COMET 2024

Book of Abstracts

BRIXIA FIDELIS
COMUNE DI
BRESCIA

Sistema Socio Sanitario
Regione Lombardia
ASST Spedali Civili

GERAS
Groupe d'Etude et de Recherche en Anglais de Spécialité

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Contents

Dear Colleague,

A warm welcome to COMET 2024 in Brescia. This letter aims to minimize announcements of housekeeping matters during sessions. Please read it at your earliest convenience.

Finding Places

The conference will take place in the Department of Economics and Management. The rooms where the conference will be held are located in the former monastery of Santa Chiara (Ex Monastero di Santa Chiara, hereinafter referred to as “S. Chiara”) and the cloisters of San Faustino (Chiostri di San Faustino, hereinafter referred to as “S. Faustino”).

Here are the respective addresses:

Università degli Studi di Brescia
San Faustino building
Via San Faustino 74/B
25122 Brescia (BS)

Università degli Studi di Brescia
Santa Chiara building
Contrada Santa Chiara n. 50
25122 Brescia (BS)

The Registration/Help Desk is located in the main cloister of the San Faustino building.

The opening and closing sessions, the COMET open forum as well as the featured lecture and the three plenaries will be held in the San Faustino building in the Main Hall (Aula Magna). All presentations will be held either at the Santa Chiara or San Faustino buildings. Room identification consists of a letter and a number (e.g., A1, B3). The library (Sala Biblioteca) and cloisters of the San Faustino building will also be used during the conference. The “Sala Studio” (study room) on the first floor of the S. Faustino building is also at our disposal for the duration of the conference.
This area is available for meetings and networking. Please note that the space is unattended, so we kindly request that you do not leave any valuable belongings.

Registration/Help Desk

Registration opens on Wednesday 26th June at 8:15 AM and will remain open for the entire duration of the conference in the San Faustino building. Registration on 27th & 28th June will be available in both the San Faustino and Santa Chiara buildings. Please direct any requests you may have to the personnel at the Registration/Help Desk.

Abstracts and Programme Book

We have integrated the programme and the abstracts into this book, which also includes pages for notes. The index of presenters (pages 267-272) will help you locate the individual abstracts which are alphabetically organised under each category: featured lecture, plenary lectures, panels, oral presentations, work-in-progress presentations and poster presentations.

Programme Update

It is possible that there may have been some last-minute changes and cancellations after we went into press. We will make necessary announcements during plenary sessions.

Technical Support

Should you have any specific audio-visual and technical requests or requirements, please contact the local organising committee by writing to comet2024@unibs.it as soon as possible and referring to the Registration/Help Desk to ensure they are listed correctly. It is crucial for the smooth operation of the sessions that all equipment is properly arranged. While we will do our best to accommodate last-minute requests, we cannot guarantee that all needs can be met on short notice.

Please send the electronic file (PowerPoint and PDF) of your presentation slides to comet2024@unibs.it by 25th June.

Poster presentations

Posters will be on display from 26th June (afternoon) throughout the conference in the San Faustino cloister.

If you are a poster presenter, please make sure that your poster is mounted by the afternoon of 26th June. You have been allocated a space (with your name pinned to the board). You can obtain the necessary materials from the Registration/Help Desk when registering.

The plenary poster session, during which all poster presenters will have 2-3 minutes to introduce their presentations, will take place on 27th June at 16:00 in the library room (Sala Biblioteca) of the San Faustino building This will be followed by the poster session in the cloister of the San Faustino building, from 17:15 to 18:45.

COMET Open Forum

The COMET Open Forum is scheduled as the final session in the programme and will take place in the Main Hall (Aula Magna). It is primarily an audience-driven Q-A, discussion session where participants are free to share their reflections about COMET 2024 and make suggestions about future COMET events. This is also an opportunity to take stock of emergent themes and research challenges in the interdisciplinary field of Communication, Medicine and Ethics.

Chairing of Sessions

Chairs have been allocated for each session consisting of two-three papers. This does not apply to panels, where the coordinators act as chairs. The main function of the chairs is to ensure strict time-keeping. A folder with necessary instructions is available in each room. Please do not remove the folder.

Lunches

Each day lunch will be served in the San Faustino cloister. If you have specific dietary requirements and have already indicated this on your registration form, please refer to the catering staff during lunch breaks.

Tea/coffee breaks

Morning and afternoon tea/coffee will be served in the San Faustino cloister (and occasionally on the first floor of the Santa Chiara building) during the designated breaks in the programme. A modest selection of refreshments will be available throughout the day.

Welcome Reception

The COMET Welcome Reception will take place on Wednesday 26th July at 18.40 in the San Faustino Cloister.

Conference Dinner and Social event

The social dinner will be hosted at “Ristorante La Sosta”, conveniently located just a 15-minute walk from the conference venue in the city centre of Brescia. Guests will enjoy an elegant dining experience, featuring refined dishes served in a beautifully appointed space adorned with ornate vaults, columns, antique mirrors, and precious chandeliers.

Conference dinner location:
Ristorante La Sosta
Via S. Martino della Battaglia, 20
25121 Brescia (BS)
http://www.lasosta.it/

Cost: €60 per person

Participants should already have booked the social dinner via the registration form. Extra tickets can be purchased at the Registration/Help Desk before 19th June. On site payment for the dinner can be made either in cash or by credit card.

