivers, alternative kinship categories and their normative propositions are made relevant by care-recipients in taken-for-granted relational contexts where they become non-normative and thus erode the self-other stability of healthy relatives. Caregivers’ construction of role-relational disjunctions as non-pervasive and non-permanent is shown to add to their confusion and to trouble a clear sense of relational continuity and loss.

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Keywords: dementia, family caregiving, role-relationship disjunction, interview, membership categorization analysis

06/21/2023 (15:30 PM - 17:10 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Marita Hennessy

Wednesday

Ensuring bereaved parents are seen and heard: Using graphic medicine to affect change in perinatal death review processes

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Abstract

The death of a baby at any stage of pregnancy or shortly after birth has a devastating impact on parents, families and staff involved. Perinatal death (death in utero or after birth at 24 weeks) remains a neglected area of research and resourcing, and is steeped in stigma. Innovative ways of engaging knowledge users–including policy-makers, clinicians, and bereaved parents–are needed to promote communication around late pregnancy loss, raise awareness, change practice, and prevent future deaths where possible.

Graphic medicine–the “intersection of the medium of comics and the discourse of healthcare”–is an impactful method of sharing health-related experiences and information. There are few examples relating to pregnancy loss.

In this paper we will discuss our experiences of developing a comic based on the findings of a qualitative study involving 20 bereaved parents, who shared how they could be better involved in maternity hospital perinatal death review processes. Themes reflect their journey through the different stages of the review process, and form the basis of the comic: Throughout process; On leaving the hospital; Interaction with the hospital ‘waiting in limbo’; Review itself. Parents wished to provide feedback and be included in the review of their baby's death, in a way that was sensitive to their needs and the hospital's.

The comic reveals important, actionable insights for bereaved parents, clinicians and policymakers; and we will evaluate its impact as a new method of research communication and dissemination, as well as a teaching resource and counselling aid.

Keywords: Pregnancy loss, knowledge translation, dissemination, communication, graphic medicine, medical education

06/21/2023 (15:30 PM - 17:10 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Alexandra Csongor

Wednesday

The role of the Internet and Telemedicine in Doctor-Patient Communication

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Abstract

Doctor-patient communication is undergoing a significant transformation due to the widespread use of digital technologies. The proliferation of the Internet, social media and other digital tools for medical purposes necessitates acquiring new skills for future doctors. The presentation aims to discuss the experiences of a new course at the Department of Languages for Biomedical Purposes and Communication at the University of Pécs Medical School, Hungary. The course focuses on the impact of the Internet on the doctor-patient relationship and to allow medical students to try out language communication strategies in simulation patient situations.

The syllabus concerns the following main areas:

- Internet use and attitudes of Hungarian doctors towards medicine
- The concept of telemedicine, its role in doctor-patient communication
- Patient preferences in health-related internet use
- Internet-informed patients: the Google patient and the e-patient
- Reliability of information, misinformation
- The influence of internet use and teleconsultation on the decision-making mechanisms of the doctor-patient relationship
- Communication strategies: patient - web - doctor
- Teleconsultation, before and after the COVID pandemic
- Practice-oriented communication with the help of simulation patients

Currently, the training is provided in two programmes in English and German with 4-4 trainers and simulation patients. Based on students' feedback, the course content provided novel, valuable, relevant knowledge in the post-pandemic period.

Keywords: Internet, telemedicine, doctor-patient communication, health communication, simulation patients

Oral Presentation Session 1

Speaker: Roxanne Padley

Stigma and Cosmetic Surgery Discourse: Representations and Perceptions of the Body

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Abstract

Cosmetic surgery discourses and framing self have been scantily addressed in literature. Main linguistic investigations focussed on beauty and physical appearance from a multimodal perspective, focussing on the female body, body image and even body dysmorphia (Aanesen, Notøy & Berg, 2020; Lewallen & Behm-Morawitz, 2016; Khanna & Sharma, 2017). More recent studies have examined how innovative changes in communication during the pandemic have brought the concept of our own body-image under greater scrutiny leading to reflection on the potential psychological consequences (Padley & Di Pace, 2021a; Padley & Di Pace, 2021b).

Moreover, while the majority of those who undergo cosmetic surgery are females, there is also a significant number of males (and non-binaries) who go under the knife. The former category, however, come heavily under criticism for such choices often falling victims to ageism (Guzzo & Padley, 2020), potentially leading to a stigma being attached to cosmetic surgery.

Therefore, this study poses the following research questions:

- What kinds of stigmas are revealed in cosmetic surgery discourses?
- What do these discourses reveal in terms of how people who undergo cosmetic surgery perceive their own image?

The corpus collection was twofold using online ethnographic questionnaires distributed via cosmetic surgery private practices (UK and USA) and 22 hours of transcribed cosmetic surgery consultations. The study combined discourse analysis (Foucault, 1972) and corpus linguistics tools (Baker, 2010) employing a qualitative, quantitative and statistical analysis.

Results revealed interesting discourses surrounding motivations for undergoing cosmetic surgery, stigmas and perceptions of self.

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Keywords: Cosmetic surgery discourse; stigma; body-image perception; medical encounters.

06/22/2023 (11:00 AM - 12:40 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Mohamad Saab

Thursday

The communication experiences of individuals referred to specialist palliative care services and their carers: A qualitative exploration

Mohamad M. Saab

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Abstract

Background: Early specialist palliative care (PC) referral is associated with improved symptom control, quality of life, and satisfaction (Kavalieratos et al., 2016). Most patients are referred late (Hui et al., 2018). Initiating a conversation about PC is difficult and patients often have unmet information needs and misconceptions about PC (Hackett et al., 2018). This study explored the communication experiences of individuals referred to specialist palliative care services and their carers.

Methods: Individuals receiving specialist palliative care (n=10) and carers (n=7) were recruited from a hospice using purposive sampling. Data were collected in 2022 using a semi-structured interview guide. Participants chose to be interviewed either individually or within a dyad, in person or virtually. Data were analysed thematically.

Results: Participants were referred either through their General Practitioner, Oncologist, or informally by a friend/neighbour. For many, specialist PC referral was associated with death. Participants' perception of PC changed positively as soon they started availing of the services. They recommended communicating the referral in a private setting, delivering information about PC in small chunks, following up with patients and carers after referral, and using leaflets/booklets to explain what PC is and to offer practical advice about social welfare benefits/entitlements. Participants stressed the importance of individualising the way PC referral is communicated.

Conclusion: The way PC referral is communicated should be tailored to meet the individual needs of patients and carers. Considering the continuing misconceptions around PC, delivering

clear and simple information is important to ensure a smooth transition into specialist PC services.

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Keywords: Caregivers; communication; palliative care; qualitative research; referral

06/22/2023 (11:00 AM - 12:40 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Jude Mikal

Thursday

Ethical Issues in Using Social Media Data for Dementia Detection: a qualitative study of older adult social media users

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Abstract

Advancements in Natural Language Processing (NLP) enable researchers to pinpoint evidence of cognitive impairment in social media data generated by older adults. This creates an ethical dilemma: on one side lies the potential benefits of leveraging massive amounts of textual data to develop tools to identify cognitive change, catalyze end-of-life planning or identify individuals who may benefit from clinical trials. On the other side lie potentially substantial harms including invading the privacy of social media users or assessing the utility of diagnosing a condition for which there is no cure. In this project, we use qualitative data to evaluate older adult social media users' perspectives, attitudes, and understanding of the use of social media data to detect advanced-for-age cognitive impairment. We conducted a series of four focus group interviews with 24 participants (4 groups x 6 individuals / group). We followed a semi-structured protocol structured around four major themes: (1) conceptualizations of social media data ownership, privacy, and risk; (2) use of social media data for public health monitoring; (3) advantages and disadvantages of early dementia detection; and (4) use of ***social media data*** to detect dementia and cognitive impairment. Results revealed that older adults were unanimously in support of leveraging social media data to identify advanced-for-age cognitive impairment. Nevertheless, participants expressed concerns related to (1) privacy, (2) professional guidance, and (3) sensitivity and emotional burden of diagnosis. Findings from this study have the potential to inform ethical guidelines for the use of social media data in cognitive health monitoring.

Keywords: ethics, social media, aging, qualitative methods

06/22/2023 (11:00 AM - 12:40 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Averil Grieve

Thursday

Who owns language? The ethics of using online translation software in healthcare education

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Abstract

This paper investigates English as an additional language (EAL) nursing students' ethical considerations on the use of machine translation (MT). With their highly multilingual and multicultural workforces (ABS, 2022), the topic is of particular interest to healthcare professions.

The ubiquitous use and ease of access to MT (e.g. Google Translate) has raised ethical debates concerning academic integrity and fairness for EAL students studying in Australian tertiary institutions (Alley, 2005). Ethical viewpoints range from welcoming MT as a tool for language learning and clarity of expression (Alley, 2005) to viewing use of MT as a threat to academic and, by extension, professional integrity (Stapelton & Kin, 2019). While these issues have been researched within additional language acquisition contexts (e.g. Garcia & Pena, 2011; Stapleton & Kin, 2019), only minimal research has been conducted in non-language-focused health fields (e.g. Prentice & Kinden, 2018) and none have been linked to the integrity of health professions.

Bachelor of Nursing, Bachelor of Nursing and Midwifery and Master of Nursing Practice students at an Australian university completed an online survey (n = 37) and semi-structured interviews (n = 23) focusing on their use and ethical considerations when using MT in nursing education contexts. Thematic analysis of student responses indicates widespread and innovative use of MT. Students also raise complex ethical topics of equity, language ownership, and professional integrity. The findings will inform policies concerning academic integrity at a tertiary level and potentially reshape practices and attitudes concerning MT use in multicultural and multilingual healthcare professions.

Keywords: International students, professionalism, translanguaging, multilingualism, translation software, nursing

06/22/2023 (13:30 PM - 15:10 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Jennifer Brello

Communication is Key: Training allied health professionals the art of delivering aphasia friendly services to persons with communication disorders and differences

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Abstract

Aphasia, a language disorder due to brain damage, has been shown to negatively impact social engagement, community participation, and quality of life (Cruise et al., 2010). As such, persons with aphasia (PWA) are 50% more likely to experience depression and anxiety (Morrow-Odon & Barnes, 2019). The Life Participation Approach to Aphasia (LPAA) is a model of service delivery that focuses on re-engagement in life by strengthening daily participation in activities of choice (LPAA Project Group, 2001). Moreover, educating care partners, healthcare professionals, and community partners on supportive communication strategies is a vital component of creating aphasia friendly communities.

Within university programs, the benefits of interprofessional learning experiences in graduate programs have been widely reported (Guraya & Barr, 2018). Interprofessional collaboration in practice settings optimize patient care and outcomes (Reeves et al., 2017). This program will discuss the development of an LPAA interprofessional treatment program for persons with chronic communication disabilities situated within a large, urban university setting in the United States. The program offers group therapy (speech and occupational therapy), social work services (case management and supportive counseling) and medical dietetics consultations. The primary program objective is to train students in allied health professions the art of delivering services to persons with communication disorders and differences. Training has also been extended to community organizations (art museum, community recreation centers). Methods and outcomes of training student learners and community partners on supported communication strategies will be provided. The programs' impact on communication confidence, participation, and emotional well-being will also be discussed.

Keywords: Aphasia; Supported communication; Supervision; training

06/22/2023 (13:30 PM - 15:10 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Laurien Brauner

Thursday

Shared goal setting in the context of Dutch Speech and Language Therapy: multi stakeholder perspectives

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Prof. Dr. Ellen Gerrits, [1,2]

Abstract

The concept of person-centered care has a prominent place in most health care professions' research and, in varying degrees, day-to-day practice. An often-cited intervention to implement person-centered care is the facilitation of shared decision making and, to a lesser extent, shared goal setting. This development is also evident for speech and language therapists (SLTs), who are specialized in care for people with communication disorders. Although goal setting is deemed a standard practice in Speech and Language Therapy, little is known about how shared goal setting takes place in daily practice and what the perspectives and needs of SLTs and clients are.

This presentation discusses a study on the process of goal setting in speech and language therapy. In total eight SLT/client dyads were observed and interviewed using video reflective ethnography as the research method. This method allows for in-depth observation and analysis of the goal setting talk between children, adolescents, or adults with heterogenous communication disorders and their SLTs, providing insight into the lived experiences of both therapist and client.

The findings of this study contribute to the understanding of the complexities and nuances of shared goal setting in speech and language therapy and provide guidance for the development of a shared goal setting intervention. The study results will be discussed in the context of the development of novel patient reported outcome measures in SLT. Furthermore, the ethical considerations of researching with communication vulnerable people will be addressed.

Keywords: shared goals setting, communication disorders, person centered care, video reflexive ethnography

06/22/2023 (13:30 PM - 15:10 PM) Western Gateway Building G02

Oral Presentation Session 1

Speaker: Elena Babatsouli

Thursday

Advancing phonetic transcription skills for communicative disorders: Training SLPs with live data

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Abstract

Speech language pathologists (SLPs) worldwide overwhelmingly rely on phonetic transcription skills learned in an undergraduate phonetics class (Shriberg et al., 1997) that targets their native language, e.g., General American English in the United States, while experience with disordered and foreign speech is minimal, if non-existent, as textbook contents suggest (Ball et al., 2021). Similarly, curricula educating students and clinicians on extIPA, VoQs and non-native sounds of the IPA are wanting (Ball et al., 2009). Evidence-based transcription philosophies converge on the necessity of training founded on production data (nonce or actual) and utilizing narrow transcription to minimize phonemic false evaluation (e.g., Ball, 2021). Perceptual limitations in identifying non-familiar sounds are well-known in L2 research (Best et al., 2016; Flege, 2021), relating to how SLPs' familiarity with diversity and foreign sounds impacts clinical practicum (Babatsouli, 2021). Despite some pioneering tutorials (Ball et al., 2009, 2010; Rutter et al., 2010) and negligible resources (e.g., Setter, 2022), there is no actual footage of speech in communicative disorders (SCoDi) that demonstrates extIPA/VoQs for educational purposes. This pilot project archives live SCoDi samples, aiming to establish an online showcase corpus that will form the basis of practice manual/resources on the topic aligning exercises to actual speech. Data excerpts and transcriptions are archived in Phon (Hedlund & Rose, 2020). Results outline the corpus' organization, the nature of technical setbacks, and learning outcomes/failings of student participants in the project, while also identifying missing tools necessary for digital transcriptions. The study has significant scientific, educational, and clinical applications.

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Keywords: training, phonetic transcription, disordered speech, archive

06/22/2023 (13:30 PM - 15:10 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Gavin Brookes

Thursday

Metaphorical Representations of Dementia in the UK Press

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Abstract

In this talk, I present an analysis of the most frequent metaphors that are used to represent dementia in British tabloid newspapers over a ten-year period (2010-2019). The analysis takes a corpus-based approach to metaphor identification and analysis, utilising in particular the corpus linguistic technique of collocation analysis. Metaphors are considered in terms of the 'targets' they frame, which include the following aspects of dementia: (i.) prevalence; (ii.) causes; (iii.) symptoms and prognosis; (iv.) lived experience; (v.) responses. A range of metaphors are identified, with the tabloids exhibiting a particular preference for metaphors which construct dementia as an agentive and violent entity, people with dementia as passive victims, and which foreground preventative responses to dementia such as pharamacological intervention and individual behaviour change. It is argued that such metaphors have the potential to contribute to dementia stigma and place focus on preventing or eliminating dementia while backgrounding responses which may help people to 'live well' with dementia in the here-and-now. Metaphors which frame dementia as a companion or the experience of dementia as a journey are put forward as potentially less-stigmatising alternatives which might better reflect the particularities of this complex public health issue.

Keywords: Metaphor, Dementia, Ageing, Corpus Linguistics, Media

06/22/2023 (13:30 PM - 15:10 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Georg Marko

Thursday

Front-line heroes or trained professionals. The image of nurses, doctors and other healthcare workers in news texts during the COVID-19 pandemic. A corpus analysis

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Abstract

Especially at the beginning of the COVID-19 pandemic, public discourse seemed to promote the image of healthcare workers as heroes, altruistically risking their own health to save, protect, and care for others. While this perspective is characterised by great admiration for and appreciation of nurses, doctors and other professionals, it also has negative implications as it foregrounds individual personality traits such as courage and dedication and backgrounds the general professional expertise created by training, education and practical experience. This might be seen as problematic considering that in a neoliberal economic climate, many countries around the world try to cut healthcare costs by replacing highly-qualified professionals by less well-trained aids and assistants.

This paper examines the actual image of healthcare workers constructed in the media during the COVID-19 pandemic, concentrating on the question of how and to what extent they (have) engaged in the former's heroization and/or their professionalization. It will compare different types of healthcare workers (e.g. doctors, nurses, paramedics, therapists) and different stages of the pandemic (e.g. early vs. late 2020, 2020 vs. 2021/22, also pre- vs. mid-pandemic). The study takes a microlinguistic corpus analytical approach, looking at and quantifying nouns, verbs and adjectives cooccurring with expressions for different professionals in healthcare across a large number of texts, creating comprehensive collocational profiles for these terms. The study uses the 1.5-billion-word Coronavirus Corpus, which includes news texts from January 2020 to December 2022 from 20 different English-speaking countries. It was compiled by english-corpora.org and is provided at their website.

Keywords: healthcare workers; COVID-19; Corpus linguistis; Coronavirus Corpus; collocations

06/22/2023 (13:30 PM - 15:10 PM) Western Gateway Building G08

Oral Presentation Session 2

Speaker: Luke Collins

Thursday

A computer-assisted analysis of image representations of obesity in the UK press

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Abstract

Media representations contribute to public and professional understandings of important health issues, like obesity (Lyons, 2000). We investigate visual representations of obesity in images provided alongside news articles on the topic. We demonstrate the application of an automated image annotation tool, Google Cloud Vision, to extend the work of previous studies that have critically examined the visual representations of obesity in media texts, but which have tended to focus on small datasets and relied upon labour-intensive, inductive thematic coding (e.g., Heuer et al., 2011). We use Vision to generate tags for a collection of UK news media images and compare these with tags of images provided by the World Obesity Federation (WOF), as exemplars of appropriate representations of people with obesity.