Publication opportunities

All paper and poster presenters are encouraged to submit their contributions for consideration to the journal *Communication & Medicine*, at Communication and Medicine (equinoxpub.com) The deadline for submission is 31st October 2024. If a sufficient number of accepted submissions is reached, a special issue will be designated to comprise COMET 2024 presentations. Alternatively, accepted individual manuscripts will appear in regular issues. Detailed information will be sent directly to presenters after COMET 2024.

IT facilities

Free WIFI will be available throughout the conference. The **eduroam network** may be accessed using the full academic e-mail address as the username and the password used to access the academic e-mail address as the password.

Network: Either the “Ospiti” or “Studenti” network
Username: amm.comet24
Password: WozvhXU7

Feedback forms

Please take a moment to fill in the feedback form which will be e-mailed to you shortly after the conference. Your response will help us to plan future COMET events.

COMET Contacts:

Conference-related enquiries: comet2024@unibs.it

Registration-related enquiries: info@whitepageevents.com

COMET 2024 website: https://comet2024.unibs.it/

Useful websites, emails and telephone numbers

For essential information about transportation, accommodation, and local attractions in Brescia, please visit our dedicated page: https://comet2024.unibs.it/the-city-of-brescia/

Additional useful contact numbers

Medical emergencies / Police:	112
Brescia tourism:	https://www.bresciatourism.it/en/

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Fiona Wood (University of Cardiff, UK)
Robyn Woodward-Kron (University of Melbourne, Australia)
Rolf Wynn (The Arctic University of Norway, Tromsø, Norway)

Webmaster: Andrea Festa

Technical support team:

Servizi ICT - Università degli Studi di Brescia

Have an enjoyable conference!

COMET 2024 Local organising Committee
Elisabetta Ceretti, Loredana Covolo, Roxanne Barbara Doerr, Carlotta Fiammenghi, Umberto Gelatti, Arianna Gnutti, Nicola Pelizzari, Annalisa Zanola

COMET Founding Advisor: Srikant Sarangi

COMET 2024

Conference programme

Day 1 – Wednesday JUNE 26th, 2024

08:15 – 09:00	**REGISTRATION** S. Faustino cloister
09:00 – 09:30	**OPENING CEREMONY & WELCOME REMARKS** Aula Magna S. Faustino
09:30 – 10:30	**SPECIAL FEATURED LECTURE** Aula Magna S. Faustino **Prof. Francesco Castelli**, Rector of the University of Brescia, Italy “Health literacy and communication with migrants’ populations: The case of Covid-19” (**Chair: Annalisa Zanola**)
10:30 – 11:00	**TEA/COFFEE** – S. Faustino cloister

	ROOM B4 (S. CHIARA)	ROOM B3 (S. CHIARA)	ROOM A1 (S. CHIARA)	ROOM C1 (S. CHIARA)	ROOM B2 (S. CHIARA)	AULA MAGNA (S. FAUSTINO)	SALA BIBLIOTECA (S. FAUSTINO)
	ORAL SESSION 1 **Chair: Stefan Timmermans**	**ORAL SESSION 2** **Chair: Laura Pinnavaia**	**ORAL SESSION 3** **Chair: Anna Middleton**	**WORK IN PROGRESS SESSION 1** **Chair: Barbara Buffoli**	**WORK IN PROGRESS SESSION 2** **Chair: Roxanne Barbara Doerr**	**PANEL 1 – SESSION 1** **Ethics of care and communication (Coordinator: Srikant Sarangi)**	**PANEL 2 - SESSION 1** **Healthcare communication discourses and the applied linguist (Coordinators: Stefania Maci & Roxanne Holly Padley)**
11:00 – 11:30	**Engle Angela Chan** Simulation-based education in palliative care communication training within a socio-material approach	**Joanna Pawelczyk & Elena Faccio** Identifying therapeutic change in and across sessions: Conversation analysis of the therapist's interactional management of gendered assumptions and categories	**John Casey Gooch** Medical science, health policy, and oral argument: A qualitative content analysis of the PACE debate on COVID-19 vaccines	**Ana Reyes Herrero** "I don't understand, doctor": Analysing the biomedical discourse of assisted reproduction to improve patients' health literacy	**Silvia Gonella & Paola Di Giulio** Preliminary evaluation of an interdisciplinary, experiential-based communication skills training program for nursing home staff	**Introduction by panel coordinator: Srikant Sarangi** **Lauris C. Kaldjian** Concepts of health and virtues in caring **Rukhsana Ahmed** Immigrant patients' experiences of sources of conflict with healthcare providers: Some ethical considerations	**Introduction by panel coordinators: Stefania Maci & Roxanne Holly Padley** **Paola Catenaccio** Categorizing experience in narratives of anorexia recovery: the role of linguistics in narrative inquiry **Girolamo Tessuto** Discoursal construction of gender identity in medicine and biology research blogs **Begoña Bellés-Fortuño** Diagnosing vs. communicating: Women's healthcare
11:35 – 12:05	**Sara Patuzzo & Lidia del Piccolo** Communicating suffering: Ethical and psychological challenges of palliative care in the context of medically assisted suicide	**Tanya Fischer** Improving Care for Those with Cancer: NCCN Guidelines for Patients®	**Giulia Adriana Pennisi** Health literacy and the EU Guide on 'contributing to trust building and equitable access to healthcare'	**Sinem Bilican** Tackling methodological barriers: A journey of creating an accessible healthcare survey for a diverse population	**Ethan Stonerook** The Good Surgeon: Design, implementation, and evaluation of a communal, mentored program to promote flourishing and character development in surgical trainees		
12:10 – 12:40	**Yumin Lin & Peter Schulz** Cultural influences on palliative care decision-making among family caregivers in Singapore			**Mohamed Irfan** Inclusive research practices: Multilingual perspectives on informed consent	**Houda Al Kalaf** Communicative intervention to improve communication between refugee and migrant patients and health workers in mental health		