We find only minimal consistencies between images appearing in news articles and images developed by the WOF. We observe differing representations across news publications, with some focusing on body positive representations while others offer more dehumanising representations of pinched (faceless) abdomens. The WOF image bank favours a position of ‘body neutrality’, which is manifest in visual representations of a greater range of activities, including the way people interact with food.

We consider the potential of the automated image annotation tool for conducting large-scale analyses of image content and media representations using procedures from corpus linguistics.

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Keywords: obesity; image annotation; news; corpus linguistics

Communication Ethics in Healthcare Encounters

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Rukhsana Ahmed[1], Giuditta Caliendo[2] and Lola Marinato[2], Alison Pilnick[3], Fiona Wood[4], Victoria Shepherd[4] and Monica Busse[4]

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Overview description:

This panel explores the notion of communication ethics in healthcare settings across modes, modalities and cultures. Healthcare delivery – at organizational/clinical levels – is increasingly being confronted with issues associated with everyday morality and professional ethics. Ethical concerns have led to the establishment of both principle-based codes of professional practice and regulatory frameworks, which set the parameters of ethical conduct. However, a robust framework is needed to draw out the nuanced ethical dimensions of situated communicative practices within and beyond research ethics. Primarily, the framework of communication ethics is not intended to replace any existing communication analytical approaches, but to embed the ethical dimension within the chosen analytical approach – rather than ethics being seen as post-hoc reflection.

As a scoping exercise, Sarangi introduces the framework of communication ethics, where he foregrounds the linkage between the two disciplines, communication and ethics, and argues in favour of their integration at both conceptual and empirical levels. This is followed by individual presentations, variably addressing relevant aspects of communication ethics, while remaining sensitive to the uniqueness of their study settings: the conflation of ethical and cultural experiences of Muslim immigrant women in the Canadian healthcare system (Ahmed); the cultural basis of face work and the emergent ethical issues in relation to the presence of caring robots in healthcare delivery (Brannigan); the use of metaphors and their ethical aspects in communication surrounding perinatal loss (Caliendo and Marinato); the ethical tensions between the language of patient centred care and epistemic authority underpinning medical expertise (Pilnick); and the ethical-cum-methodological dilemma surrounding the involvement of vulnerable populations in healthcare research, potentially leading to evidence-*biased* practice (Wood, Shepherd and Busse).

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Keywords: communication ethics, patient-centred care, expertise, face work, metaphor, cultural diversity

Individual panel abstracts:

(1) Adopting the communication ethics framework to explore Muslim immigrant women's experiences with healthcare in Canada

Author: Rukhsana Ahmed

There is limited evidence examining health care issues faced by Muslim women, in general, and healthcare issues faced by Muslim immigrant women in Canada, in particular. What scant extant literature exists underscore the importance of considering the culture of Muslim immigrant women impacting their healthcare issues, healthcare implications for providers' lack of knowledge about Islamic culture, and the significance of culturally and religiously sensitive healthcare for Muslim immigrant women. Against such a backdrop, the objective of this paper is to explore experiences of Muslim immigrant women, a rapidly growing visible minority group in Canada. To this end, the communication ethics framework within an interactional perspective (Sarangi 2017, 2022) will be used to analyze Focus Group Discussion (FGD) data. Recruited through purposive and snowball sampling, a sample of 21 women who self-identified as Muslim, were foreign born, able to communicate their experiences in English, and had lived in Ottawa, Canada for at least one year took part in FGDs. The findings from this study will underscore the blurred lines of the intersection between cultural and religious practices in the context of patient-provider communication. Specifically, it will raise awareness about communication ethics in interaction within healthcare settings -- implications for culturally, religiously, and ethically appropriate communication in healthcare, contribute to a better understanding of the healthcare needs of culturally and religiously diverse population, as well as the need for improved communication between culturally and religiously diverse healthcare receivers and providers.

(2) Communication ethics and the discourses surrounding perinatal death

Authors: Giuditta Caliendo and Lola Marinato

Through the lens of "communication ethics" (Sarangi 2015, 2022), which seeks to give an ethical dimension to communication studies, this contribution aims to improve communication surrounding perinatal loss by informing the support offered by healthcare practitioners (HCPs) in their interactions with bereaved parents. Our paper foregrounds some of the ethical aspects related to the discourses surrounding perinatal death by drawing upon the ongoing research project PERINAT, which looks at (i) the ways in which bereaved parents use linguistic metaphors to conceptualise and communicate their emotionally-charged experiences; and (ii) how metaphors can be used to improve the communication experience of bereaved parents and inform better care. For most bereaved parents, their first interactions about the loss takes place at the hospital, where their overall experience of loss is, from the onset, deeply influenced by HCPs' discursive practices

(Miller 2010; Semino *et al.* 2018). In a recent publication, Turner *et al.* (2022) argue that communication with HCPs seems to scaffolds parents' experience of bereavement, in the sense that negative interactions with HCPs, who may lack the "experiential knowledge" (Borkman 1976) of perinatal death, have been shown to exacerbate the trauma experienced. More specifically, the absence of appropriate words to designate a conflicting experience like pregnancy loss seems to interfere with the parents' sense of ability to make it intelligible to others, thus leading to a feeling of "epistemic injustice" (Fricker 2007). By developing higher awareness of the figurative language used by bereaved parents in their accounts of perinatal loss, HCPs may gain insight into the cognitive and affective underpinnings of their experience, and this can help make sense of parents' needs as individuals in a situation of "communicative vulnerability" (Sarangi 2017).

Communication Ethics in Healthcare Encounters

(3) Authority, expertise and experience: reconsidering the ethics of patient centred care

Author: Alison Pilnick

As Sarangi (2022) has noted, drawing on Burke (1966), certain paradigms, through their preferred terminological practices, can pull a ‘terministic screen’ over observable phenomena. The language of patient control and choice in patient centred care (PCC), and its positioning of medical expertise in opposition to patient experience, obscures the way in which these phenomena are interactionally and collaboratively constructed and negotiated. Drawing on conversation analysis of a large corpus of healthcare interactions collected from settings practicing PCC over a 25 year period, I will argue that that the conceptualisation of the exercise of medical expertise as problematic arises partly because of a conflation of medical expertise with medical authority. Using Bochenski’s (1974) distinction between epistemic authority (in simple terms the right to know something) and deontic authority (the right to decide what should happen about something), I suggest that while the rejection of paternalistic medical practice has, rightly, problematised medical deontic authority, it has at the same time problematised epistemic authority, and therefore medical expertise. However, sidelining epistemic authority in this way can ultimately lead to patient abandonment, either through practices of patient affirmation which may fall short of care standards, or by framing decision making as a purely private matter (Pilnick, 2022). My analysis illustrates how values-based practices designed with the aim of empowering patients and improving care can, paradoxically, be ethically problematic in practice, because they are not grounded in an understanding of how healthcare interaction works in practice.

(4) Communication challenges when conducting research with vulnerable populations: ethical and methodological considerations

Authors: Fiona Wood, Victoria Shepherd, Monica Busse

Involvement of vulnerable populations in research is critical to inform the generalisability of evidence-based medicine to all groups of the population. However, a paternalistic desire to protect vulnerable populations and exclude them from research has led to subsequent ‘evidenced-biased care’. Vulnerable groups have specific healthcare needs and are therefore frequently the focus of research. However, some patient groups, such as those with neurodegenerative diseases, might find that their illness makes participation in research more difficult.

Focus groups are a widely implemented qualitative methodology, but their use, particularly in vulnerable neurodegenerative disease populations, is not straightforward. In this paper, we reflect on our previous research with patients with Huntington’s disease, dementia and multiple sclerosis, and that of other authors, to identify and explore key ethical and methodological considerations when conducting focus group research.

Although the risk of harm is generally low in focus group research, neurodegenerative disease populations are particularly vulnerable to issues relating to comprehension and their capacity to consent. There are many communication challenges in relation to deficits in discourse comprehension and making inferences. Patients often demonstrate decreased communicative initiative and significant word finding problems. Communication problems can also exacerbate common behavioural changes such as irritability. Physical motor impairments can also result in participants feeling exposed.

We offer a number of ethical and methodological recommendations to facilitate the processes of recruitment and data collection when conducting focus groups with neurodegenerative disease populations.

(5) Delineating the communication ethics framework in healthcare encounters

Author: Srikant Sarangi

I outline a framework of ‘communication ethics’ – in itself an interdisciplinary endeavour – as a distinctive approach tailored for examining the dynamics of interaction in clinical and public health settings. I contextualise my approach against the backdrop of the taxonomic maze of ethical inquiry and selected traditions of scholarship in communication and philosophy. Situating it simultaneously as a critique of communication as behavioural skill and as an extension of communication expertise (Sarangi 2022), my basic premise is that communication is quintessentially ethical conduct. At the core of communication ethics lie self-other role-relationships (Emmett 1966) in relation to actions and accounts by both healthcare professionals and patients/carers. It is worth mentioning that communication ethics and research ethics are related but not the same. ‘Ethics of interpretation’ (Sarangi 2019), i.e., the ethical stance of researchers in interpreting healthcare interaction, is heuristically separable from ‘communication ethics’ as manifest in healthcare professionals’ encounters with clients, families and fellow professionals.

My overall argument is as follows. Communication and ethics have lived their disciplinary lives separately, but they can be seen as complementary, as both disciplines share fundamental commitments, especially the self–other dynamics vis-à-vis autonomy and role-responsibility in an environment of accountability and trust. On the one hand, a commitment to ethical values justifies and promotes a communicative mentality, i.e., transparency towards mutual understanding and informed decision making; on the other hand, a communicative act articulates and mediates the beliefs and values that constitute ethics in a given encounter, either explicitly or implicitly, intentionally or unintentionally. It is through communication we begin to appreciate an ethical judgement and an ethical mindset.

06/20/2023 (15:20 PM - 17:00 PM) Western Gateway Building G08

Panel

Chair: Judith Oxley

Leveraging the distributed expertise of parents and professionals to promote social-communication-cognitive development in a young girl with Sturge-Weber Syndrome

Judith Oxley
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Katherine Hays & Christine P. Weill
University of Louisiana at Lafayette

Overview description:

Sturge-Weber Syndrome (SWS) presents a multifaceted challenge for parents and professionals. Extensive research documents the medical dimension of SWS, but little is published about communication development itself, and less about intervention to promote it. In this case study, strategies to address motor speech deficits must be carefully woven together with support for global language and cognitive development. In addition, considerations related to functional vision, fine and gross motor skills, and medical management of seizure activity all play a role in the therapy process. Finally, a strong appreciation of social context is paramount to providing effective and motivating speech-language therapy services. As a fluid decision-making process unfolds in a university clinic setting, the following team members participate in a dynamic model of distributed expertise: graduate SLP trainees, supervising SLPs, research faculty member, clinical director, client's parent, and the client herself. As key "tipping points" and/or milestones are reached in a unique profile of speech, language and cognitive development, active discussions ensue as shared decisions are made. In turn, distributed expertise guides a collaborative model of service delivery that strives to integrate all aspects of development into actionable therapy plans that achieve functional impacts across social contexts of interest. This case study embraces a synergistic approach to improving communicative agency in individuals with complex medical needs and developmental profiles.
Panel Objectives: Participants will be able to

1. Identify characteristics of SWS
2. Describe the compounding effects of SWS deficits and medical management on cognitive-communication development
3. Describe strategies for working as team to prioritize goal setting and documenting progress

4. Explain how promoting multimodal communication within socially motivating contexts can lead to gains in all expressive and receptive modalities

Keywords: Sturge-Weber Syndrome, distributed expertise, multimodality, augmentative and alternative communication, agency, scaffolding the scaffolders

The panel addresses the following conference theme(s):
Distributed Expertise among Professionals and Clients
(Shared) Decision Making

1. The evolving therapeutic challenges of case management of a child with Sturge-Weber Syndrome

Authors: Judith Oxley & Amanda Rivera

"Sturge-Weber syndrome (SWS) is a rare vascular disorder characterized by the association of a facial birthmark…, abnormal blood vessels in the brain, and eye abnormalities such as glaucoma. SWS can be thought of as a spectrum of disease … Consequently, the specific symptoms and severity of the disorder can vary dramatically from one person to another." (https://rarediseases.org/rare-diseases/sturge-weber-syndrome/). Secondary to abnormal malformation of blood vessels on the surface of the brain (leptomeningeal angiomas), are seizure disorders, an early history of which puts children at risk for an array of learning disabilities, including neurologically based speech-language disorders. Treatment of seizures can require the use of multiple drugs and result in additional challenges to cognitive-motor functioning affecting alertness/arousal, attention, and visual-motor functioning; topiramate is associated with word-finding difficulties (Yasuda et al., 2013). The need for a thorough assessment of children with SWS, though essential to identify problems that could be otherwise be missed or explained by generalized delays, is time consuming. Aided communication imposes additional visual-cognitive demands not required by natural speech. Our findings point to the importance of collaborating with parents to develop an integrated profile of the child's capabilities and challenges across clinical and home environments. Family priorities are, in part, driven by the demands of medical management of the symptoms of SWS, which in turn affect which services are prioritized at any time. This presentation documents how distributed expertise supports clinical services.

Keywords: Sturge-Weber Syndrome, aided communication assessment, seizure disorder, distributed expertise

2. Balancing service delivery to promote the acquisition of functional speech within the context of overall development

Authors: Katherine Hays & Judith Oxley

This case study uses a microgenetic analysis of changes in speech production of the child with SWS within the social interaction of the therapeutic dyad. This analysis aligns with an interactional phonetic approach through which the mechanisms of change are framed through a social constructivist orientation (Ball & Damico, 2010). The presentation recounts the unfolding of collaborative decision-making through shared expertise among stakeholders. Furthermore, aspects of cognition (e.g., short- and long-term memory, attentional

considerations, problem-solving skills) must be fully appreciated and accounted for in the therapy process, because these actively influence the dynamic social context in the clinical dyad. SWS's complex manifestation necessitates an all-hands-on-deck approach to addressing apraxic characteristics of speech production. How does a clinician address remediation of motor sequencing in the context of a client with poor intelligibility who also presents with impaired functional vision, delayed cognitive development, fluid neurological status (relevant to seizure activity and related medical management), an atypical social pragmatic interactional style, and an impressive range of unique compensatory strategies (e.g., avoidance tactics, multimodal message transmission that limits practice of speech targets, etc.)? To promote progress relevant to motor speech goals, the clinician must actively account for contextual factors related to cognitive characteristics and their salient impacts on social interactional elements. Assuring adequacy of dosage of motor practice, for example, can conflict with the child's arousal and motivation levels; however, practice can be accomplished through careful selection of clinical materials.

Keywords: apraxia, dyspraxia, motor speech, clinical interactional phonetics and phonology

3. Narrative development via multimodal means to reduce cognitive load and maximize participation and social agency

Authors: Christine Weill, Judith Oxley, & Holly Damico

Although speech generating devices may contain many abstract concepts and personal content for the user, the increased cognitive demand of both using the device and structuring an interaction based on a recalled personal event narrative may require a change in expectation and clinical facilitation for success. Through multimodal discourse analysis (Tulbert & Goodwin, 2011) and a case study methodology, this presentation illuminates how the shifting use of low- and high-tech aids coupled with nonaided modalities scaffolded the emerging tellership (Ochs & Capps, 2001) within co-constructed personal event narratives (Westby & Culatta, 2016) of a seven-year-old girl with Sturge-Weber Syndrome. Offering multiple modes of communication may decrease the abstract nature of retelling events removed from immediate time and space, allowing the task to be constructed in a more concrete space using personal photos, speech, and supportive questioning, and thereby increasing the overall complexity of the personal event narrative as a cognitive-linguistic task of increasing sophistication and conversational relevance (Westby & Culatta, 2016). As this child emerges into more interactional complexity, her use of communication modalities changes to accommodate the demands of the interaction. In this demonstration, a more concrete action such as physically moving photos of people and items to a "conversation mat" (Murphy, Alexander, & McLinton, 2016) decreases the cognitive demand associated with talk via speech generating device. This discussion will include descriptions of low and high tech AAC devices as well as facilitation of personal narrative development during language therapy tasks.

Keywords: personal event narratives, conversation, AAC, tellership, multimodal communication

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G15

Panel

Chair: Anna Dowrick

Family experiences of Long Covid: exploring communication between general practitioners and families through interactive theatre workshops

Anna Dowrick
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Name(s) of presenters and their institutional affiliations

- Cervantée Wild, Nuffield Department of Primary Care Health Sciences, University of Oxford
- Performing Medicine, Clod Ensemble
- Anna Dowrick, Nuffield Department of Primary Care Health Sciences, University of Oxford

Panel

Overview description:

This panel aims to explore issues of healthcare communication in the context of uncertainty, drawing on research into family experiences of Long Covid. There are over a million people in the UK living with Long Covid (symptoms persisting 12+ weeks following initial Covid infection). Children's experiences and the wider impact on families have received little attention, with few resources available to families or clinicians to enable effective healthcare.

Funded by the NIHR, research teams from the universities of Oxford, Aberdeen, Stirling, Cambridge, Bristol and the Open University undertook qualitative research with families and general practitioners. This research aimed to understand how parents and young people from diverse communities experience long Covid, and to develop resources to improve communication.

The research team partnered with Performing Medicine - an initiative from Clod Ensemble (an innovative performance and visual arts company) - who provide creative training programmes to support health professionals and medical students. Drawing on interviews with families and general practitioners, they crafted an interactive session using verbatim approaches, aiming to create space for audiences to reflect on and discuss how to enable effective communication in the context of uncertainty.

This panel will share the interactive session, alongside an overview of the research and a discussion about arts and social science collaborations in the field of healthcare communication. The objectives for this panel are:

- Share research findings about the current challenges facing families affected by Long Covid regarding communication with primary healthcare services.
- Deliver an interactive forum theatre workshop aimed at improving communication between professionals and patients
- Explore the opportunities and challenges of research-informed arts-based approaches for improving health care communication.

Individual panel abstracts:

Session 1: Patient/healthcare practitioner communication issues for families affected by Long Covid

(10 mins - Cervantée Wild)

This presentation aims to introduce the interactive theatre session through providing an overview of research conducted by the research team into family experiences of Long Covid. The team conducted narrative interviews with families and general practitioners, exploring their experience of communicating with doctors and others, approaches to self-care and treatment and (for some) recovery, return to work or education/training, and their ideas about how communication, services and community support could be improved. Participants were children and adolescents (aged 10-18 years) (n=23), parents/caregivers of children or adolescents with Long Covid (n=17), and GPs (n=16). Maximum variation sampling was used to ensure inclusion of a wide variety of experiences and views. Interviews focused on the development of Long Covid, its impact on daily family life and experiences accessing/delivering healthcare. Data were analysed thematically. Three key challenges were identified. Children, adolescents and their families experienced difficulties in communicating with healthcare services due to the continued contested nature of Long Covid, increasing pressures on the health system, and a lack of inter-sectoral coordination. A lack of consistent clinical management pathways results in participants seeking care elsewhere, and recovery for many families appears uncertain.

Session 2: Compassionate communication through uncertainty: Interactive forum theatre performance

(1 hour - Performing Medicine)

This session will be an interactive scenario, created out of collaboration between the research team and Performing Medicine (an initiative from Clod Ensemble performing arts company). After thematic analysis of the interview data, the research team worked with theatre practitioners to create scenarios from verbatim interview content. The session will draw on forum theatre approaches, which are based on the Theatre of the Oppressed: a set of dramatical techniques created by Augusto Boal. The format allows audience members to watch scenarios and interact directly with actors, giving advice on how to improve the situation. The scenario will cover the themes of: validating patient experiences; impacts on the family unit; patient load and staff wellbeing; dealing with uncertainty; supporting colleagues. Through audience interaction, it will foreground good practice in communicating uncertainty, highlighting the importance of listening and working in partnership with patients/families.

Session 3: Reflections on arts-based research approaches: discussion between researchers, performers and the audience

(20 mins – Anna Dowrick, Performing Medicine, Cervantée Wild)

This session will be a panel discussion including members of the research team and Associate Artists from Performing Medicine. Researchers and artists will share reflections on the process of developing the performance, and its contribution towards understanding and improving healthcare communication. The audience will be invited to ask questions and share their reflections on the approach.

Keywords: primary care, long covid, families, uncertainty, communication

06/21/2023 (15:30 PM - 17:10 PM) Western Gateway Building G14

Panel

Chair: Caitriona Cox

Communicating diagnostic uncertainty: an empirical ethics approach

Dr Caitriona Cox
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Thea Hatfield – THIS Institute, University of Cambridge
Dr Zoe Fritz – THIS Institute, University of Cambridge

Abstract:

Diagnosis is not a single event but a process, consisting of several phases: the differential diagnosis, the working diagnosis, and – in some but not all cases – the definitive diagnosis. Uncertainty is often present throughout the process, yet there is not consensus on in what manner, or to what extent, it should be communicated to patients.

This is a pressing issue: there have been recent calls for more open communication of diagnostic uncertainty (from researchers and regulatory bodies), yet supporting empirical evidence is limited, as is training for doctors in how it should be done. Patient-focused research is lacking: it is not clear what the impact of communicating diagnostic uncertainty is on patients, or what their communication preferences are. Furthermore, the extent of the doctor’s legal and ethical duty to disclosure diagnostic uncertainty remains ambiguous.

This panel presents work on the communication of diagnostic uncertainty using a range of methodologies. The first presentation uses vignette methodology to examine how and why doctors communicate diagnostic uncertainty, and to determine the impact on patients of such communication, in a controlled setting. The second presentation uses ethnography to analyse how diagnoses are made and communicated in real acute medical settings, including exploration of the gaps between what doctors think about diagnostic uncertainty, what they communicate and what patients understand. The final presentation provides legal and ethical analyses, exploring the extent to which doctors might be legally or ethically obliged to communicate diagnostic uncertainty to their patients.

This panel aims to stimulate discussion and encourage reflection on clinical practice, by bringing together different methodological approaches to provide a holistic overview of a complex topic. Communicating diagnostic uncertainty is a relatively underexplored area, and there is a clear need for research and debate to inform best practice guidelines and to develop training for medical students/junior doctors.

Individual panel abstracts:

Presentation 1: Dr Caitriona Cox

Examining the communication of diagnostic uncertainty using vignette methodology: how is it done, why is it done, and what is the impact?

Background/aims: Although diagnostic uncertainty (DU) is common, its communication is under-explored. We aimed to: 1) examine how and why doctors communicate DU, 2) determine patient preferences for such communication, and 3) understand the impact on patients.

Methods: N=36 doctors read four vignettes (depicting clinical scenarios with DU) in a randomised order, and told an interviewer what they would tell a ‘typical patient’ in each scenario. A semi-structured interview explored reasons for their communication; thematic analysis was undertaken. Based on these responses, videos were developed depicting a doctor communicating high vs low DU. N=100 members of the public watched these vignettes in a randomised order. After each, they completed a questionnaire examining overall satisfaction, worry, trust, perceived doctor competence, desire for further investigations, and likelihood of following safety-netting advice. Finally, participants were asked which video (high vs low DU) they preferred and why.

Results: There was marked variation in how much DU doctors communicated. Various and conflicting justifications were given: many were motivated by reducing patient anxiety, but opposing views were held on how to achieve this. Some explicitly shared uncertainty to protect against diagnostic errors. Preliminary results from the patient study suggest a slight preference for more explicit communication of DU, but with considerable heterogeneity in responses; full results will be presented.

Conclusions: There is variation in how doctors communicate DU to patients, in their reasons for (not) doing so, and in patient perspectives. Our results may help to inform ethical and clinical practice guidelines and training for future doctors.

Presentation 2: Thea Hatfield

What is thought, what is said, and what is heard: an ethnography of diagnosis in acute medical settings.

Background: Although diagnosis is at the heart of the medical encounter, the processes of making, communicating and recording diagnoses remain poorly understood. Without greater understanding, we cannot provide adequate guidance to doctors about what information to share with patients.
This study aims to understand the diagnostic process holistically, including how it is shared with and understood by patients.

Methods: The team is undertaking ethnographic observations in three UK acute medical settings. Data include detailed fieldwork observations and semi-structured interviews with patients and doctors. Researchers shadow doctors as they see patients and then interview each party individually. Patients are interviewed again two to four weeks after the consultation.

Approximately 30 days of observations will be completed, with an estimated total 100 interviews.
The team will develop case studies to collate relevant observation and interview extracts for each patient. The whole team will analyse these thematically and collaboratively to synthesise anthropological and medical perspectives.

Results: Data collection will finish before spring, enabling us to present full analysis at the conference. Preliminary analyses highlight homogeneity in how clinicians make differential diagnoses, but heterogeneity in how they communicate them. Case studies provide a holistic view that identifies features that facilitate or impede effective diagnosis communication. For example, preliminary analyses identify doctor transparency about the diagnostic process as a facilitator for patient understanding, satisfaction, and information retention.

Implications: This study builds a holistic understanding of mechanisms that facilitate mis-, missed, or miscommunicated diagnosis. Findings can inform guidance about how doctors share diagnostic information with patients.

Presentation 3: Dr Zoe Fritz

Legal and ethical aspects of communicating diagnostic uncertainty: what duties do doctors have?

We have conducted legal and ethical analyses of communicating or not communicating diagnostic uncertainty.

Doctors have a responsibility to communicate alternative treatment options and to involve patients in shared decision making about investigations and treatments. Their responsibilities in communicating the steps of the diagnostic process, including the inherent uncertainty within this process, is less clearcut.

We will present an analysis of UK case law which relates to the disclosure of uncertainty around diagnosis, and examine how different standards might apply (in the UK and internationally) to forming the diagnosis, communicating it to the patient, and recording it.

We will discuss whether part of a doctors' role is to take on the responsibility for uncertainty: whether there is a moral good in taking on the emotional and intellectual burden of considering many diagnostic options (some of them serious) and how this is weighed against the duty to disclose information. Withholding information so as not to alarm a patient looks like paternalism at its most overt. It is incompatible with two of the standard ethical requirements on modern medicine: (i) informed consent, and (ii) shared decision making. On the other hand, diagnostic uncertainty diminishes (sometimes very quickly) with time and investigations, and so patient anxiety about potentially fatal diagnoses can be avoided altogether by delaying disclosure.

Shared understanding of who will manage the uncertainty is desirable: we will discuss the conditions in which a patient could develop informed trust of the doctor, granting them discretion to communicate information surrounding uncertainty in diagnosis.

Panel

Chair: Kirk St. Amant

Applying Usability Approaches to Health Medical Communication Contexts

Kirk St. Amant
Louisiana Tech University (USA) and University of Limerick (Ireland)
Email: kirk.stamant@gmail.com

Panel Members:
Darina Slattery, University of Limerick (Ireland)
Ella Goodwin, Louisiana Tech University (USA)

Panel

Overview description:
The last decade has seen the rapid proliferation of medical communication materials and healthcare technologies (Phaneuf, 2020). These range from wearable health monitors to informational websites to DIY videos on healthcare processes. Such situations increasingly involve non-medical professionals performing healthcare activities outside of medical settings (Resnick, 2019). In such cases, usability – or how easily and successfully individuals can use a text or technology – becomes central to effective health and medical communication (Clark & Israelski, 2012).

Creating usable text, visuals, or interfaces for healthcare situations involves understanding who uses such materials and where, when, and how such usage occurs (Melonçon, 2017). Such processes involve understanding of how audiences conceptualize healthcare activities and use healthcare texts, visuals, and interfaces. By integrating usability concepts into health and medical communication, individuals can develop materials audiences can effectively use to achieve healthcare objectives in different situations.

This panel presents approaches health and medical communicators can use to understand an audience's usability – and related communication – expectations for healthcare contexts. Each presenter examines a different aspect of applying usability concepts to understand audiences and create usable content for them. In so doing, the panel provides attendees with

- Methods for identifying an audience's usability expectations for healthcare
- Approaches for applying usability processes to create usable health and medical materials
- Practices for assessing the usability of existing health and medical content

Panel members will also discuss applications of such factors to research, teaching, and product development in medical communication.

References

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Keywords: audience, context, design, expectations, usability

Individual panel abstracts:

Presentation 1:

Usability for Contexts of Care: Applying Psychological Concepts to Create Usable Content for the Health and Medical Industries

Presenter 1:
Kirk St.Amant, Louisiana Tech University
Email: kirk.stamant@gmail.com

Keywords:
cognition, context, experience, design, mental models

Presentation 1 Abstract:

Healthcare often involves using informational and instructional documents in different locations. Contextual factors can thus affect how easily individuals can use a text to accomplish objectives in healthcare settings (Resnick, 2019). Such factors can cause miscommunication in everything from complicating existing conditions to causing death (Clark & Israelski, 2012). The issue involves usability: can readers use written information to effectively perform healthcare tasks in a location (Melonçon, 2017). It also involves cognition, or how writers conceive of the healthcare situations associated with the texts they create. Understanding these contextual and cognitive factors is essential to creating written text individuals can easily and effectively use in healthcare environments.

This presentation would explain how business communication researchers and educators could include the teaching of usability (and associated cognitive dynamics) into communication research projects or communication classes focusing on the health and medical sectors. The presentation would first review the cognitive aspects that underlie the communication and related design processes and note how they can cause usability issues when creating communication materials for healthcare situations. The presentation would then introduce strategies for engaging in cognitive-focused usability research that allows individuals in business communication to expand scholarly and educational practices to investigate effective (i.e., usable) communication in the healthcare and medical industries.

References

Clark, E. & Israelski, E. (2012). Total recall: The consequences of ignoring medical device usability. User Experience Magazine. Retrieved, from http://uxpamagazine.org/totalrecall/

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Resnick, Richard. (2019). What are the pros and cons of mHealth? Cureatr. Retrieved, from https://blog.cureatr.com/pros-and-cons-mhealth

Presentation 2:

Determining Faculty and Student Requirements for Usable Learning Management Systems in Health and Medical Education

Presenter 2:
Darina M. Slattery, University of Limerick
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Keywords:
case study, distance education, learning management system, remote teaching

Presentation 2 Abstract:

This presentation will use a case study from one Irish higher education institution (Slattery, 2021), as well as some relevant literature (see for example Cavanagh, 2014; Hodges et al., 2020), to demonstrate faculty and student requirements for usable Learning Management Systems (LMSs). The presenter will first outline her own background, before presenting the background to the case study, which involved an institution-wide review of faculty and student requirements that subsequently informed the procurement of a new LMS for the institution. It will highlight how various built-in LMS tools, as well as external tools, were used during the pandemic, before explaining how emergency remote teaching is not the same as quality online teaching (Hodges et al., 2020). The presenter will then review the most frequently used LMS tools identified in her case study, before outlining the most important LMS features to faculty members and how students' requirements for a usable LMS can differ from faculty requirements (Slattery, 2021). The presentation will conclude with an overview of best practice recommendations for using an LMS to teach online, with a particular focus on the application of Instructional Design and Universal Design for Learning (UDL) principles and guidelines.

References

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Presentation 3:

Culture and Ecosystems of Care: A Framework for Understanding International Health and Medical Contexts

Presenter 3:
Ella Goodwin, Louisiana Tech University
Email: ejg008@latech.edu

Keywords:
context, care, ecosystem, health, medical, usability

Presenter 3 Abstract:

The concepts of medical, health, and care represent core factors within a system where all three are interlinked. The locations where the three converge are an ecosystem of care – an environment where each element affects and is affected by the others during a healthcare process. Understanding how audiences perceive medical, health, and wellness in such contexts is essential to effective health and medical communication (St.Amant, 2019).

Addressing these ecosystem expectations can be challenging within one's own culture. The situation becomes more complex when conveying health and medical content across cultures (St.Amant, 2019). Yet health communication has become increasingly cross-cultural when exchanging information domestically and internationally (World Health Organization, 2018). Such situations mean technical communicators in the healthcare sector can benefit from understanding such aspects when creating materials for patients from other cultures.

This presentation reviews strategies medical communicators can use to address ecosystem of care expectations when creating instructional content for patients from other cultures. In so doing, the presenter examines the dynamics of healthcare communication across cultures and how cultural perspectives affect communication practices related to medical, health, and care within ecosystems of care. The presenter also introduces steps for researching these expectations and developing health-related communication materials for other cultures.

References

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Cognitive decline and sensory and communication difficulties

Dr Amr El Refaie
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Avril Condon[1], JP Connelly[2], Siobhán Laoide-Kemp[1], Iracema Leroi[2] Nicole Müller[1], Laura Sheehy[1], Sarah Stanley[1]
[1]University College Cork, [2]Trinity College Dublin

Panel

Cognitive decline is a major public health challenge. The potential risks accompanied by all forms of dementia to the well-being and quality of life of older people is well documented. In this panel, we will discuss the relationship between cognitive decline, sensory impairment (especially hearing loss) and communication difficulties, and the development and severity of cognitive decline. We also aim to discuss the evidence-base for this relation and explore methodology to improve hearing and vision loss and communication among residents of care homes, and how such improvement can improve the long-term prognosis for and management of cognitive decline. In addition, we will explore the 'care as usual' for sensory impairment for residents with dementia in Irish nursing homes.

Keywords (4 to 6): dementia, residential care, hearing loss, vision loss, communication
The panel addresses the following conference theme(s): Communication Impairment and Disability; Health and Disability; Quality of Life and Quality of Care

Individual panel abstracts:

1. Care as usual for vision and hearing for persons with dementia in Irish nursing homes

Authors: Nicole Müller, Avril Condon, Sarah Stanley, JP Connelly

We developed a survey with the aim to map care as usual relating to sensory impairment experienced by persons with dementia in Irish nursing homes (both state-run and private / voluntary. We encountered significant difficulties in recruitment to the survey, and therefore trends observed in the data are somewhat tentative in terms of generalizability.

Participating nursing homes reported that he majority of residents with dementia have some degree of hearing and / or vision loss Relative to the number of residents with dementia, healthcare encounters for hearing or vision impairment are rare. Hearing-related care involves mainly contact with a GP, followed by outpatient appointments with Audiologist or ENT. Only a few nursing homes have established referral pathways for hearing-related problems. Vision-related healthcare encounters also involve mainly the GP, followed by outpatient appointment with an Ophthalmologist or Optometrist. A majority of nursing homes have established referral pathways for vision problems.

Nursing homes state that the responsibility for looking after hearing aids and glasses is shared among staff. All participating nursing homes state that there are environmental adaptations to mitigate the effect of hearing and vision impairment.

Hearing impairment is seen to negatively impact communication ability and increase social isolation, while vision impairment is also described as decreasing the ability for self-care among residents with dementia.

Future training of staff regarding hearing and vision impairment and care in the context of dementia is evaluated as beneficial.