12:40 – 13:40	**LUNCH – S. Faustino cloister**						
	ROOM B4 (S. CHIARA)	**ROOM B3 (S. CHIARA)**	**ROOM A1 (S. CHIARA)**	**ROOM C1 (S. CHIARA)**	**ROOM B2 (S. CHIARA)**	**AULA MAGNA (S. FAUSTINO)**	**SALA BIBLIOTECA (S. FAUSTINO)**
	ORAL SESSION 4 **Chair: Alessandra Vicentini**	**ORAL SESSION 5** **Chair: Umberto Gelatti**	**ORAL SESSION 6** **Chair: Elisabetta Ceretti**	**WORK IN PROGRESS SESSION 3** **Chair: Giulia Adriana Pennisi**	**WORK IN PROGRESS SESSION 4** **Chair: Joanna Pawelczyk**	**PANEL 1 – SESSION 2** **Ethics of care and communication (Coordinator: Srikant Sarangi)**	**PANEL 2 - SESSION 2** **Healthcare communication discourses and the applied linguist (Coordinators: Stefania Maci & Roxanne Holly Padley)**
13:45 – 14:15	**Ahmad Izadi** Medical consultation visits in Iran: How culture is mirrored in talk-in-interaction	**Staci Defibaugh** Tuning in: Approaches and expressions of empathy in physician assistant neurology visits	**Elzbieta Paszynska** Preventive dentistry – existing oral health habits among Polish adults	**Nicola Pelizzari** Lay-friendliness in British and Italian patient information leaflets - A corpus-driven comparative study	**Eloise Parr** Pregnancy is a journey: a metaphor analysis of pregnancy lived experience	**Alison Pilnick** "I'm going home to my dad": Intersubjectivity and reality disjunctures in the care of people living with dementia **Angus Clarke, Matilda Bradford, Beck Diamond, Lisa Ballard & Shane Doherty** Caring for the patient through communicative practices in genetic counselling for neurodegenerative disorders **Álvaro Mendes, Maria Barbosa, Sofia Dias, Filipa Júlio, Jorge Sequeiros, Célia Sales, Liliana Sousa & Milena Paneque** Genetic counselling, care and the communication of risk information within the family	**Stefania d'Avanzo** Informative and promotional features of healthcare communication through the lens of discourse analysis: the digitalized services on NHS (National Health Service) website **Begoña Bellés-Fortuño & Lucia Bellés-Calvera** Assisting individuals with hearing Impairment: Exploring PHONICSOFT, speech recognition software in the healthcare system **Roxanne Holly Padley** An appraisal of corpus linguistic research feedback provided to healthcare professionals **Questions, discussion and reflections**
14:20 – 14:50	**Bianca Beltrame** Investigating the impact of social media usage and exposure on BBD and perceived self-image: A mixed-method analysis of a sample of young adults living in Italy	**Blair Ying Jin** The affective reading of "hao-bu-hao?" in diagnosis delivery	**Zoe Ong** Doctor-patient communication in telemedicine consultations: Insights from an interview study with patients in Singapore	**Miguel Ángel Campos-Pardillos** Clarity in informed consents: A pilot bilingual study on readability, euphemisms and patient information in the legal-medical interface	**Isabel Balteiro** Linguistic strategies in first-person oral narratives of women affected by osteoporosis		
14:55 – 15:25	**Robyn Woodward-Kron** Transforming intercultural communication through translanguaging: Interdisciplinary and critical approaches for medical education				**Michelle Nenkai Nthumba, Basweti Ombati, Monica Mweseli & Joseph Muleka** Empowering communities through education and health communication: A catalyst for reducing maternal and unborn child mortality resulting from unintended pregnancies in Kenya		