2. SENSE-Cog Residential Care: Adapting a Sensory Support Intervention for residents with dementia in nursing homes In Ireland

Authors: Iracema Leroi, Nicole Müller, Amr El Refaie

Background: The majority of residents with dementia (RwD) living in nursing homes have unrecognised and unaddressed hearing and/or vision impairment. This comorbidity is often associated with negative outcomes.

Objective: To adapt a home-based Sensory Support Intervention (SSI) trialled in home-based individuals with dementia for residential care settings in preparation for feasibility-pilot testing.

Method: The Sensory-cognitive Model of Place was used as a conceptual framework to guide the co-development of a Sensory Support Intervention for Residential Care (SSI-RC) using interactive stakeholder discussion groups to round key themes around sensory-cognitive health: residents' own hearing and vision abilities; nursing home staff knowledge, awareness, and practice; the sensory-friendly environment; and the organisational structure and care pathways. Participants included clinical and academic professionals across hearing, vision, nursing home, environment, and dementia disciplines and people with lived experience of dementia in nursing home settings.

Results: An intervention manual and training materials to deliver the SSI-RC has been developed addressing 4 levels of intervention, as per the theoretical model: (1) individuals' sensory-cognitive health, based on the 'Personalised Sensory Plan' (i.e. hearing and vision assessment, devices, adherence plan, communication preferences); (2) staff and Sensory Champion training, for sensory-cognitive healthcare, based on pedagogical principles; (3) nursing home sensory-friendly environment (acoustics, lighting, noise); and (4) organisation-based sensory-cognitive care pathways and standards. The draft intervention was iteratively developed through feedback from the same stakeholder group. We will also report on preliminary data on the knowledge of nursing home carers of hearing and vision loss management.

3. What is the knowledge of care staff and the use of hearing aids in Irish Nursing Homes? A Pilot Study

Authors: Laura Sheehy, Siobhán Laoide-Kemp, Amr El Refaie

We developed a survey with the aim to gather information about the knowledge and use of hearing aids in Irish publicly funded Nursing Homes. There is currently no Irish research carried out on the knowledge of Care Staff and the use of hearing aids in Irish Nursing Homes. This study can highlight if there is a need for resources or training, and how to link community audiology services with Care Staff training.

Methods: This quantitative study used a validated questionnaire with the permission of Solheim et al., (2016). This questionnaire consisted of 19 statements and one question about the respondents' job titles. It was sent to two publicly funded Nursing Homes in the Cork area. The target sample size was between 5 and 50 participants.

Results: 58 Care Staff completed the questionnaire (response rate of 39%). Two respondents were excluded as they did not complete the Consent Form, resulting in a final sample size of 56. Results show that there is a general lack of information about hearing loss and hearing aid use among nursing home staff, and that there is a gap in the provision of relevant training. Care Staff are best placed to identify any challenges with hearing, communication and to assist residents to use their hearing aids. Therefore, understanding hearing, hearing aids, and community audiology services is vital. Without this information and insight, complications with hearing and hearing aids cannot be identified. As providers of otology care, Audiologists play a critical role in providing education to Care Staff by including them in hearing aid counselling, in-service training, or by disseminating written material that the resident or family can share with Care Staff.

06/22/2023 (11:00 AM - 12:40 PM) Western Gateway Building G14

Panel

Chair: Julie Aultman

Integrating Narrative Medicine in a Pediatric Clinical Setting: Understanding the Illness Experience of Children While Improving Health Outcomes

Julie M. Aultman, Ph.D.
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Nicole Robinson, MFA serves as the Narrative Medicine Coordinator at Akron Children's Hospital, Haslinger Pediatric Palliative Care Division, Akron Ohio

Julie M. Aultman, Ph.D. is the Dean of College of Graduate Studies, Professor and Clinical Ethicist at Northeast Ohio Medical University, Rootstown, Ohio.

Daniel Grossoehme, DMin, MS is Associate Research Scientist in the Rebecca D. Considine Research Institute and Haslinger Family Pediatric Palliative Care Center at Akron Children's Hospital, Akron, Ohio

Overview description:

Pediatric patients may not explain what it is like to experience an illness directly. Instead, through storytelling, they present their observations, relationships, interests, hopes, and values that keep them hopeful in their recovery. Through the prompting of, analyzing, and sharing of pediatric stories, clinicians, families, and others can better understand the illness experience, appreciate what the patient feels and is trying to convey, and recognize how patients shape their identities without being defined by their illness experiences. It is through the integration of narrative medicine into clinical practice and research that we can improve therapeutic relationships and contribute to better health outcomes for patients and their families. This interdisciplinary panel presentation includes professionals work within the intersections of narrative medicine, health humanities and narrative ethics, and mixed methods pediatric research at a large, metropolitan pediatric hospital in the effort to close gaps in pediatric narrative practice and scholarship, and ultimately improving patient care.

The first presenter directly works with pediatric patients, providing them with narrative therapeutic interventions to give them opportunities to tell, write, and share their stories. Our panelist describes her role as a narrative practitioner and the power of storytelling when patients are given a voice and a space to learn, grow, teach, and heal.

Our second panelist is a clinical ethicist and humanities scholar who presents the seminal work in narrative medicine and ethics that healthcare professionals should be exposed to for understanding and transforming pediatric stories into caregiving practices.

Finally, our third panelist is a mixed methods researcher in a pediatric palliative care center and leads scholarly projects in narrative medicine, collecting and analyzing various forms of pediatric stories, and incorporating the work of his colleagues in the health humanities to illustrate the health outcomes of narrative medicine and benefits to patients, providers, families, and others.

Keywords: Narrative Medicine, Stories, Poetry, Pediatrics, Ethics, Mixed Methods Research

The panel addresses the following conference theme(s): Ethics and Communication; Narratives of Illness Experience; Values and Responsibilities in Professional Practice

Individual panel abstracts:

1. Narrative Medicine Workshops and Interventions for Pediatric Patients and Families

Author: Nicole Robinson, MFA, Akron Children's Hospital and Northeast Ohio Medical University

While inaugural efforts in narrative medicine began with questions of narrativity in the clinic for healthcare professionals and medical students, the field has expanded by offering narrative medicine interventions for patients and families. Narrative medicine is a discipline of healthcare that helps patients, families, and professionals to tell and listen to the complex and unique stories of illness. In this presentation, I will share the theory and methods a narrative medicine practitioner utilizes to create and implement interventions for patients and families in a pediatric hospital and describe pragmatic details of how narrative medicine practitioners work with physicians, social workers, and others to achieve a comprehensive care plan for patients.

With a focus on the movements of attention, representation, and affiliation, I will share how therapeutic interventions, in both group and individual settings, are designed and offered for patients and their families to provide opportunities to give voice to their experience of illness. Reading, discussion, writing, sharing, and receiving validation of the narratives constructed, offers opportunities for patients and families to connect with the self and others. Examples of poems, stories, non-fiction prose, and paintings used in the interventions will be provided. Additionally, I will share poems and stories written by patients and families and share the methods a narrative medicine practitioner utilizes throughout an intervention to allow patients and families to feel heard, seen, and valued, and improve communication with the healthcare team.

2. Guiding Pediatric Clinical Care Practices through Narrative Medicine and Ethics

Author: Julie M. Aultman, Ph.D., Akron Children's Hospital and Northeast Ohio Medical University

Illness narratives, as forms of meaning making can elicit sensitivity, narrative humility, compassion, and moral values among clinicians through a deeper understanding of the context of their patients' experiences within and external to the clinical setting. In this presentation, utilizing qualitative research data and pediatric narrative examples, I describe 1) the importance of having a foundation in narrative medicine to best engage with pediatric patients' stories to prompt deeper questions and answers to their innermost thoughts and feelings, and 2) the essential tools of narrative ethics to be better listeners, readers, and communicators, and to better understand how the moral values and lessons within these stories can shape, if not improve, clinical care practices.

Emerging from pediatric stories are the roles patients can assume and be recognized for, and what they are telling us very clearly is that their illness should not and does not define them. Specifically, storytelling provides pediatric patients an opportunity to gain control of their environment and illness, and to offer clinicians and others a glimpse of who they are, how they are coping, and why it matters. By reading and listening to pediatric stories in various narrative forms, clinicians can shape their behaviors and better gauge how to best care for their patients, leading to better therapeutic relationships. Equipped with essential narrative tools, clinicians may be humbly transformed by pediatric stories and see their patients beyond their sick role, while creating a shared space of mutual trust and respect to ultimately achieve better health outcomes.

3. Illness narratives in a pediatric hospital: research

Author: Daniel H. Grossoehme, DMin, MS., Akron Children's Hospital and Northeast Ohio Medical University

The results from two studies eliciting narratives of the experience of illness from children, adolescents, and young adults in hospital, and from their parents, will be presented. The first study included the poetry, fiction, and nonfiction prose from 115 children and youth. Thematic content was categorized as Existential, Relational, and Self. Writings primarily focused on exploring the quality and meaning of the child's present situation. Findings related to how the body is portrayed will also be discussed. These young writers frequently employed metaphor and personification to describe either their lived experience or their disease. The second study examined written texts emerging from a narrative medicine intervention with parents of children admitted to a pediatric intensive care unit.

Thematic analysis revealed two themes (people and relationships); texts were more cognitive than emotional. These texts expressed more cognitive processes or states than emotions. Two cognitive behaviors were noted: advice giving and wishing. Ways in which these texts differed in genre and content will be discussed. Many narratives alluded to issues of loss of control and the need for gaining power or strength. Writings which emerged outside of working with a narrative medicine facilitator tended towards disorganized thinking. Clinical practice implications for those who listen to narratives emerging from young people, and those who care for them, will be presented.

The role of and challenges for healthcare professionals in provision of termination of pregnancy services in Ireland since 2019

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Dr Claire Murray[4], Prof Mary Donnelly[4]
Dr Stacey Power-Walsh [1,5], Prof Keelin O’Donoghue[1,2]

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Overview:

Universal access to reproductive healthcare and safe termination of pregnancy (TOP) has long been advocated as a woman’s human right, resulting in countries reforming their laws to facilitate and broaden TOP services. Ireland held one of the most restrictive legislative positions on TOP in the world prior to 2018, when legislation for TOP was introduced for the first time.

There are now several circumstances under which TOP may be carried out in Ireland: <12weeks of pregnancy, if a fetus is affected by a condition that leads to death in utero or within 28 days of birth, and if there is a serious risk to the health or life of a pregnant woman.

However, the legal right to TOP does not automatically ensure the provision of appropriate TOP care. Healthcare professionals (HCPs) have expressed challenges resulting from the rapid introduction of TOP services in Ireland, such as being unprepared or unsupported by their institution, and working with difficult legislation and an increased workload. TOP can be divisive, and conflict between colleagues disrupts professional working relationships. Despite the impact, HCPs working in TOP services report professional satisfaction in supporting women.

These three abstracts based on and around HCPs' knowledge, experiences and needs, show challenges regarding the Irish TOP legislation and the rapid introduction into clinical practice.

The complexity of introducing a national TOP service warrants the need for regulations, clinical guidance and protocols, with education and training supported for community and hospital staff and students, and similar to other new services requires a well-developed and sustained plan supported by hospital management, primary care teams and clinical colleagues.

Keywords:
Conscientious provision, termination of pregnancy, fetal medicine, healthcare professionals, healthcare education

Individual panel abstracts:

Abstract one

Title:
Termination of Pregnancy Services: introduction of services in Ireland, training needs and challenges

Presented by
Dr Deirdre Hayes Ryan

TOP services were introduced in Ireland in 2019 with little time for preparation of roll-out. There was no clear or focussed training prior to introduction of these services. The rapid introduction of the service meant that maternity hospitals were unprepared for their role.

Three studies on the implementation of TOP services were completed:

- Systematic Review examining the level of knowledge of healthcare professionals (HCPs) and students on TOP legislation, methods and procedures and potential complications.
- Survey of clinical staff (n=133) in a large maternity hospital measuring levels of knowledge on TOP, training received and main challenges to the service.
- Audit of the early TOP services (<12weeks' gestation) in a large maternity hospital (2019-21) analysing the care provided and potential areas for improvement.

Overall, there was poor knowledge on TOP legislation and clinical practice by HCPs and students. Staff participating in our survey did not have access to hospital-specific guidance during the key phases of introduction of TOP services. The main identified challenges to the service were lack of training and education, staffing and resources. Audit of TOP services showed variation in care provided in length of time until admission, medication timings, management of retained pregnancy tissue and follow-up. Very few hospital consultants participated in TOP care and many trainees were not involved.

Clarity on protocols must be implemented and staff educated about TOP guidelines to ensure a standardised high-quality of care. Promoting participation of HCPs and students in TOP services and inclusion of TOP teaching in healthcare students' curricula is essential

Abstract two

Title:
Conscientious Provision of Abortion Care: Clinician Experiences of Early Medical Abortion

Presented by
Dr Claire Murray and Professor Mary Donnelly

In January 2019, the Health (Termination of Pregnancy) Act 2018 came into force and Irish healthcare providers found themselves presented with the challenge of delivering newly lawful abortion care services. Under section 12 of the Act, termination of pregnancy is lawful, without a requirement to provide a reason, up until 12 weeks' gestation. In practice, early medical abortion (EMA) is delivered by GPs until 9/10 weeks (and for the rest of the 12 weeks is available in secondary care settings only).

According to HSE data, 408 GPs (out of approximately 3600 GPs) now provide abortion care; he service is also provided by a small number of specialist sexual health providers. Providers are not evenly distributed geographically and some areas of the country have very limited provision. Nonetheless, EMA constitutes by far the most common form of abortion care in Ireland (in 2021, 4513 out of 4577 terminations: Annual Report on Notifications, 2022).

This paper presents the findings of a qualitative study of clinicians who provide EMA. It draws on detailed interviews with 15 providers of EMA (comprising both GPs and specialist providers and representing a mix of geographical location, experience, gender and practice profile) which took place from May – August 2022. It presents these findings under three headings: motivation for provision; impact of the legal framework on clinical practice; and experience of provision.

Abstract three

Title:
Fetal medicine specialist experiences of providing a new service of termination of pregnancy for fatal fetal anomaly

Presented by
Prof Keelin O'Donoghue

Fatal fetal anomaly (FFA) is not a medical term, however, it gained popularity within Ireland following its use in the 8th Amendment Referendum campaign and subsequent introduction of legislation allowing termination of pregnancy (TOP) for conditions leading to death of the baby in utero or within 28 days of birth. The experience of FFA diagnosis and subsequent care has a lasting impact on women and men.

Fetal medicine specialists (FMS) responsible for providing care following a FFA diagnosis face many challenges. This is due primarily to the lack of an agreed definition of a FFA and the challenges created by the unsuitability of the Irish legislation for TOP for FFA and its rapid introduction into clinical practice. Diagnosing conditions as FFA in accordance with the Irish legislation is complex as many anomalies in isolation may not be considered a FFA however, when combined are potentially fatal. The restrictive and ambiguous legislation is made more challenging with the retention and fear of criminal liability and media scrutiny if a condition is terminated that is subsequently not deemed as a FFA. Further, FMS have been expected to provide a new service of TOP for FFA with no additional workforce or support.

The complexity of introducing a national abortion service warrants the need for regulations, clinical guidance and protocols, and similar to other new services requires a well-developed plan supported by management. Healthcare professionals caring for parents following a FFA diagnosis also need more resources alongside emotional and collegial support.

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G09

Work in Progress

Speaker: Margaret Steele

Common Conditions, Competing Narratives: The case of obesity/fatness

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Abstract

There are many purported medical conditions whose pathological status remains contested. Examples include Deafness and autism. For some, these are minority identities, not diseases or pathologies. For others, though, these conditions are sources of dysfunction or distress requiring medical treatment. How can researchers and medical professionals understand and navigate these controversies? Is it possible to respect and accommodate diverse individuals' understandings, even when they seemingly contradict one another? Recent work by philosopher Quill Kukla can help us to navigate these challenges. Kukla discusses when it is appropriate to designate a condition as a disease, arguing that this decision is inevitably strategic and contextual. In this paper, I focus on the case of obesity/fatness. There exist patient groups lobbying for better access to obesity treatment, but, on the hand, there are also those who argue that fatness is simply normal human variation and should not be seen as pathological at all. Indeed, for many in this latter group, the term 'obese' is a slur since it inevitably carries the implication that bodies above a certain level of adiposity are automatically pathological, and can or should be 'treated' to bring them into line with some arbitrary culture-dependent norm. Ostensibly, these groups share a common condition though they call it by different names. I show how Kukla's approach makes it possible to respect their radically different conceptions of their condition, and, most importantly, to support them in their diverse responses to it.

Keywords: Philosophy, communication, obesity, fatness, disease, contested diagnosis

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G09

Work in Progress

Speaker: Stephanie Fox

Tuesday

Prostate cancer patients consulting in radiation oncology: information recall and psychological distress profiles

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Abstract

Background: Many challenges present themselves to patients during their radiation-oncology consultations: the complexity and the sheer volume of information given as well as their own anxiety to name a few. Effective provider-patient communication is associated with improved information recall. **Objective:** To determine, in prostate cancer patients, accuracy of information recall and psychological distress level. **Methods:** Sites: Three cancer centers in Quebec. Participants: Prostate cancer patients, radiation oncologists (RO). Procedures: Audio recording of the initial consultation and questionnaires administered pre/post visit. Measures: RO-patient exchanges on prostate cancer coded with MEDICODE, a validated communication analysis system; Pre-consultation psychological distress questionnaire (Distress Thermometer, DT); Post-consultation questionnaire on cancer information recall. Descriptive analyses: Recall is determined by comparing patient reporting the discussion of cancer related topics (post-visit questionnaire) to the coded topic discussions from the recorded interactions data. Three levels of psychological distress are identified: mild: DT≤3, moderate: DT=4-6, severe: DT≥7. **Results:** Analyses include 79 patients. The majority were aged 60+ years (n=73/79). The level of recall varied by cancer topic discussed as follows: Prostate-specific antigen (PSA): 70%; Gleason score: 67%; chance of survival: 62%; risk of recurrence: 62%; cancer limited to the prostate: 53%; cancer stage: 37%. Reported distress was mild: 61/79 patients, moderate: 16/79 and severe: 2/79. **Discussion:** This study reveals mild psychological distress level and difficulty for patients in recalling information shared during a consultation in complex care settings such as radiation oncology. Providing tools to help patients recall information discussed with their RO may improve the recall.

Keywords: collaboration; team communication; compassion; interpersonal relations; crisis management.

06/20/2023 (13:15 PM - 14:55 PM) Western Gateway Building G09

Work in Progress

Speaker: Laura Ferrarotti

Tuesday

Comparing online rare disease testimonies: Preliminary results

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Abstract

This project is a quantitative and qualitative linguistic analysis of narratives from a corpus of online personal stories of patients affected by rare diseases. These testimonies, written in English, have been drawn from Eurordis, a “non-governmental online patient-driven alliance of patients’ organizations and individuals who are active in the field of rare diseases” (https://www.eurordis.org/about-eurordis), and from NORD (National Organization for Rare Disorders) (www.rarediseases.org).

The corpus will be analyzed according to the type of narrator (such as an autobiographical narrator, or a third person external narrator) with particular attention given to the codas to analyze the kind of evaluation patterns and stances likely to emerge in the stories (Martin and White, 2007). The corpus will then be analyzed using a mixed approach combining corpus linguistics (Baker, 2006; Hunston, 2002) and narrative analysis (Labov, 1972; Toolan, 1988; Hoffmann, 2007). Previous studies on stories by patients with rare diseases have tended to focus mainly on sociological (Bañón Hernández 2007), psychological (Caputo, 2013), narrative standpoints (Jessop, 2014), as well as the perspective of narrative-based medicine (Charon, 2006), but little has been done from a linguistic and personal narrative point of view. Preliminary results will be presented and discussed.

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Keywords: personal narratives online, rare diseases, corpus linguistics, narrative analysis

Team Care for the Care Team: When Collaboration is in Crisis

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Abstract

The crisis in healthcare systems worldwide has been exacerbated by the COVID-19 pandemic, stretching already tight resources even thinner. Consequently, workers on many healthcare teams suffer from stress, moral distress, and burnout. This was especially the case in Canada’s long-term residential care facilities for older adults during the early waves of the pandemic, when families could not visit or help care for their loved ones. Thus, interprofessional teams were under immense pressure to continue to provide care in uncertain, stressful, and ever-changing conditions.

This paper presents the work-in-progress findings of an engaged qualitative research project investigating the experiences of workers in long-term residential care facilities (CHSLDs) in the Montreal region of Quebec, Canada. More specifically, we aim to describe the communication practices of what we call “team care for the care team,” that is, the relational and compassionate dimensions of collaborative work that can promote collective wellbeing and resilience, especially in challenging contexts of care. These dimensions tend to be overlooked in interprofessional collaboration research, which typically focuses on task coordination, efficiency, and information exchange. To better understand workers’ experiences and needs for team care, and the ways their organizations supported them (or not), we draw on semi-structured interviews with nurses, personal care assistants, managers, and other healthcare professionals in four CHSLDs. Data collection and thematic analysis are ongoing. Research results will inform decision-makers, administrators, and collaborating team members how to foster team care, both during a crisis and as part of regular organizational practice.

Keywords: collaboration; team communication; compassion; interpersonal relations; crisis management.

06/20/2023 (15:20 PM - 17:00 PM) Western Gateway Building G09

Work in Progress

Speaker: Caeli Molloy

Tuesday

Communication Privacy Management in an Online Instagram Support Community for Adolescents and Young Adults with Inflammatory Bowel Disease

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Abstract

Adolescents and young adults (AYAs) are disproportionately affected by inflammatory bowel disease (IBD), with approximately a quarter of IBD cases occurring in children and adolescents. IBD can be an alienating condition for AYAs due to unpleasant, embarrassing, and stigmatizing gastrointestinal symptoms. Many AYAs with IBD have turned to social media for self-management support. In online IBD communities, AYAs can connect with peers and disclose disease-related experiences in exchange for support and information.

Guided by Communication Privacy Management Theory, we aim to describe how AYAs with IBD engage in communication privacy management within the comments of an IBD Instagram support community.

We manually extracted Instagram posts between January 2019-December 2019 in a large, international Instagram IBD support group. We included posts about IBD self-management that indicated that users: 1) had IBD and 2) were 13-24 years old or in middle school, high school, or college. Eighty-three posts were included and comments under each post were extracted, resulting in 1,110 unique comments. Using thematic analysis, we have begun and are continuing the process of coding, analyzing, and identifying emerging themes.

In this community, users took ownership of their health information and self-disclosed IBD experiences. Communication boundaries were fluid, permitting community members to co-own users’ health information about diagnostic journeys, symptoms, treatment experiences, relationships with others, and disease management strategies. Results of this study will provide insight into online disclosure practices in AYAs with IBD and will inform the development of tailored online self-management interventions.

Keywords: adolescent/young adult, Instagram, communication privacy management

06/20/2023 (15:20 PM - 17:00 PM) Western Gateway Building G09

Work in Progress

Speaker: Julie Humbert-Droz

Tuesday

Endometriosis in the Media: A corpus-based analysis in the written press

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Abstract

Endometriosis is an incurable disease that affects 1 to 2 out of 10 women worldwide (Johnston et al., 2015; Ilschner et al., 2022). It is still poorly understood by the general public and certain misrepresentations keep being conveyed by the media (Young et al., 2015; Bullo, 2021). It is known that, when terms circulate in the media, semantic variations are likely to occur and to interfere with the communication process (Meyer & Mackintosh, 2000; Moirand, 2007; Ledouble, 2020). From a medical perspective, such variations may have consequences on the perception of certain conditions or diseases by laypeople (Costes & Laval, 2019). In the case of endometriosis, they contribute to delaying proper diagnosis and treatment.

This presentation aims at exploring the portrayal of endometriosis in French newspapers. From an applied perspective in corpus linguistics and through an empirical study based on a large number of texts, I will focus on the ways endometriosis terms are used and defined in the press and in specialised texts. The differences in meaning between experts and laypeople, which will be identified in this way, will allow me to assess their impact on the public understanding of the disease.

This study is in fact the first stage of a research project that aims at better understanding the reception and appropriation of endometriosis terms by laypeople and patients. Expected results coupled with a close collaboration with associations (e.g. EndoFrance) will contribute to enhancing communication and raising awareness about the disease.

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Keywords: endometriosis, written press, corpus linguistics, terminological appropriation, applied linguistics

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G09

Work in Progress

Speaker: Trish O'Sullivan

Understanding dementia together-evaluation of a collaborative interdisciplinary workshop

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Abstract

Background*:* Dementia has become one of the greatest healthcare challenges of the 21st century. A collaborative, multi-disciplinary team is crucial for the optimal management of adults with complex care needs such as dementia (Osterholm, 2022). Davison et al. (2019) highlighted the benefits of interprofessional learning (IPL) at undergraduate level by enabling undergraduates to understand the value of a collaborative approach in improving patient care, which may cultivate future collaboration.
Methods: This study adopted a social constructivist pedagogical approach. A steering group was formed in July 2022 including representation across 11 disciplines at University College Cork. This group met on three occasions, to develop workshop content, workshop format and the mode of delivery.
Participants and Measurement:102 students completed a pre- and post-workshop validated questionnaire, the Alzheimer's Disease Knowledge Scale (ADKS) (Garcia-Ribas, 2021). The AKDS was amended to include additional questions on confidence in communication with patients with dementia and awareness of other professions roles.
Statistical analyses of paired pre- and post-workshop data (n=102) was carried out with IBM SPSS 28.0 using descriptive and inferential statistics.
Results*:* Healthcare students reported a 71% improvement in their confidence levels communicating with people with dementia post-workshop. Students' awareness of other healthcare professionals' roles in caring for those with dementia also improved.
Conclusion*:* These results highlight that undergraduate IPL is essential to meet the complex needs associated with dementia ensuring students are collaborative practice ready.

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Keywords Dementia, Interprofessional Education, Undergraduate, Pre-registration.

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G09

Work in Progress

Speaker: Sibilla Parlato

Wednesday

Public Health Communication: Analysis of coherence indicators in institutional and non-institutional texts

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Abstract

The paper will present preliminary results of an ongoing PhD project in its early stages, aimed at examining medical communications directed to citizens from institutional and non-institutional contexts (e.g., newspapers). We focus on argumentative texts and the strategies used to increase their credibility and quality of information. The analysis is based on selected Credibility Coalition's content indicators, such as Logical Fallacies and Inferences, respectively representative of disjointed arguments, or statements in which coherence relations are misinterpreted, for instance confusing correlation and causation. These indicators can be linked to specific linguistic features: we investigate in particular the role of discourse connectives and markers, since they are widely considered the most reliable signals of coherence relations. Yet, some of these signals express more than one relation, working as hypernyms of other specific signals. This allows for more interpretations, increasing the risk of misunderstanding the text. The paper aims to present a critical discussion of existing literature on the definition and functions of discourse connectives and markers, understood as coherence indicators and credibility instruments. Based on this literature, the paper will also present, and seek feedback on, the development of the research.

Upon its completion, the PhD project is expected to contribute to the current debate on accessibility of information, infodemic, and misinformation in relation to the issues of citizen participation and patient engagement.

Keywords: Public Health Communication, Argumentation, Coherence Indicators, Discourse Markers

06/21/2023 (11:00 AM - 12:40 PM) Western Gateway Building G09

Work in Progress

Speaker: Melody Turner

The #longcovid revolution: a reflexive thematic analysis of Twitter users' social construction of long covid

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Abstract

Research has identified long covid as the first virtual patient-made condition (Callard & Perego, 2021). It began with Twitter users sharing their experiences with the hashtag #longcovid. Studies on #longcovid have analysed subsequent tweets collected in 2021 and 2022. This article differs by focusing on the initial tweets containing #longcovid in 2020, from the first tweet in May 2020, until August 2020, when the World Health Organization formally acknowledged the condition.

Reflexive thematic analysis was conducted using the first author's experience with long covid. The epistemological framework was derived from Ian Hacking's (1999) perspective on social constructionism, as the social construction of long covid was both ontologically subjective (it was created virtually by Twitter users) and epistemologically objective (it defined a real-world medical condition).

Over 31,000 tweets containing #longcovid and all of Hacking's grades of social constructionism were identified. The themes reflected that long covid was a multi-system, cyclical condition, initially met with stigma and misunderstanding from friends, relatives, and colleagues. The findings add to the existing literature (Ladds et al., 2020; Rushforth et al., 2021) by suggesting that Twitter users raised awareness of their condition by providing consensus on their experiences of long covid. This generated a collective social movement. Together, they overcame ironic and indifferent attitudes toward their condition by sharing supportive tweets containing emotional warmth. They campaigned for their healthcare needs using a newly generated hashtag of #researchrehabrecognition. Future research on novel conditions should consider various research paradigms to encourage healthcare bodies to identify marginalised groups.

Keywords: Long covid, collective social movement, twitter, social media, social constructionism

06/22/2023 (11:00 AM - 12:40 PM) Western Gateway Building G09

Work in Progress

Speaker: Dawn Pickering

Thursday

Moving towards a better understanding of well-being for children with complex disabilities who use a robotic device, the Innowalk ©Made for Movement

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Abstract

Researchers have not yet developed a valid and reliable measure for well-being for children with profound disabilities. Profound disabilities refer to those children with learning disabilities and complex needs such as those with cerebral palsy. This disability can make participation in physical activities harder, but the impact upon well-being is unknown. Well-being in this context is referring to how these children are able to indicate they are enjoying life in their environments.

Consultation took place with some disabled adults, children and young people and their parents, to discuss the domains of a proposed well-being scale. Based upon previous doctoral research and their contributions, well-being indicators included calmness, comfort, creativity, energy levels, engaging with others and expressing joy. Participants were observed in a special school context when using the Innowalk, a robotic device. The Innowalk is reported to have health and well-being benefits for non-ambulant people but is expensive.

A case study series has observed ten children, on three occasions when they participated in the Innowalk, for evidence indicating their well-being. Field notes were made, and these were mapped onto two existing scales the Be-Well checklist and PRIME-O, as well as the proposed new well-being scale, developed into a Likert scale. The data was supported by their parents keeping a diary during this time, followed by interviews.

The observational scales were analysed descriptively. Interview and diary data were analysed thematically. These highlight how well-being can fluctuate during a session, the participants enjoyed their experiences in the Innowalk, which supports existing research.

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Keywords: Well-being; Innowalk; Disabled children

06/22/2023 (11:00 AM - 12:40 PM) Western Gateway Building G09

Work in Progress

Speaker: Vanesa Rodriguez Tembrás

When a Medical Consultation is a Challenge: A Pilot Study on Language Use and Healthcare Outcomes for Galicians in the Canton of Zurich

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Abstract

In medical consultations, patients must provide accurate information to the physician while possibly being emotionally distressed (de Haes & Bensing, 2009; Menz, 2011). If this conversation takes place in a non-native language, the communicative setting can become complex and might require language negotiation, as well as ad hoc or professional interpreters (Valero, 2005, 2010; Lüdi et al., 2015). This is the day-to-day context in Switzerland, a multilingual country where 25% of its population has no official Swiss language as their primary language.

This pilot study aims to analyse the language use of Galician migrants in medical consultations in the Swiss-German-speaking area to determine how language proficiency and fluent communication might have a measurable impact on treatment adherence and health prognosis. For this purpose, I will study a sample in Schlieren (Canton of Zurich), which has a large Galician community.

The research objectives are threefold: (1) analysis of language use in healthcare, contextualized in everyday linguistic behaviour; (2) study of the evolution of communicative resources in the Galician community; and (3) assessment of the Swiss infrastructure for multilingual care.

The analysis is based on a qualitative methodology using semi-structured interviews with Galician migrants from the two main waves (60-80s and after the 2008 financial crisis). The exploratory analysis in this pilot study will be contrasted with a quantitative methodology (satisfaction surveys, control groups, or health indicators) to measure a possible relationship between language and health impact.

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Keywords: multilingual healthcare, migration, language barriers, sociopragmatics, interpretation

06/22/2023 (11:00 AM - 12:40 PM) Western Gateway Building G09

Work in Progress

Speaker: Eleni Mangina

Thursday

Mapping the gaps and challenges for patients and healthcare providers in terms of ethical consideration of existing technologies in healthcare.

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Abstract

Digital health is leading changes in the healthcare environment, altering human-technology interaction. As a broad concept, it has caused impact on conventional medicine landscape through digital technology applications, significantly improving the health journey of people, either as patients or citizens. Several stakeholders are involved in the digital healthcare ecosystem, putting human factor at the center of the digital transformation, while reshaping the patient-physician relationship. E-patients are key players with active participation through self-monitoring experience, whereas e-physicians are the guiders to the jungle of digital health system. This presentation will focus on mapping the results of the systematic review that explored existing gaps and catalogues the challenges raised by the digital technology usage in patients and healthcare providers. Highlighting research gaps and challenges within the field is necessary, so as to determine future opportunities, clarify new understandings, perspectives and insights for evidence-informed policies and practices moving forward to an ethically aligned digital healthcare ecosystem.

Keywords: digital health, patients, healthcare providers, gaps and challenges

06/22/2023 (13:30 PM - 15:10 PM) Western Gateway Building G09

Work in Progress

Speaker: Corine Jansen

Thursday

Listening WITH a human being is an ethical choice

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Abstract

Did you know that not listening profoundly affects patients’ outcomes?

Listening is a crucial ethical choice that care professionals must make when dealing with patients who feel lonely. Effective listening is more than simply hearing what is being said; it is about understanding the emotional context and empathy toward the individual's situation. Care professionals must understand that listening is vital to the patient-caregiver relationship and is significant in achieving positive patient outcomes. By listening to their patients, caregivers can establish trust and show that they care about the individual's well-being, which can help alleviate feelings of loneliness and isolation.

In addition, caregivers must recognize that loneliness can significantly impact a person's mental and physical health, leading to various adverse outcomes, including depression, anxiety, and chronic diseases. By listening to their patients, caregivers can better understand the root causes of loneliness and develop effective strategies for addressing them.

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Keywords: Listening, ethics, loneliness, patients, health

06/22/2023 (13:30 PM - 15:10 PM) Western Gateway Building G09

Work in Progress

Speaker: Patricia Arias Hunt

Flourishing in Strengths: An Investigation of the Development of a Strengths Perspective in Student Clinicians

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Abstract

In many settings, healthcare professionals are required to identify and leverage strengths during the construction of evaluation and treatment. Through this consideration of strengths, providers can gain a more complete view of clients, one that is inclusive of struggle and ability. In this presentation, we address how clinicians begin to develop an orientation towards strengths and consider what types of contexts allow for this orientation.

A basic interpretive qualitative method was adopted for this study to investigate the manifestations of clinicians' strengths as they reflected in personal journals kept over the course of an academic semester as part of a graduate course in language intervention. Primary data for this investigation was collected via journals which provided a context for clinicians to record, reflect, and continuously learn from their clinical and educational experiences (Stevens & Cooper, 2020). Six students contributed journals, each of which was transcribed and independently coded to examine how clinicians develop an orientation towards strengths. Cyclical data analysis of each journal was conducted independently. Upon completion of individual journal coding, common themes reflecting the students' focus on strengths were identified across journals. The most salient themes are reported here.

First, strengths among these clinicians were most readily identified in contexts where relationships and emotional connections were both available and required. Second, a participant's adoption of a clinical strengths focus required the adoption of a relationship focused lens that valued depth in personal connection. Third, confidence in developing strengths requires clinician vulnerability and risk.