15:25 – 15:40	**SHORT BREAK** – S. Chiara 1st floor & S. Faustino cloister

	ROOM B4 (S. CHIARA)	**ROOM B3 (S. CHIARA)**	**ROOM A1 (S. CHIARA)**	**ROOM C1 (S. CHIARA)**	**AULA MAGNA (S. FAUSTINO)**
	ORAL SESSION 7 **Chair: Kristin Bührig**	**ORAL SESSION 8** **Chair: John C. Gooch**	**WORK IN PROGRESS SESSION 5** **Chair: Loredana Covolo**	**WORK IN PROGRESS SESSION 6** **Chair: Stephanie Fox**	**PANEL 1 – SESSION 3** **Ethics of care and communication** **(Coordinator: Srikant Sarangi)**
15:40 – 16:10	**Jette Holt** How to do things with numbers – how do infection prevention and control teams resemiotize surveillance data	**Mbulungeni Madiba** Metaphors in Venda traditional medicines and their implications for western health communication and treatment in South Africa during COVID-19	**Kathrine Krüger Østbøll** Psychometric properties and cultural and linguistic appropriateness of a health literacy scale in people with Somali background living in Norway	**Katharine Weetman & Katherine Heathcock** An evaluation of the referred students' coaching programme through student surveys	**Giuditta Caliendo & Lola Marinato** Metaphors in the discourse of perinatal death to improve bereavement care: Ethical and communicative aspects **Srikant Sarangi** Caring role-responsibilities in clinical practice and beyond **Questions, discussion and reflections**
16:15 – 16:45	**Marco Annoni** When words make us sick: the ethics of harnessing nocebo effects in clinical practice	**Rosita Maglie & Francesca Filograsso** A metaphor for changing the mental wellbeing of adolescents with cancer and the provision of health services	**Susy Macqueen** Health literacy in context: Interrogating the construct of health literacy through instruments, interactions and insights	**Anna Smålander** How do you write clinical notes? – a focus group study on clinical note writing with health-care professionals and university students	
16:50 – 17:20			**Anais Carnet** The CORPPS project: From theory to reality and back		
17:20 – 17:40	**SHORT BREAK** (S. Chiara 1st floor & S. Faustino cloister) **& TRANSITION TO S. FAUSTINO**				
17:40 – 18:40	**PLENARY LECTURE** Aula Magna S. Faustino **Prof. Anna Middleton**, University of Cambridge, UK "Human embryo editing: Citizens jury for deliberation of ethics and policy formation" (**Chair: Srikant Sarangi**)				
18:40 – 20:00	**COMET 2024 WELCOME RECEPTION -** S. Faustino cloister				

Day 2 – Thursday JUNE 27th, 2024

08:30 – 9:00	**WELCOME REMARKS** (Aula Magna S. Faustino) **& SINGLE DAY REGISTRATION** (S. Faustino & S. Chiara cloisters)						
	ROOM B4 (S.CHIARA)	**ROOM B3 (S. CHIARA)**	**ROOM A1 (S.CHIARA)**	**ROOM C1 (S. CHIARA)**	**ROOM B2 (S.CHIARA)**	**AULA MAGNA (S. FAUSTINO)**	**SALA BIBLIOTECA (S. FAUSTINO)**
	ORAL SESSION 9 **Chair: Diana Slade**	**ORAL SESSION 10** **Chair: Rosita Maglie**	**ORAL SESSION 11** **Chair: Robyn Woodward-Kron**	**WORK-IN-PROGRESS SESSION 7** **Chair: Ute Knoch**	**WORK-IN-PROGRESS SESSION 8** **Chair: Giuditta Caliendo**	**PANEL 3** **Communicating reproductive futures: Ethical evaluations, terminology choices and speculations** (**Coordinator: Alexandra Krendel**)	**PANEL 4 – SESSION 1** **Health and well-being as seen through food and nutrition discourse(s): Past and present perspectives** (**Coordinator: Alessandra Vicentini**)
9:00 – 9:30	**Chiara Barattieri di San Pietro** Computational insights into a spoken schizophrenia corpus	**Sole Alba Zollo** "Doctors need to see people as human": Women's experiences of obstetric violence in online narratives	**Zuzanna Jechna & Agnieszka Kiełkiewicz-Janowiak** "Even the toughest cookies have mental problems": Discursive resources applied in Polish healthcare platforms to help people cope with mental illness stigma	**Emma Giraudier** What does 'conscious' mean? A terminological and interactional analysis of lay callers' assessments in French emergency calls for severe trauma	**Karen Nissen Schade Schriver** Interactional strategies in in-patient interviews: How psychiatric doctors communicate with patients with psychotic symptoms	**Introduction by panel coordinator: Alexandra Krendel** **Alexandra Krendel, Stephen Wilkinson & Nicola Williams** The ethics of ectogenesis: corpus linguistic insights from YouTube comments **Nicola Williams & Laura O'Donovan** Terminology, communication, and new reproductive technologies: Reflections on ectogenesis discourse **Andrew Darby, Sara Fovargue & Georgia Walton** (Re)producing futures with other disciplines **Questions, discussion and reflections**	**Introduction by panel coordinator: Alessandra Vicentini** **Barbara Berti** Nutritional discourse and societal attitudes across time: A corpus-based diachronic analysis of the evolution of the collocation 'Healthy Food' **Elisabetta Lonati** Diet, nutrition, regimen: Food and healthcare in 18th-century British midwifery **Simone Curzio Bacchini** Health in your trolley: The rhetorical construction of the 'Good Supermarket' and self-positioning as an active partner in keeping the nation healthy in the UK
9:35 – 10:05	**Anna Maria Della Vedova & Stephen Matthey** The promotion of perinatal psychological health: screening expectant and new parents for possible distress, an exploratory study to compare two screening instruments	**Vanesa Rodríguez Tembrás** Two languages, one goal: Code-switching in bilingual medical consultations	**Gilberto Giannacchi** Exploring depression in American government medical texts: a corpus-assisted discourse analytical study	**Laura Ferrarotti** The Personal Stories Section on Pharmaceutical Company Websites: The Role of Patients' Narratives on Novartis' and Johnson & Johnson's websites	**Monica Consolandi, Simone Magnolini & Mauro Dragoni** Risk and communication: which tools to detect misunderstandings?		

	ROOM B4 (S.CHIARA)	ROOM B3 (S. CHIARA)	ROOM A1 (S.CHIARA)	ROOM C1 (S. CHIARA)	ROOM B2 (S.CHIARA)	AULA MAGNA (S. FAUSTINO)	SALA BIBLIOTECA (S. FAUSTINO)
10:10 – 10:40			**Giulia Lamiani** Examining sub-categories of moral distress among Italian healthcare professionals: Reflections and implications for research		**Kristin Bührig** ‘Agency’ in multilingual health communication: The case of long-Covid		
10:45 – 11:15	**TEA/COFFEE** – S. Faustino cloister						
11:15 – 12:45	**ANNOUNCEMENT OF COMET 2025 + ANNOUNCEMENT OF COMET 2023 RESEARCHER AWARD** **PLENARY LECTURE** Aula Magna S. Faustino **Prof. Silvio Brusaferro**, University of Udine, Italy “Institutional communication in public health crises: Lessons learned during the Sars-Cov-2 pandemic” (**Chair: Umberto Gelatti**)						
12:45 – 13:45	**LUNCH** – S. Faustino cloister						

	ROOM B4 (S. CHIARA)	**ROOM B3 (S. CHIARA)**	**ROOM A1 (S. CHIARA)**	**AULA MAGNA (S. FAUSTINO)**	**SALA BIBLIOTECA (S. FAUSTINO)**
	ORAL SESSION 12 **Chair: Roxanne Barbara Doerr**	**ORAL SESSION 13** **Chair: Angus Clarke**	**ORAL SESSION 14** **Chair: Lauris C. Kaldjian**	**PANEL 5** **Pushing the boundaries of life: Synchronic and diachronic observations on pre- and post-mortem body preservation** (**Coordinator: Kim Grego**)	**PANEL 4 – SESSION 2** **Health and well-being as seen through food and nutrition discourse(s): Past and present perspectives** (**Coordinator: Alessandra Vicentini**)
13:50 – 14:20	**Federica Ranzani** “Doing being a good parent” in the pediatric clinic: Parents’ knowledge displays in advice requests on baby’s everyday care	**Liza Goncharov, Diana Slade & Diba Almasi** Communication in end-of-life care in a geriatric ward	**Alessia Bevilacqua** An ethical reflection on student engagement: which tools? Validation of an assessment questionnaire for Team-Based Learning	**Introduction by panel coordinator: Kim Grego** **Laura Tommaso & Simone Curzio Bacchini** The discursive construction of longevity by biotech companies: A corpus-based study **Francesca Cappellini** Ethical immortality: Corpus-based analysis of questions on radical life extension practices **Anna Anselmo** Conceptualising embalming: Terms surrounding the embalming of Mrs. Van Butchell **Questions, discussion and reflections**	**Alessandra Agnese Grossi** A socio-ecological approach to explore the conceptualization of and the barriers to “Healthy Nutrition” and “Well-being” among different ethnic groups in Northern Italy: Preliminary findings of a qualitative study **Laura Pinnavaia** Obfuscating ill-being and creating ‘Well-being’: The communication strategies of the world’s top ten food and beverage companies **Sara Corrizzato & Valeria Franceschi** Explaining nutrition to the wider public: An analysis of spoken science popularization texts **Alessandra Vicentini** “Eat the Rainbow to Age Well”: Exploring seniors' well-being through discourses on healthy eating and nutrition across genres and text types **Questions, discussion and reflections**
14:25 – 14:55	**Heidi Gilstadt** Narrative health literacy - communicative manifestations of patients’ literacy in clinical encounters	**Ute Knoch** Modelling communication challenges of aged care workers from multilingual and multicultural backgrounds	**Sarah Bigi** Healthcare communication teaching in Italy: State of the art and future perspectives		
15:00 – 15:30		**Fiona Chew** Examining e-health literacy among senior adults: An exploratory study	**Susi Woolf** Educating future health professionals: Modelling what we teach		

15:30 – 16:00	**TEA/COFFEE** – S. Chiara 1st floor & S. Faustino cloister
16:00 – 17:15	**<u>PLENARY POSTER SESSION</u>** Sala Biblioteca S. Faustino **(Chair: Srikant Sarangi)** (Each poster presenter will orally present their work in 2-3 minutes)
17:15 – 18:45	**<u>POSTER PRESENTATIONS</u>** S. Faustino cloister
19:30 onwards	**BUFFET-STYLE CONFERENCE DINNER at “La Sosta” Restaurant** (Via S. Martino della Battaglia, 20)