Keywords: Strengths perspective, clinical training, reciprocal relationships, qualitative research

06/22/2023 (13:30 PM - 15:10 PM) Western Gateway Building G09

Work in Progress

Speaker: Laura Guadagnano

Thursday

Doing ethics - manifestations of moralities in sexual and reproductive health discourse in Côte d'Ivoire

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Abstract

Although ethics and moralities constitute an omnipresent part of our everyday lives and communication (Bergmann & Luckmann, 1999; Lambek, 2015), their manifestations are still under-investigated in linguistics. While some linguists doubt that ethics and moralities can be studied from a linguistic perspective (e.g. van Leeuwen, 2008), others show that language plays an essential role in their communicative emergence and negotiation (Drescher, 2020; Drescher, Boukari, et al., 2022; Spencer-Bennett, 2018). Thus, our understanding of ethics and moralities is not related to universal and normative rules of conduct but is considered an interactive achievement co-constructed by participants through linguistic devices and practices.

In my contribution, I will give you some insights into my ongoing dissertation by taking a closer look at first results. I will mainly focus on how linguistic devices and/or communicative practices like conditional clauses contribute to doing ethics (Drescher, Rothfuß, et al., 2022). My analysis is based on data dealing with sexual and reproductive health in Côte d'Ivoire and gathered among Ivorian women between 2020 and 2022. It consists of audio-recorded interactions, particularly concerning sexual education and pregnancies in the Ivorian school context. These interactions project different coexisting and entangled ideas linked, on the one hand, to social prestige and, on the other hand, to social problems (Codjo, 2016; Dagnogo, 2014; Gogoua, 2015; Hugon, 2005). This contribution is situated in the field of pragmatics with an emphasis on interactional analysis.

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Keywords: Sexual Education; Doing Ethics; Moral Communication; Health Discourse, Sub-Saharan Africa

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building Atrium

Poster Session

Presenters: Karin Neijenhuis, Sione Twilt, Jennifer Moreno, Weiwei Lu, Jude Mikal, Victoria Shepherd, Kathleen Abendroth, Juliana Mercedes Nociari, Warren Brown, Marita Hennessy, Yukiko Nagatani, Mª Teresa Muñoz Tomás, Saoirse Lally, Cynthia Ryan, Rintaro Imafuku, Archana Krishnan, Owen Kelly, Brent Wilson, Judith Oxley, Linda Collins, Ethan Stonerook, Lyndsey Moore, Ruth Dalemans, Martin Ball, Yu-Chan Chiu, Geraldine Latchem-Hastings, Jennifer Alwine, Archana Krishnan, Haiyan Zhang, Oluwaseun Amusa, Aldona Katarzyna Jankowska, Kerrie O’Grady, Rachel Fiore

Wednesday

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Karin Neijenhuis

Mystery hospital visits by communication vulnerable persons as education on healthcare communication

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Abstract

Communication is an essential key that enables persons to socialize, learn, express and develop themselves and others, but also for health literacy. Health service users who are communication vulnerable could face several barriers during a hospital visit.

This presentation shows a collaboration between the Maasstad Hospital, a large trainee hospital in Rotterdam, the Netherlands, experience experts and students from the minor ‘Communication? Like I care!’. The first aim was to optimize communication access of the hospital. The second aim was for students: to raise awareness of communication vulnerability and its consequences for access to health care.

Method: In order to gather experiences from five participants with low literacy and six participants who were second language learners of Dutch, couples of students and experience experts paid a ‘mystery visit’ to the hospital. By using photo safari and customer journey maps, they assessed an appointment letter, the hospital website, signage, service desk personnel and an information folder.

Results: Students created new customer journey maps with barriers and facilitators of communication access in the hospital. They also formulated recommendations for the hospital.

Conclusion: First, the hospital gained a new perspective on communication access. They learned that including the perspective of experience experts shows a more complete picture of barriers and facilitators. Second, experience experts gained more self-confidence in finding their way through the ‘information jungle’ of the hospital. Finally, students gained more awareness of communication vulnerability and learned about communication access in health care in an experiential way.

Keywords: Communication impairment, low literacy, second language learners, communication access, health literacy, higher education

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Sione Twilt

Multilingual communication in Speech Language Therapy: What happens in interaction?

Sione Twilt, MA, PhD candidate

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Dr. Karin Neijenhuis (1), Prof. dr. Jan ten Thije (2), Prof. dr. Rick de Graaff (2)

Abstract

Multilingualism can both enrich and complicate interactions in health care. Several studies (Ferguson, 2002; Jacobs, 2017) point out that language differences between providers and patients can lead to less access to and lower quality of care. Moreover, language barriers can lead to health differences between patient groups.

A specific type of care where communication is both instrument and goal of therapy is speech language therapy (SLT). This profession offers guidance for people who experience difficulties with communication and or swallowing. In the daily practice of speech language therapists (SLT's) different communication vulnerabilities often interfere within one client (Blackstone, 2015). In multiethnic cities in the Netherlands many persons with communication disorders also have limited language proficiency in Dutch.

To gain more insight in this multilingual communication within speech language therapy, students of the Rotterdam University of Applied Sciences collected transcripts from conversations between SLT's and parents, representing their underaged children. For the purpose of the current study two datasets were composed: a) transcripts of intake sessions (n = 15) and b) transcripts of consultations in which test results of a child are being discussed with parents (n = 18).

By performing a critical discourse analysis (Ten Thije, 2001) multilingual interactions are reconstructed in order to gain insight in patterns, structures and (un)successful actions. By doing so this study aims to search for identities, knowledge and meaning through language within an institutional context. During this presentation the preliminary results will be discussed and will be imbedded in the overarching PhD study LIMINA (Logos In Multilingual InterAction).

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Keywords:
Multilingual communication, Inclusive healthcare, Speech language therapy, Discours analysis

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Jennifer Moreno

Wednesday

Storytelling in the medical field: a bilingual and bicultural approach to cancer narratives

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Abstract

In the last decades, society has witnessed considerable changes, many of which are due to globalization, such as migration flows around the world. This has not only promoted the exchange of people across the globe, but also the improvement of communication technologies, which have resulted in a growing interconnectivity and in the emergence of communities with different cultural and linguistic backgrounds. Such interconnectivity has had an impact on healthcare, since nowadays medical situations settings that may be affected by cultural and linguistic barriers are more likely to occur. In this light, communicative skills are key in the medical practice, which are crucial when providing a patient-centred healthcare.

Furthermore, globalization has also affected the way we communicate and, as a result, there are more people willing to share their illness stories. In this context, observing how patients construct their illness experience through the use of language can provide useful information, especially in a globalized society in which different cultures and languages live together.

The aim of the present paper is to observe cancer narratives written in English and Spanish and published online in order to analyze possible cultural and linguistic differences in patients' narratives. For such purpose, two corpora have been compiled and analyzed using both corpus analysis methods and corpus tools such as Sketch Engine to show the main topics patients refer to when describing their own illness experience and the usefulness of storytelling in the medical field.

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Keywords: patients' narratives; storytelling; illness experience; corpus-based study

Where is the problem to solve? The multi contexts and problem defining in divided narratives in the shared decision making on cancer treatment

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Abstract

Divided narratives between physicians and patients hinder the mutual agreement of problem defining in a shared decision making process. In current research on shared decision making, communication training, patient education, and decision aids are provided to shrink the chasm between physicians and patients. However, these strategies strengthened the information exchange but neglected the nature of shared decision making as a problem-solving activity through narrative co-construction.

This study investigates the divided narratives between physicians and patients in the shared decision making on cancer treatment and discusses potential solutions to integrate divergent narratives. The researcher interviewed 33 cancer patients and their 22 physicians from two hospitals in Mainland China.

The distinct problem defining locates in three aspects: 1) Goal setting. While physicians focus more on medical goals, patients concern more about the relational and social goals of cancer treatment. 2) Perceptions of obstacles. Physicians perceive relational issues as potential medical risks. However, patients engage in relationships to gain the meaning of treatment. 3) Sources of judgments. Physicians construct the narratives of problems from the knowledge structured in social systems; patients construct the narratives of problems from the knowledge grounded in their life experiences.

The characteristics of problem defining in divided narratives indicate the multi contexts and identity orientations in problem defining in shared decision making. Thus, a context-problem-identity framework could be highlighted to achieve a shared definition of the problem and further inform a narrative-based model of shared decision making.

Keywords:
Divided narratives, Problem defining, Physician and patient, Shared decision making, Cancer treatment

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Jude Mikal

Wednesday

Creating a Rubric for Identifying Dementia Patients on Twitter: distinguishing between authentic and inauthentic dementia self-disclosures

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Abstract

In 1996, the Nun Study showed that written language was a powerful predictor of late-life cognitive decline. Advancements in Natural Language Processing (**NLP**) and Machine Learning (**ML**) have unlocked opportunities to replicate Nun Study findings with more diverse, more recent, and richer text with similarly promising results.

The objective of our lab is to use NLP and ML to search social media data for evidence of advanced-for-age cognitive impairment. To do this, we must create and compare two databases: one consisting of social media text generated by individuals with a self-disclosed dementia diagnosis and one consisting of text generated by age-matched controls. Yet while dementia disclosures are common on social media websites, word string searches (e.g., I have dementia, I was just diagnosed with dementia) are muddied by jokes, disclosures of others' dementia diagnosis, reposts, and dementia awareness.

The objective of this project is to ensure the accuracy of our database by qualitatively evaluating dementia disclosures for authenticity. To do this, we use NLP tools to extract words and word strings likely to indicate public dementia disclosure. We use a bottom-up coding technique to create a list of features likely to indicate authentic dementia diagnosis disclosure. Results indicate that features associated with inauthentic dementia disclosures included: mentions of politics / politicians, mention of drugs or alcohol, verbatim repetition or formulaic jokes, traumatic head or other injury, and qualifying words. Authentic dementia disclosures were characterized by indications of age or comorbid conditions, mentions of assisted living, and mentions of dementia-related drugs.

Keywords: social media, natural language processing, aging, qualitative methods

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Victoria Shepherd

Wednesday

Planning ahead for research participation: stakeholders' views about advance research planning to inform participation decisions during future periods of incapacity

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Abstract

Around 2 million people in the UK have significantly impaired decision-making. This is growing due to an ageing population and a rise in conditions such as dementia. Research is key to improving care, however research involving people who lack capacity to consent is complex as it relies on family members deciding about participation on their behalf. Families often do not know the person's wishes about research and find it difficult to decide, with many experiencing emotional and decisional burden as a result. These challenges contribute to the frequent exclusion of adults who lack capacity who are under-represented in research. Alternative approaches are needed to enable families to make preference-based decisions that are congruent with the values and wishes of person they represent. There is a growing focus on advance planning which gives people opportunities to discuss their preferences about future care should they be unable to decide for themselves. It ensures decisions are in line with their wishes and made by the person they chose. In the UK this does not yet include decisions about research. The introduction of advance research planning could support decisions about research during future periods of incapacity. This presentation will share findings from CONSULT-ADVANCE Study which explored the acceptability and feasibility of advance research planning with a range of stakeholders through surveys and interviews. The results will enable changes to UK policy and practice to ensure that these groups have equitable opportunities to participate in research, and that participation decisions are based on their wishes.

Keywords: Cognitive impairment; inclusivity; research participation; informed consent; anticipatory planning; preference-based decisions

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Kathleen Abendroth

Wednesday

Patient-centered care and communication aids: Using visual scenes to promote social interaction

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Abstract

Functional use of augmentative and alternative communication by people with complex communication needs can emerge when there is goal alignment among all stakeholders. Using family systems theory (Mandak et al., 2017), we examine how starting with a focus on quality and substance of social interactions rather than language development for an older woman can increase patient-centered care and social inclusion for clients with complex communication needs.

Action research was used to document the evolution of family priorities, and multimodal discourse analysis was used to document how a 60-year-old woman with cerebral palsy and intellectual disability developed richer communicative interactions with her two adult siblings and other social partners. Speech-language therapy services were initiated only in late adulthood, and the focus shifted from speech-language development to promoting meaning making for interaction and social inclusion (Alant, 2017).

Findings show how tipping-point events helped align professional and family perspectives and how visual scenes supported a shared cognitive context to enhance multimodal communication, which increased as she became an active participant in social interactions. A clinical focus on promoting all available modalities can enable clients with limited natural speech to participate according to the affordances present in the moment, but family perspectives and priorities determine the trajectory of intervention.

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Keywords: augmentative and alternative communication, patient-centered care, complex communication needs, action research, visual scenes

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Juliana Mercedes Nociari

Wednesday

"Not My Mother's Eyes": Healing Intergenerational and Intersectional Selfhood in Illness Narrative

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Abstract

"Not My Mother's Eyes" is the first in a series of three chapters that draw from personal experience in order to depict the intricate negotiations of identity and womanhood faced as a first generation white Latine woman. Throughout a collage of geographical locations, from Buenos Aires to the tristate area, the story explores the personal relationships and sociocultural differences among three generations of Argentinian women through themes of bodily autonomy, grief and death. Infused with elements of psychoanalysis and magical realism, the first chapter recounts the sequences of events that lead the author to become a 'chronic' patient throughout her time in college as a survivor of sexual assault. Within exclusionary spaces of interaction, constituted by race, class and norms, the author contends with elitist perceptions of globalization to process encounters with the pressures of assimilation and to delineate existent points of tension against institutional and community integration. The style itself plays with 'incredulity' to inform new dimensions for reinterpreting history and actively decolonizing inherited thinking around women's sexual identities and reproductive rights. This complements questioning of the cultural significance of matrescence and transnationality with respect to mental health and self-expression; thus opening new avenues to articulate bodily defiance against imposed social expectations.

Keywords: Bodily Autonomy, Illness Narrative, Magical Realism, Matrescence, Structural Competency, Transnationality

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Warren Brown

Wednesday

Intersectionality between TBI, age, gender, race, and criminal justice system

Mr. Warren Brown, Dr. Judith Oxley

This scoping review aims to present what is known about the connections across traumatic brain injury (TBI), age, gender, race, law enforcement, community, and the criminal justice system. It is well known that group associations can compound the impact of an existing problem, such as TBI. We draw on the concept of intersectionality to document these associations and their implications. TBIs have higher incidence rates in culturally diverse communities (Bruns & Hauser, 2003; Budnick et al., 2017; Jager et al., 2000; Brenner et al., 2020; Pugh Jr et al., 2022). Often, the impact of the injury is ignored because of race (Omar et al. 2020). Disorders secondary to TBI likely share symptomology with other social, emotional, and developmental disorders; moreover, children with TBI might have concurrent diagnoses, such as attention deficit hyperactive disorder (ADHD), speech and language disorders, behavioral disorders, depression, paranoia, and anxiety (Riccardi, Vogel, & Ciccia, 2022). This intersection of disorders leads to vulnerability with receptive and expressive language skills, which are essential in social and educational environments. These deficits render the affected children more susceptible to police coercion if they are accused of criminal activity, more at-risk for failure to formulate appropriate conversational exchanges with figures of authority, and more vulnerable to having their nonverbal behavior, including disengagement, and verbal behavior misinterpreted in interrogations by police or school administrators. Consequently, these complications increase the probability of becoming subject to the outcomes of the criminal justice system.

Key Words: Intersectionality, race, gender, interrogation, oral language, criminal justice

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Marita Hennessy

Addressing the silence: Engaging knowledge users to develop a knowledge translation strategy for pregnancy loss research

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Abstract

One in four pregnancies end in miscarriage or stillbirth, yet pregnancy loss remains a topic that is shrouded in silence and stigma across policy, public, education and healthcare discourses. There are many challenges to translating research evidence into practice, to enhance services and experiences. We sought to better understand these challenges, and facilitators, in order to develop a knowledge translation strategy, and supporting resources, for our research group.

We conducted a qualitative online survey study of knowledge users in Ireland, identified through our networks, from January-March 2022. Target participants included health professionals, bereaved parents, support groups, media, academics/researchers, medical students and policymakers. The survey comprised ten questions informed by the Knowledge Translation Planning Template© (Barwick 2008, 2013, 2019). Questions included who could benefit from pregnancy loss research; perceived barriers and facilitators to research evidence use; preferred knowledge translation strategies. We analysed data using reflexive thematic analysis.

We included data from 46 participants in our analysis, providing sufficient information power. We generated two themes: (1) End the silence, stigma and inequality around pregnancy loss to enhance awareness and understanding, public health, and services and supports; and (2) Use a range of tailored, accessible, approaches to engage a large, diverse range of knowledge users (e.g. materials, workshops/webinars, media, knowledge brokers, and champions or opinion leaders). Our findings provide rich insights into the barriers and facilitators to knowledge translation in the field of pregnancy loss. We identified key strategies that are informing our knowledge translation activities nationally, and which have international applicability.

Keywords: Pregnancy loss, knowledge translation, dissemination, communication, PPI

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Yukiko Nagatani

Wednesday

Developing a sense of responsibilities and values in professional practice- A case study of dental hygiene students in Japan

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Abstract

Background: Dental hygienists are indispensable to dental care and are expected to contribute to effective patient care through interprofessional medical and dental care. Professional identity, which is emphasized in medical professional education, is a dynamic process that is formed through gradual internalization of the value system of the medical profession and socialization through community of practice. To understand of dental hygiene professional identity formation, it is necessary to clarify how dental hygiene students' professional identities are formed.

Method: Semi-structured interviews were conducted with 10 dental hygiene students in their final year of college regarding their professional identity and the factors affecting its formation. The data were analyzed using a thematic analysis method.