Day 3 – Friday JUNE 28th, 2024

08:30 – 9:00	**WELCOME REMARKS** – Aula Magna S. Faustino **& SINGLE DAY REGISTRATION** (S. Faustino & S. Chiara cloisters)				
09:00 – 10:00	**PLENARY LECTURE** Aula Magna S. Faustino **Prof. Stefan Timmermans**, University of California, Los Angeles, USA “Contextualizing the patient-doctor encounter” (**Chair: Srikant Sarangi**)				
10:15 – 10:45	**TEA/COFFEE** – S. Faustino cloister				
	ROOM B4 (S. CHIARA)	**ROOM B3 (S. CHIARA)**	**ROOM A1 (S. CHIARA)**	**AULA MAGNA (S. FAUSTINO)**	**SALA BIBLIOTECA (S. FAUSTINO)**
	ORAL SESSION 15 **Chair: Annalisa Zanola**	**ORAL SESSION 16** **Chair: Kim Grego**	**ORAL SESSION 17** **Chair: Rukhsana Ahmed**	**PANEL 6** **Strengthening scientific literacy through institutional health communication** (**Coordinator: Sara Rubinelli**)	**PANEL 7** **Navigating interactional challenges in interprofessional communication** (**Coordinator: Stephanie Fox**)
10:45 – 11:15	**Weiwei Lu** Toward mutual engagement: A narrative-based model of shared decision making	**Yvan Leanza** An original video vignettes study to validate the typology of healthcare interpreter positionings among healthcare practitioners	**Johanna Falby Lindell** Epistemic humility in complex migrant patient-provider interactions	**Introduction by panel coordinator: Sara Rubinelli** **Nicola Diviani & Sara Rubinelli** Unveiling scientific literacy: A conceptual journey **Maddalena Fiordelli** Crafting scientific literacy in high school curricula: A participatory approach **Claudia Zanini & Sara Rubinelli** Strategic communication by health institutions: Learning from influencers and media partnerships	**Introduction by Panel coordinator: Stephanie Fox** **Stephanie Fox & Kirstie McAllum** Communication avoidance when trust disappears in times of crisis **Léna Meyer** Clashing frames of care when plans go awry: Midwives and hospital obstetrics teams
11:20 – 11:50	**Geoffrey Maina** Using inclusive narratives to address the unintended influence of prevalence rates on ethics and funding decisions	**Mary Catherine Beach** How is the patient’s voice recorded in their medical record by physicians?	**Clare Delany** Unpacking methods of communication in clinical ethics consultations: Seven steps of the critical dialogue model		

11:55 – 12:30				**Questions, discussion and reflections**	**Letizia Caronia, Federica Ranzani, Vittoria Colla, & Silvia Demozzi** Discursive interprofessionality in the pediatric clinic: Stance-taking toward absent professionals' reported voice as a locally changing positioning **Kelly Lackie** Psychologically safe communication in interprofessional education **Questions, discussion and reflections**
12:30 – 13:30	**LUNCH** – S. Faustino cloister				
13:30 – 14:30	**COMET OPEN FORUM & CLOSING SESSION** Aula Magna S. Faustino (**Chair: Srikant Sarangi**)				
14:30 onwards	**SOCIAL EVENT / RESEARCH NETWORKING** Aula Magna S. Faustino				

Featured lecture

Wednesday 26th June 2024, 09:30-10:30, Aula Magna San Faustino

FEATURED LECTURE

Health literacy and communication with migrants' populations: The case of Covid-19

Prof. Francesco Castelli
Rector of the University of Brescia, Italy

Unsafe migration entails significant health risks for migrants, including exposure to harsh conditions, violence, and lack of access to basic healthcare. Health disparities among migrants, stemming from dynamics of social inequality and marginalization in destination and transit countries, not only impact individual well-being but also hinder progress towards global public health goals. Limited accessibility to essential healthcare services not only compromises the autonomy and empowerment of migrant individuals but also contributes to increased stigmatization and social exclusion. Addressing these challenges requires a thorough review of healthcare policies, with an active focus on the specific needs of migrant populations to pursue the right to health, as enshrined in Article 32 of the Italian Constitution. In this perspective, promoting health and access to healthcare services, and overcoming linguistic and cultural barriers, emerge as fundamental pillars. The experience of the COVID-19 pandemic has demonstrated how individuals belonging to linguistic minorities have had less access to healthcare information and preventive measures, and consequently been more exposed to health misinformation. The pandemic has further underscored the need to invest in more inclusive and culturally sensitive approaches to health communication, recognizing that effective communication is crucial to ensuring that information reaches all individuals, regardless of their background or spoken language. In this context, i) promoting person-centered healthcare services, ii) investing in training and enhancing the cultural competence of healthcare providers, and iii) promoting community-based participatory healthcare models, become key elements in providing a healthcare system that fully respects the health rights of migrant individuals, thereby contributing to a more equitable and inclusive global landscape.

Plenary lectures

Wednesday 26th June 2024, 17:40-18:40, Aula Magna San Faustino

PLENARY LECTURE 1

Human embryo editing: Citizens jury for deliberation of ethics and policy formation

Prof. Anna Middleton
Director of the Kavli Centre for Ethics, Science and the Public at the University of Cambridge

For a week in September 2022, 21 people with personal experience of genetic disease travelled from across the UK to the Wellcome Genome Campus near Cambridge to sit as members of the UK Citizens Jury on Genome Editing. The jury members were selected to broadly reflect the demographic make-up of patients who are eligible to use genomic medicine services and genetic counselling in the NHS. The aim was to provide an insight into the perspectives of a group of patients with inherited genetic conditions on what they think about the benefits, risks and wider harms emerging from the application of embryo genome editing. The citizens jury deliberated over 4 days on the following question: Are there any circumstances under which a UK Government should consider changing the law to allow intentional genome editing of human embryos for serious genetic conditions?