Results: Three components of students' professional identity were identified: "awareness of professional values and social roles," "necessary competencies," and "awareness of other professions and the context of interprofessional work". Role models and active involvement of clinical practice were influential factors in their professional identity formation. Through the social interaction of clinical experience, they had a stronger sense of responsibility and solid values in professional practice of dental hygiene by gaining clinical experiences and building better relationship with peers.

Discussion: An awareness of professional value and social roles is pivotal to professional identity formation. Students need to be encouraged to continuously reflect on what dental hygienist they want to be. Developing a community where dental hygienists can socially interact and learn from each other would be a key strategy for continuous educational support.

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Keywords: professional identity formation, dental hygienist, professional values, social roles, undergraduate education

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Mª Teresa Muñoz Tomás

Wednesday

Using Telerehabilitation in Primary Care to treat musculoskeletal pathologies: A case study

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Abstract

Telerehabilitation allows access for people who live in remote places and who may have difficulties in getting to their closest a health centre. Current evidence shows that the use of telerehabilitation to treat musculoskeletal conditions improves physical function and pain, being thus effective when compared to conventional methods.

Our main objective is to evaluate the effectiveness of telerehabilitation in primary care in cases of patients with degenerative shoulder rotator cuff pathology. Therefore, a literature review of studies with interventions using telerehabilitation was carried out in order to design our intervention programme. For such purpose, the designed protocol considered the following: scope of application, target population, inclusion/exclusion criteria, intervention plan and variables to be evaluated. The intervention programme lasted 12 weeks, and combined face-to-face physiotherapy sessions and telerehabilitation delivered during videoconference sessions. The links for such sessions were provided to the patient via e-mail, as well as some videos of therapeutic exercise to be performed at home.

Five women aged between 52 and 63 years with degenerative shoulder rotator cuff pathology participated in our case study. After evaluating aspects such as shoulder functionality, degree of disability, health-related quality of life, pain and level of satisfaction with the digital tool used, improvements were observed at 2, 5, 8 and 12 weeks. The results obtained suggest the effectiveness of the telerehabilitation programme, which also highlights the novel aspect in terms of self-care and motivation. Hence, telerehabilitation allows addressing musculoskeletal pathologies in primary care while offering quality care to patients and facilitating access to rehabilitation at the same time.

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Keywords: Telerehabilitation, Primary Care, Musculoskeletal pathologies, Physiotherapy.

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Saoirse Lally

Wednesday

Accuracy is in the eye of the beholder: Assessing Polish-English bilingual children's performance on Sentence Repetition Tasks - Error Analysis and the Role of the Rater

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Abstract

Background

Timely identification of language disorder (LD) in bilingual children in Ireland is challenging due to the lack of bilingual speech and language therapists (SLTs). Polish is the second most spoken language in Ireland.

Aims

1. To profile the language of typically-developing (TD) and LD Polish-English bilingual children living in Ireland and establish whether demographic and language-related variables can predict performance on Sentence Repetition tasks (SRep).
2. To qualitatively analyze and compare the scoring of the Polish SRep (LITMUS-SRT-PL, Banasik, Haman, & Smoczyńska, 2012) carried out by Polish researchers and Polish teachers in Ireland.

Methodology

15 TD children and 12 children with LD, bilingual Polish-English speakers, were assessed using the English SRep adapted from the 'School-Age-Sentence-Imitation-Test E32 (Marinis et al., 2011) and an adaptation of the Polish SRep (LITMUS-SRT-PL, Banasik, Haman, & Smoczyńska, 2012).

Results

Demographic related variables predicted English SRep performance. Language related variables predicted TD performance indicating the sensitivity of SRep to language experience.

Polish SRep scoring by researchers highly correlated with that of Polish teachers using the scoring schema. Differences in scoring sets consisted of interpreting inflectional endings and word/sound substitutions that, while grammatical, deviated from the target sentences and should be scored inaccurate.

Conclusion

Demographic and language-related variables can potentially predict language performance on SRep and highlights the importance of collecting this data. Results demonstrate the ability of SRep to distinguish between TD and LD groups. Items with the best sensitivity and specificity were retained for shortened tasks that are more clinically viable. The use of the scoring schema proved useful for teacher-assisted scoring but needs further refinement and detailed instructions.

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Keywords: Language assessment; bilingualism; multilingualism; repetition tasks

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Cynthia Ryan

How to Tell the Difference: Negotiating Dualities in Co-Constructed Illness Narratives

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Abstract

Illness narratives present what Frank (2019) calls a "duality of necessity and danger" (p. 13). In research, clinical practice, and everyday contexts, we seek to share others' encounters with illness while struggling with the ethics of identification and representation.

Edwina Sanders and I met in 2009, and we became fast friends. Like me, Edwina was diagnosed with triple-negative breast cancer. Unlike me, Edwina received treatment while homeless on the streets of Birmingham, Alabama. Her care came from a resource-poor county hospital just a few blocks away from the university medical research center where I was treated. Edwina lacked the educational and social clout to be heard when she complained of pain and treatment side effects, while my doctors listened to me and tried to alleviate my discomfort. Edwina lived her entire life as a poor, Black woman in an urban environment in the Southeast where Jim Crow politics persist. I was a White transplant to the South, raised on a family farm in the Midwest. Despite the multitude of differences between us, Edwina asked me to help her share her story in the context of my own.

When the power dynamic between storyteller and narrative subject is unbalanced, the ethical stakes of speaking *about* and *for* another are undeniably raised. This poster presentation focuses on a developing theoretical framework drawing on the work of Butler (2001), Cararero (2000), and Spivak (1988) for addressing the challenges of self- and o/Other-representation in co-constructed illness narratives.

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Keywords: illness narratives, health disparities, social determinants of health, cultural humility, identity and representation

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Rintaro Imafuku

Exploring intercultural communication management process: A case study of pharmacist-migrant patient encounters in Japan

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Abstract

Since limited language proficiency may pose a greater health risk, health professionals are expected to manage cross-cultural communication in healthcare and provide treatment and care for migrant patients. In Japan, the number of migrants with Japanese as second language is increasing year by year. Due to this, health professionals in Japan need to manage more intercultural communication situations than before. Therefore, this case study investigates what challenges pharmacists, an essential health professional, faced and how they managed these difficulties in the cross-cultural settings. This study conducted semi-structured interviews with 10 pharmacists in community who experienced some migrant patient encounters. The data were analysed by using a thematic analysis approach to generate themes regarding the communication management processes. Their major challenges are classified into three aspects: linguistic aspect (e.g., complicated explanation regarding side effect of drugs), sociolinguistic aspect (e.g., patients with lower medication adherence), and sociocultural aspect (e.g., differences in insurance treatment system). They attempted to overcome the challenges by employing several management strategies, including linguistic accommodation, avoidance of complexities, use of communication tools and getting help from others. However, some pharmacists strongly felt stressful about communication with the foreign patients despite their desire to attend the patients. In the intercultural contact situations, the pharmacists in this study have taken various management strategies in relation to linguistic, sociolinguistic, and sociocultural problems. These findings provide new insights into health professionals' practice in the cross-cultural settings, which would be useful for the development of healthcare education for globalisation.

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Keywords: Community pharmacist, migrant, intercultural communication, social determinants of health, Japan, qualitative research

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Archana Krishnan

Wednesday

Attitudes Towards Different Types of Health Messages in an mHealth Randomized Controlled Trial of Medication Adherence

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Abstract

Access to antiretroviral therapy (ART) has greatly benefitted people with HIV (PWH); however, adherence to ART remains a challenge for those with co-occurring substance use and structural barriers. Project SMART is a federally-funded randomized controlled trial using mobile health (mHealth) tools to improve ART adherence among PWH who use cocaine. Participants (N=80) received cellular-enabled electronic pill boxes and smartphones to provide reminders and feedback on adherence behavior over a 3-month period. They were randomized into four groups to receive different kinds of messages.

The aim of the current proposal is to describe the various kinds of feedback messages and examine attitudes towards messages at the end of the trial. Feedback was deactivated for the control group and hence they are excluded from the current analysis. Group 1 received automated messages generated by the system upon real-time use of the pill box. There were two kinds of messages – reminders upon missed dosage and encouragement for successful daily adherence. Groups 2 and 3 received automated messages and in addition either received (1) weekly personalized text messages and/or phone calls by a clinical nurse to “check in” or (2) weekly personalized text messages from a social network member (family/friends) to support their adherence behavior.

Along with standardized assessments, attitudes towards messages and attitudes towards intervention was measured at the end of the 12-week intervention. We seek to present preliminary findings and discuss recommendations for future studies.

Keywords: mHealth, health messages, people with HIV, adherence, attitudes

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Owen Kelly

Diabetes patient education: time to rethink how it is communicated

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Abstract

Empowering people with diabetes to better self-manage their condition is key to improving outcomes and reducing the risk of complications. This ideology is emphasized in diabetes guidelines from the American Diabetes Association and others; however, it requires effective patient education. Diabetes education both delivered online and in clinic handouts, are predominately text based. The effectiveness of current diabetes education materials provided by primary care physicians in the United States has not been assessed (to our knowledge). However, a study of ophthalmologic patient information found the material were written above the recommended reading level. Health literacy remains an issue for many people with diabetes. Spoken animations of complex medical information was effective for patients with low health literacy, however this form of patient communication has not been explored in people with diabetes. Based on these findings, we began to explore how to develop new visuals that could ultimately become an animation that could be available online or be shown in the clinic. However, we first developed the main visual concepts, with an emphasis on optimizing technical communication. We developed new visual based diabetes patient information concepts, with minimal text to convey more complex health information. The overall theme is better blood glucose management, which is central to improving diabetes outcomes. Future work will focus on patient perceptions of current diabetes education literature compared to the visual based material before animating the content.

Keywords: patient education, diabetes, visual-based, health literacy

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Brent Wilson

Wednesday

Narrative Coherence of People with Early Alzheimer's Disease

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Abstract

The purpose of this study was to increase the understanding of linguistic changes in early Alzheimer's disease. While most early symptoms are usually related to memory, this study wanted to assess early linguistic changes associated with the disease. Using individuals recently diagnosed (less than 2 years) with Alzheimer's disease (n=10) and age controlled typically aging individuals (n=10) the researchers were able to experimentally evaluate the differences in narrative coherence between the groups. Using picture based narrative task (the scarecrow story) the researchers were able to evaluate intergroup differences in narrative ability based on information units, misinterpretations, and connectors. Intra-group differences were also evaluated to determine if age, education, or cognitive assessment (MMSE and CDR) score related to observed differences within the Alzheimer's group. The differences and significance are outlined in depth and implications are discussed. Results and conclusions are described in relation to their impact for clinical speech-language pathologists as well as the potential impact for the understanding of linguistic deficits associated with early Alzheimer's disease.

Keywords: Alzheimer's disease, discourse, narrative, coherence

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Judith Oxley

Wednesday

Communication impairment and disability: redressing power differentials in clinical encounters for people with intellectual disability via effective deployment of multimodal communication

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Abstract

The objectives of this presentation are to demonstrate (1) how multimodal communication discourse analysis affords an analysis of the contributions to group discussion made by individuals with intellectual and developmental disabilities (IDD) and preprofessional clinicians (Norén, Samuelsson, & Plejert, 2013); (2) how modality distribution contributes to establishing and maintaining power structures (Blackstone, 2015); and (3) how these data can be used to inform clinicians about how to choreograph participation frameworks (Tulbert & Goodwin, 2011) of adults with IDD to promote their ability to participate in life with greater independence and autonomy. New opportunities exist for individuals with IDD to attend university programs, participate in employment opportunities, live independently, and assume an active role in decision making for managing their healthcare and how they spend their time. Healthcare service providers might benefit from recognizing how a person with IDD may incorporate and time multimodal communication turns to participate in interaction. Difficulties with using natural speech as the dominant modality during conversation can lead to reliance on the use of nonlinguistic modalities not readily noticed or acknowledged by nonfamilar partners and leading others to label the users as disengaged. Power differentials favoring people who rely mostly on natural speech can be compounded by social power structures (e.g., between healthcare professionals and individuals with IDD) in group discussions. Thus, they and the professionals on their care-plan team benefit from understanding how multimodal communication can contribute to effective participation (Hurtig, Alper, & Berkowitz, 2018).

Keywords: multimodal communication, power, participation framework, intellectual and developmental disabilities, choreographing attention

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Judith Oxley

Wednesday

Cultural Influences on Patient-Professional Communication between the SLPs and Clients Who Stutter: Evidence from Chinese-speaking Community

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Abstract

Culturally responsive service demands the speech-language pathologists (SLPs) to understand their client's characteristics, one of the crucial piers of the evidence-based practice (Kohnert et al., 2020). The effective and empathetic communication of patients and professionals is the foundation of successful therapy (Haribhai-Thompson et al., 2022). This will be compromised if the SLPs cannot recognize the cultural differences. However, few studies were done examining how cultural and social dimensions may impact the patient-professional communication between SLPs and people who stutter (PWS).

This study is to present the evidence from the perspectives of PWS in Chinese-speaking population to exemplify how cultural differences may influence the patient-professional's communication and thus the therapeutic effects. Cultural considerations were taken to examine whether the stuttering service options in western world fit Chinese-speaking population, and if not, how it may influence the communication between the SLP and PWS.

This pilot qualitative study interviewed five PWS in China regarding their overall stuttered experiences, therapy history, treatment goals, and their opinions regarding stuttering therapy approaches. The emerging themes including less professional support, lack knowledge of stuttering, perceived negative attitude and stigma, high psychological and emotional pressure, covert stuttering, seek for a cure, and great power distance. Results indicated that there are big gaps between the expectations of PWS in China and the current stuttering services in western world, e.g., self-disclosure, acceptance, voluntary stuttering, cognitive behavior therapy. Cultural accommodation is discussed regarding the stuttering service for clients from diverse cultural backgrounds, especially for the SLPs in western world.

Keywords: Culturally responsive service, Speech-Language Pathology, Patient-professional communication, Chinese

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Linda Collins

Using online interactive discussion boards to explore the concept of confidentiality and telehealth in graduate education

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Abstract

Introduction: Academic engagement through online discussion boards have provided healthcare students with the critical reasoning skills to challenge heath concepts, analytically discuss objective perspectives and embrace interactive peer learning. Interactive teaching and learning tools such as online discussion boards have facilitated the development of higher-level critical reasoning and healthcare students are becoming proficient independent learners.

Objective: The aim of this project was to evaluate the effectiveness of an interactive discussion board exploring confidentiality and telehealth among graduate students, for intelligent interactions, the appropriateness of the learning environment and active online learning.

Methods: We conducted a retrospective evaluation on the effectiveness of an online discussion board, which was used as a teaching and learning tool to explore and debate the concept of confidentiality and telehealth. Data analysis was carried out through rigorous, systematic reading of the discussion board, evaluating the frequency and depth of student interaction and manual coding of the discussion board performance.

Results: The evaluation highlighted that, intelligent interactions were heightened by critical discussions. The spontaneous act of uploading current peer reviewed literature for the purpose of defending academic discussions and providing evidence-based perspectives on confidentiality and telehealth, demonstrated increased interaction and active online learning. The online discussion board created a learning environment that was student-led.

Conclusion: This evaluation highlighted the effectiveness of an interactive discussion board when exploring confidentiality and telehealth among graduate healthcare students and the numerous factors that contribute to the success of online interactive learning.

Keywords: Discussion Board, Confidentiality, Telehealth, Education.

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Ethan Stonerook

Wednesday

Being a PA; design and assessment of a medical humanities curriculum for developing professional identity and cultural competence in physician associate students

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Abstract

In 2019, our physician associate program, situated in the Southeastern US, matriculated its most diverse class to date, just days after the murder of George Floyd, and while COVID-19 exposed vast racial health inequities in the US. These students boldly asked:

- Do our stories matter?
- How do we practice medicine in a system designed by and around Whiteness?

Faculty partnered with students to develop a year-long curriculum with two exploratory themes; Caring for Self, which focuses on personal and professional identity development, and Caring for My Neighbor, which centers the stories of historically marginalized patients and providers. Sessions are designed to engage students across multi-dimensional learning domains:

- Narrative knowledge: practices of narrative medicine, using art, written word, and patient narratives of identity and illness in developing habits of attention.
- Dialogic knowledge: didactic sessions with in-class dialogue exploring cultural attitudes and beliefs around personal identity, health, mental illness, healthcare policy, and structures of inequity and injustice.
- Psychomotor knowledge: workshops on reflective listening, fostering relationship-centered communication, and simulations engaging the lived experiences of others.
- Social knowledge: exploring ecosystems of socioemotional wellness, developing emotional awareness, navigating challenging encounters, and disrupting identity bias.

This poster will provide an overview of the curricular framework and describe sessions from each of the four domains. Preliminary evaluation data will be presented along with ongoing longitudinal measurement of cultural competence, empathy, attitudes toward the underserved, and professional identity formation.

Keywords: Medical Humanities, Narrative Medicine, Professional Identity Development, Inquiry Based Learning

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Lyndsey Moore

Wednesday

Does Mainstream and Social Media Impact on University Students' Vaccine Confidence?

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Abstract

Vaccine hesitancy negatively impacts on rates of vaccination. It was identified by the World Health Organization (WHO) as a top ten global threat to public health in 2019. Factors affecting vaccine hesitancy are context- and vaccine-specific and dynamic. Although rates of COVID-19-induced moderate/severe disease and mortality are higher in the elderly, young adults are also vulnerable to this disease. We are interested in understanding the determinants involved in decision-making for COVID-19 vaccines. Here, we specifically focussed on university students' attitudes towards COVID-19 vaccines and vaccination in general. The primary aim of this study was to determine if social media significantly impacts on university students' vaccine confidence and previous uptake, within an Irish university. We also investigated students' living arrangements as factors in their vaccine confidence. Using an anonymous survey, we collected and analysed 151 responses over a one-month period from UCC students. Respondents were aged 18 years or older. Although there was no significant impact of frequency of use or social media platform on a student's vaccine confidence, there was a significant association between a student's "following" social media behaviour and vaccine confidence. We also found that a student's COVID-19 uptake was associated with their yearly influenza vaccine uptake. Finally, we found that a student's COVID-19 and general vaccine uptake associated with living in student accommodation compared to living in the family home. These findings will contribute to tailoring public health and vaccine advocacy messaging for university students.