This presentation will involve showing the 10-minute filmed documentary of the citizens' jury process, a film that has picked up 7 film festival awards and prompt us to think about how publics are brought into discussion about controversial ethical issues and supported to write their own policy recommendations. This work has been awarded the Vice Chancellor's award for public engagement and impact at the University of Cambridge in the category of best 'collaborative' project 2023.

https://www.kcesp.ac.uk/projects/citizens-jury-on-human-gene-editing/

Thursday 27th June 2024, 11:15-12:45, Aula Magna San Faustino

PLENARY LECTURE 2

Institutional communication in public health crises: Lessons learned during the Sars-Cov-2 pandemic

Prof. Silvio Brusaferro

Full Professor of Hygiene and Public Health at the University of Udine, Director of the unit Quality, clinical risk management and Accreditation at Udine Friuli Healthcare Trust

Institutional communication, although well recognized as an essential tool during public health crises and in routine activities, gained new "momentum" and centrality during the recent SARS-CoV-2 pandemic. The pandemic experience highlighted some macro issues: a) communication, and particularly "institutional" communication, is a fundamental and essential pillar in setting up and managing the "response" to crises; b) public health has to invest in research in order to foster science-based appropriate communication; c) besides traditional technical skills and competences, the public health workforce should be specifically trained on communication. Currently communication aspects are included in the crisis preparedness plans that are under development worldwide; nevertheless this is not enough: significant investments are required to strengthen public health organizations in their communication capability. How to deal with different and continuously evolving communication tools, as well as with phenomena such as "infodemic" and "fake news", and wide variations in health literacy, as well as how to guarantee a scientifically appropriate and comprehensible information, how to coordinate messages at an international level, are only some of the critical issues we have to face. In this historical phase, there are some great opportunities like the challenge to globally implement the WHO competency and outcomes framework in view of the delivery of "essential public health functions", which, once made public, will contribute to innovate and strengthen our public health and healthcare systems. We all are called to support this evolution as active, competent and passionate actors.

Friday 28th June 2024, 09:00-10:00, Aula Magna San Faustino

PLENARY LECTURE 3

Contextualizing the patient-doctor encounter

Professor Stefan Timmermans

Professor of Sociology, University of California, Los Angeles

The argument in the talk is that the interactional exchanges we observe in patient-clinician interactions are largely curtailed by ongoing shifts in social roles, external institutional pressures, and national health policies. Exploring these aspects enriches our understanding of what we observe. The talk will contextualize key aspects of the US patient-clinician encounter in four ways: the changing role of the patient to be more engaged in their own care, the changing role of the health care provider as a frontline gatekeeper in health care businesses subject to financial and time pressures and incentives, the varying and changing ontology of disease categories through medical technologies, and the policies making some treatments available while rendering others inaccessible. It also urges researchers to ask what needs to be in place for the social interaction to be possible.

Panels

Wednesday, 26th June 2024, 11:00-12:40, Aula Magna San Faustino

Wednesday, 26th June 2024, 13:45-15:25, Aula Magna San Faustino

Wednesday, 26th June 2024, 15:40-17:20, Aula Magna San Faustino

PANEL 1

Coordinator: Srikant Sarangi

Aalborg University, Denmark / Cardiff University, UK

Ethics of care and communication

Panel synopsis

This panel explores the notion of care in healthcare delivery across a range of conditions, clinical/hospital settings and cultures. Healthcare delivery – at organizational/clinical levels – is increasingly being confronted with issues associated with everyday morality and professional ethics, exacerbated by contingent uncertainties and the continual incorporation of diagnostic and therapeutic technologies in care provision. How can we conceptualize ‘ethics of care’ and what are the communicative dimensions of ethical delivery of care? Drawing on different empirical datasets and theoretical frameworks the presenters engage with the notion of care from both ethical and communicative perspectives.

As a scoping exercise, Sarangi introduces the framework of ethics of care, where he problematizes the linkage between caring, professional expertise/authority and patient autonomy/right/choice and suggests that role-responsibility remains at the core of a caring mentality. This is followed by individual presentations, variably addressing relevant aspects of ethics of care, while remaining sensitive to the uniqueness of their study settings: immigrant patients’ experience of sources of conflict in provider-patient interactions and their ethical manifestation in culturally, ethnically and linguistically diverse healthcare delivery (Ahmed); the use of metaphors in narratives of bereavement experience (concerning the baby, parenthood and grief) and their ethical aspects in communication surrounding perinatal loss (Caliendo and Marinato); the personal/social basis of patients’ decision making concerning predictive genetic testing and the communicative role of genetic practitioners in steering this deliberation process (Clarke, Bradford, Dimond, Ballard and Doherty); the proposal for a virtue ethics framework to accommodate the broad and narrow conceptualizations of health and the attendant goals of care in the context of shared decision making from the professional standpoint (Kaldjian); the genetic counsellor's balancing act in managing genetic risk information and the psychosocial milieu of individual families when it concerns family-level decision making and disclosure about undergoing specific genetic tests (Mendes); and the contingent management of intersubjectivity vis-à-vis reality disjunctures in the context of dementia care, where talk itself is troublesome (Pilnick).