Keywords: Vaccine hesitancy, COVID-19, social media, university students

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Ruth Dalemans

Guideline for Communication-Friendly PROMs and PREMs

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Abstract

Outcomes of Patient Reported Experiences Measures (PREMs) and Patient Reported Outcomes Measures (PROMs) help professionals in the treatment process. However, for people with neurogenic communication disorders (PNCD) these questionnaires are often incomprehensible, providing invalid results. Previous attempts to make questionnaires comprehensible for PNCD were based on fragmented insights. There is no systematic knowledge about the usefulness of such strategies. This leads to the question: "How can we make questionnaires more comprehensible and more valid for PNCD?"

Method: In work package (WP) 1 we developed knowledge about requirements for questionnaires through literature, observations and interviews. In WP 2, promising strategies were tested, leading to redesign rules for questionnaires, described in the `Guideline for Communication-friendly Questionnaires` and applied to 3 existing questionnaires. In WP 3, the psychometric properties (reliability, validity, usability) are tested.

Results: The following aspects appear important in the guideline: 1) display of language (font, font size, keywords, use of white space and line spacing); 2) meaning of language (semantics, syntax, coherence, information structure) and 3) degree of support: possibility of repetition, explanation, navigation, examples, degree of instruction, use of visualizations. The psychometric properties of the CAS-DSWALQOL and AIQ-NL are good, of CCS-SGL instrument moderate.

Conclusions: Measuring instruments must be communication-friendly if we want to obtain valid and reliable answers from PNCD. The Guideline for Communication-Friendly Questionnaires (Dalemans, R. et al. 2021; Dalemans, R. et al. 2022) helps to (re)design questionnaires communication-friendly leading to reliable and valid outcomes for professionals to support Shared-Decision-making and shape the treatment proces in alignment to the client’s needs.

Keywords: Guideline, Communication-friendly, accessibility, PROM`s, PREM`s

Wales Speech Language Communication Identification, Intervention and Evaluation Package

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Abstract

Introduction

In 2022 the Welsh Government issued a call for grant applications to devise a bespoke Welsh tool to provide an evidence based, bilingual approach to identifying Speech, Language and Communication Needs (SLCN) in children aged 0-4 years, 11 months. This will include evaluation of communication milestones, risk factors, and environmental factors to be carried out at multiple age points, in line with the Healthy Child Wales Programme.

By identifying children who are at risk of SLCN early in life, the new tool will enable them to get the help they need at the right time and from the right person, preventing potential long-term effects.

Training in identification of SLCN, using the new tool, will be offered to a wide range of Early Years Practitioners.

Grant Application

An application was submitted by a consortium of researchers from Welsh universities and others. The team of over a dozen communication disorders specialists committed to produce a project comprising seven work packages (WPs) each designed to contribute to the core outputs of:

- A co-produced bilingual SLC surveillance tool which identifies children in need of intervention at a universal, population, targeted or specialist level.

- A programme of evidence-based interventions which complement the surveillance tool.
- A training programme to support implementation of the surveillance tool and intervention programme.

This poster will give details of the Welsh Government's requirements, and how the team aims to meet them.

Keywords: Welsh; bilingualism; child language development; speech, language & communication needs; assessment and intervention

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Yu-Chan Chiu

The construction of digital media on pesticide: the transformation from human health to One Health

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Abstract

News media play a significant role in defining and framing the risks for the audiences. Pesticide residues in agriculture products have been a common food safety issue for over a decade in Taiwan. Several national surveys showed that over 80 % of the public is concerned that pesticide residue may influence their health. This study examines how digital media frame the pesticide issue, which was ignored by past studies. This study analyzes the first independent and well-known digital media launched in 2011 in Taiwan, focusing on public issues of agriculture, food, and the environment, providing daily news and in-depth investigations. The keyword "pesticide" was used to search on the media website, and 150 news stories covering pesticide issues from 2011 to 2019 were gathered. Discourse analysis was used to investigate how pesticide issues were framed in the news coverage. Discourse analysis suggests that language analysis can examine values, views, and ideologies under constructed social problems. The results indicate that (2011–2017) news coverage initially concentrated more on food safety issues, such as how pesticide residues in agricultural products can damage human health, including causing cancers. After 2017, news coverage gradually concentrated on one health approach, accentuating the sustainable balance among human health, animals, and ecosystems. That is to say, the media define the pesticide issues from the micro angle of human benefit to the macro ecosystem benefit perspective. More studies should investigate how the public was influenced by the news coverage of one health perspective about the pesticide issue.

Keywords: digital media, human health, news construction, One health, pesticide

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Geraldine Latchem-Hastings

Developing and piloting immersive simulation in severe brain injury health care education: translating research findings into innovative interventions for pre and post registration training

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Abstract

Interdisciplinary research conducted by the Coma and Disorders of Consciousness Research Centre (2010-2020) identified gaps in health care professionals (HCPs) knowledge of Prolonged Disorders of Consciousness following severe brain injury, challenges in staff-family communication and misunderstandings of ethics, professional guidance, and law. In response we produced an eLearning resource addressing these gaps which has been positively evaluated by pre- and post-registration HCPs alike (Latchem-Hastings et al., 2023). Ongoing engagement with specialist clinicians and family members, continues to highlight concerns about understandings of best interest decision making processes, particularly around life-sustaining treatments (LST) in practice. To enhance learning about these areas, we created and evaluated a virtual simulation to add to our eLearning course.

Simulation-based education (SBE) is a well evidenced healthcare pedagogical methodology that facilitates experiential learning (Hawker et al., 2022). Technological evolution has provided new pedagogical opportunities within SBE including virtual simulations. Virtual simulations are a type of immersive clinical experience where interactions with patients are performed virtually in a digital learning environment, in ways that parallel real-world engagement without the risks of in-person interaction (Sim et al., 2022).

Using our research findings, digital education, and simulation expertise, we developed a best interest decision meeting virtual simulation involving multidisciplinary team decision making focused on LST. Piloting the simulation with pre and post registration physiotherapy and occupational therapy students, this paper presents learning outcomes measured via the Simulation Effectiveness Tool – Modified (SET-M) (Leighton et al., 2015) and reflects on our learning as developers, to offer those creating their own simulations.

Coma and Disorders of Consciousness Research Centre -
see https://cdoc.org.uk/publications/ for a full publications list

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Keywords: virtual simulation-based education, severe brain injuries, best interest meeting, eLearning.

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Jennifer Alwine

“We're Fighting a Different War:” The Disconnect Between Nurses and the Public During the COVID-19 Pandemic

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Abstract

Registered nurses (RNs) working in emergency and intensive care units are on the frontlines of the COVID-19 pandemic. Rhetoric regarding coronavirus and public health measures to manage the virus have heightened tensions between the public and nursing. The purpose of this study is to describe frontline nurses’ experiences interacting with the public during the COVID-19 pandemic. In October and November 2021, we conducted ten 30–60-minute semi-structured interviews with frontline RNs in the United States who worked for at least three months during the pandemic. Interviews were recorded, de-identified, and transcribed. Data saturation was reached after 10 interviews. Using Sandelowski’s (1995) method for qualitative descriptive analysis, we are engaged in an iterative process independently analyzing data and collaborating on themes until reaching consensus. Preliminary results reveal the following themes and subthemes: 1) “Shifting Perspectives,” including subthemes of nurses as heroes versus enemies, 2) “Disconnect While Caring for Patients,” including subthemes of PPE/ visitor restrictions, workplace violence, professional obligation versus personal beliefs, and compassion fatigue, and 3) “Fighting on a Different Front,” including the disconnect with the public, disconnect in interpersonal relationships, and experiences shaping the ability to connect. In conclusion, results of this study provide critical insight into the disconnect between nursing and the public, exacerbated by the COVID-19 pandemic, which has repercussions on both the nurse-patient relationship and the future of the nursing profession.

Keywords: COVID-19, Pandemic Nursing, Public, Health, Illness

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Archana Krishnan

Wednesday

Using Content and Computational Text Analyses to Explore the Association Between Suicide Prevention Public Service Announcements and User Comments on YouTube

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Abstract

In the United States, suicide rates have increased by 30% over the past few decades demanding wide-reaching interventions for effective prevention. YouTube offers opportunities to expand suicide prevention messaging to wider audiences. Public service announcements (PSAs) are well-known, effective health promotion vehicles and social media can help spread PSAs to hard-to-engage individuals who may benefit from intervention efforts, yet the most meaningful characteristics of suicide prevention PSAs for influencing health promotion attitudes and behaviors are inconclusive. The current study aims to explore the relationship between two important attributes of suicide prevention PSAs on YouTube - message framing and format - and their relationship with positive and negative sentiment and the degree of help-seeking language in user comments. Applying content analysis to suicide prevention PSAs, and computational text analyses, such as sentiment analysis and latent semantic scaling, to comments on YouTube, this study assessed the relationships between the aforementioned variables. Seventy-two PSAs were analyzed for gain/loss-framing and narrative/argument-format, and 4,335 related comments were analyzed for positive/negative sentiment and frequency of help-seeking language use. Results indicate that a higher ratio of positive comments was more likely to be found on gain-framed and narrative-formatted PSAs, and a higher proportion of comments with help-seeking language were more likely to be found on narrative-formatted PSAs. Implications are that message framing and format are specific characteristics that are important to consider when suicide prevention practitioners design suicide prevention campaigns for social media.

Keywords: YouTube, public service announcement, suicide, text analysis

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Haiyan Zhang

Wednesday

Intercultural Adaptation and Integration of the Chinese International Students in the UK: Barriers, Experience and Strategies

−A Case Study of the University of Warwick

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Abstract

Studies have revealed that Chinese international students (CISs) in the UK perform poorly in intercultural adaptation and integration. This research endeavors to explore CISs' intercultural communication barriers and skills through scrutinizing their English using, adaptation and integration in learning & life in the UK. 58 Chinese interviewees from different degree programs were randomly recruited in proportion in the University of Warwick. Mind-mapping was employed to analyze the 5,086-minute audio transcripts of the in-depth interviews from November 2022 to January 2023.

Findings indicate that CISs' intercultural communication barriers in adaptation and integration mainly include poor language proficiency in speaking and writing, inadaptable to the formative assessment and the preview workload, discomfortable with the British distancing in social network, lingering over Chinese social network, etc. Comparatively, most of the undergraduates(12) and PhD candidates(10) demonstrate a better integration due to their long-time enculturation in the UK. The postgraduates (36), in contrast, adapt themselves poorly because of one-year short program, being kept struggling with language, courses and assignments, unable to afford a better integration in study and life.

Those CISs performing better share the traits like being sociable, assertive, self-motivated, objective-oriented, brave in speaking English, etc. However, subjects, whether good at English or extroverted or not, argue that inclusive and encouraging British communicators can greatly motivate them to speak English with inspiration.

Skills to improve CISs' performances include improving language competence, getting well-informed about the university before attending, communicating as much as possible with locals, being independent in thought and life, purpose-oriented, etc.

Keywords: Language using; Intercultural adaptation; Integration; Barriers; Skills; Chinese international students

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Oluwaseun Amusa

Wednesday

When there is a need to say one more thing: Examining the Phenomenon of Increment in STI Medical Interactions in Southwest Nigeria

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Abstract

This study investigates the occurrence of increments in doctor-patient interactions in Sexually Transmitted Infections (STIs) medical encounters in Southwest Nigeria. Previous studies have examined increments in mundane interactions in different languages, from the Conversational Analytical viewpoint. This study fills a gap as it examines the types of increments that occur in STI doctor-patient interactions in two southwest states in Nigeria. Insights from Conversation Analysis, Pragmatics, and Systemic Functional Linguistics served as the theoretical anchorage while the data consisted of thirty purposively selected audio-recorded doctor-client STI interactions got from selected clinics in Southwest Nigeria, between 2017-2018. The analysis revealed that the increments were predominantly glue-ons with very few cases of non-Addons. Furthermore, the analysis revealed six types of increments namely, symptom-motivated, information-motivated, history-related, face-saving, emphatic, and folk-related. Increments in STI and HIV doctor-patient interactions in South-west Nigeria were mainly patient-initiated, designed through self-selection, and which manifested largely as articulations of the patients' life-world experiences.

Key Words: Increments, STIs, doctor-patient interactions, Conversation Analysis, Systemic Functional Linguistics

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Aldona Katarzyna Jankowska

Communication skills curriculum for undergraduate medical education in Poland. Dowe need national recommendations?

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Abstract

The framework for Communication Skills Training is set by educational models, such as Calgary Cambridge, 4 Habits or Kalamazoo Consensus. They contain guidelines regarding the content as well as teaching methodology, desired by people who create curricula. Due to cultural and institutional conditions, these general models often need to be adapted to the situation in individual countries. For this reason, recommendations have been developed, e.g. for Ibero-American countries, for Germany, Canada, and UK. In Poland, compulsory communication curricula in medical faculties have been introduced for less than a decade. During this time, most medical universities included communication classes in the curriculum. However, these solutions are not standardized, students at different universities have a different number of class hours, and therefore also achieve different learning outcomes. The aim of the study was to describe an effective and comprehensive communication curriculum for undergraduate medical education in Poland and to name factors influencing specificity of national recommendations and their universal parts.
The recommendations were developed through an iterative consultation process with lecturers, faculty members of medical schools, and education coordinators by Polish Society of Medical Communication (PTKM). The study included: (1) definition, (2) education content, (3) learning outcomes, (4) the recommended teaching methods. Local language, culture, religion, structure of society, legal and ethical issues were considered as factors conditioning communication skills training in Poland. Detailed recommendations for communication curriculum – both national and international - may promote successful teaching, learning, and assessment of medical communication

Keywords: Communication Skills Training, medical education, curriculum, recommendation

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Kerrie O’Grady

Wednesday

Simulated Learning in the Clinical Education of Speech and Language Therapy Students

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SLT education programmes are increasingly using simulated practicum to support clinical learning. Recent research in Australia supports implementation of up to 20% of required clinical hours as simulation activities, without compromising clinical learning (Hill et al., 2021).

We report on the implementation of a simulation programme based on Hill et al. (2021) and adapted to the Irish context. The programme ran over a week and generated 36 placement hours per student. Students (n=20) worked with volunteer actors who assumed clinical identities as adults with speech, language and swallowing disorders (supported by fictitious case files and clinical histories). We administered a survey which probed students' ratings of their confidence, clinical skills and preparedness, theoretical knowledge, and anxiety before and after the simulation week and also elicited free text comments on the programme. Detailed data analysis is in progress at the time of abstract preparation. A broad brush tendency is that before the programme, none of the students expressed high confidence or preparedness, and only few rated their skills (5%) and theoretical knowledge (4%) as high, while 65% reported high anxiety rating. After completing the simulation week, the large majority of students rated their confidence (95%), clinical skills (90%) and theoretical knowledge (80%) of the target clinical population as high, while 75% rated their anxiety as low. While pre and post programme rating scales are to an extent vulnerable to bias, these results do indicate a positive effect. Qualitative feedback indicates that students perceived simulated practice as a safe place and an excellent learning opportunity, and a welcome consolidation of theoretical knowledge prior to entering the higher-pressure environment of a clinical site.

We also consider economic implications (staffing, resources), as well as integration of simulation into clinical education and the wider curriculum.

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Key words: SLT education, simulation, clinical practicum, healthcare education

06/21/2023 (13:30 PM - 17:10 PM) Western Gateway Building

Poster Session

Presenter: Rachel Fiore, Judith Oxley

What Has Status Got to Do with It? The impact of contextual social status on information exchange with doctors, as told by patients

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Poster Presentation
Abstract

Background: Social status is context-dependent. A person might command a police force at their place of work, but they still may be intimidated by a doctor's visit. What factors dictate this unspoken social hierarchy, and how does social status in the exam room affect the exchange of critical information between patients and doctors? This study asks those with the most to lose: the patients.

Aim: The aim of this investigation is to gather the perspectives of people in various non-medical contexts and observe the themes that emerge from conversations about being a patient. Themes related to contextual social status are extracted and discussed.

Method: A qualitative analysis was used in order to fully embrace the factors unique to each participant. To this end, audio-recorded semi-structured interviews with 8 participants contrasting in age, race, education, and professional background were transcribed for thematic analysis. An inductive approach was used, starting with repeated review of the transcripts to construct a codebook. The codebook was then used by two investigators independently and an interrater reliability check was completed. Patterns were identified among the codes to recognize greater themes consistent throughout multiple interviews. Finally, these themes were recontextualized in relation to participants' background and demographic data in order to draw conclusions from emergent themes.

Results: Themes included fixed factors (age, race, gender, sexual orientation, cultural and linguistic background) and mutable factors (interpretation of doctor/patient relationship, perceived mental status, shame/pride, trust). Notably, some mutable factors were

conceptually connected to fixed factors and both positive and negative interference effects were identified.

Conclusion: Status in the doctor's office is consistently regarded as integral to patient care. However, the way it is defined varies both in fixed and mutable factors. The interplay among some of these factors suggests opportunities to emphasize those that are empowering to patients and supportive of information exchange and relationship-building efforts between doctors and patients.

Keywords (4 to 6): Social Status, Doctor-Patient Communication, Thematic Analysis, Patient Perspectives

The abstract addresses the following conference theme(s): Ethics and Communication, Intercultural Communication in Health, Narratives of Illness Experience