Presenters: Rukhsana Ahmed, Giuditta Caliendo and Lola Marinato, Angus Clarke, Matilda Bradford, Beck Dimond, Lisa Ballard and Shane Doherty, Lauris C. Kaldjian, Álvaro Mendes, Maria Barbosa, Sofia Dias, Filipa Júlio, Jorge Sequeiros, Célia Sales, Liliana Sousa and Milena Paneque, Alison Pilnick, Srikant Sarangi

Concepts of health and virtues in caring

Lauris C. Kaldjian
University of Iowa, USA

To be clinicians who care, health professionals need to be sensitive to the bio-psycho-socio-spiritual dimensions of their patients. These multiple dimensions have implications for the way we conceive health, whether more modestly in terms of biostatistical parameters or more ambitiously in terms of well-being and flourishing. Narrow or broad conceptualizations of health can be expected to result in equally narrow or broad visions for healthcare. These contrasting possibilities raise challenging questions about the extent of professional responsibility, the scope of professional expertise, and professional boundaries regarding legitimate goals of care. These possibilities also raise questions about the moral dynamic of shared decision making as it encompasses the patient's self-determination, the professional's conscience, and society's expectations for healthcare.

In view of the bio-psycho-socio-spiritual dimensions that characterize patients as persons, and of the ethical dimensions that characterize professionals as moral agents, there is need for a virtue ethics framework that foregrounds the virtue of compassion, in response to the needs and suffering of patients, and the virtue of integrity, in awareness of the professional's moral identity. When these two virtues are guided by the virtue of practical wisdom (which perceives the biological realities and technical limits of biomedicine), clinicians can demonstrate care for patients by practicing a modest medicine that follows a biostatistical concept of health while also being sensitive to the broader conditions of well-being and flourishing without medicalizing those conditions.

Immigrant patients' experiences of sources of conflict with healthcare providers: Some ethical considerations

Rukhsana Ahmed

University at Albany, State University of New York, USA

Population movement across borders has given rise to racially, ethnically, culturally, and linguistically diverse groups residing in many parts of the world. As such, healthcare organizations and programs increasingly must deal with interpersonal conflict situations that can range from verbal abuse and anger to overt physical violence between healthcare providers and patients. How do healthcare providers meet the unique healthcare needs of a diverse patient population? The answer to this question begs an understanding of ethical considerations in provider-patient interactions and the sources of conflict within them. Accordingly, this study presents immigrant patients' experiences of sources of conflict with healthcare providers gathered through 14 in-depth interviews of Asian immigrants in Ottawa, Canada. Specifically, it focuses on patients' perspectives on the importance of ethical principles in provider-patient interactions. Thematic analysis revealed that interpersonal conflicts between providers and patients can arise from varied reasons relating to access to timely healthcare and needed resources, treatment decisions, medical mistakes, caring for terminally ill patients, and so on. Disagreements between providers and patients are not restricted to any particular healthcare context; rather, these differences become evident in the day-to-day practice of medicine. Hence, caring for each person as a unique individual and adapting healthcare to their specific contexts are central considerations in provider-patient interactions. These findings will be of particular importance to those who are seeking to design ethically competent interventions to prevent and reduce conflict between providers and patients, especially, in multicultural societies with ethnically, culturally, and linguistically diverse populations.

"I'm going home to my dad": intersubjectivity and reality disjunctures in the care of people living with dementia

Alison Pilnick (and the VOICE 2 team)
Manchester Metropolitan University, UK

Intersubjectivity (the shared understanding of thoughts, meanings or feelings between two people) is a phenomenon which has long exercised philosophers (see for example Husserl, 1960). However, it is a practical problem as well as a philosophical one; as Schutz (1966) argues, the intersubjectivity of the lifeworld is the basis on which all social relationships are founded. The pivotal role of language in achieving intersubjectivity creates particular problems where one party to an interaction has a medical condition which affects their use of language, or as Garcia (2012: 351) puts it, "medical problems where talk is the problem". Dementia is one such condition: it can have significant impacts on communication and comprehension abilities (Dooley et al 2015). Presenting data from two UK-based NIHR funded projects (VOICE and VOICE2), collected from acute healthcare of the elderly wards, this paper utilises Pollner's (1975) concept of reality disjunctures, and draws on previous work by Lindholm (2015) and Hyder and Samuelsson (2019), to explore how hospital staff respond to the challenge of apparently contradictory experiences of the world. Using conversation analysis (CA), we analyse the ways in which the lack of a common reality becomes apparent and the ways in which staff seek to manage or avert the distress which can occur as a result. There is a significant ethical debate in dementia care over the use of "therapeutic lying" (e.g. Schermer 2007) and our findings make an important practical contribution to this debate.

Caring for the patient through communicative practices in genetic counselling for neurodegenerative disorders

Angus Clarke[1], **Matilda Bradford**[2], **Beck Dimond**[1], **Lisa Ballard**[3], **Shane Doherty**[1]
[1]Cardiff University, UK
[2]Plymouth NHS Trust and Peninsula Clinical Genetics Service, UK
[3]University of Southampton, UK

This presentation explores the work of practitioners in clinical consultations regarding predictive genetic testing. We draw on data from the recorded clinic consultations of 17 patients at risk of Huntington's disease and two at risk of frontotemporal dementia and/or motor neurone disease.

This work is part of a larger study that examines the making of decisions about genetic testing by patients on personal/social grounds and in the absence of a medical recommendation based on clinical utility. These situations arise in the context of predictive testing for neurodegenerative disorders, such as Huntington's disease, and in relation to the investigation of ongoing pregnancies for genetic conditions or malformation. These different settings blur Mishler's distinction between the world of medicine and the lifeworld. Here, we focus on the behaviour of practitioners. We characterise and enumerate four aspects of their behaviours:

- responding (or not) to questions and concerns raised by the patient, and identifying and responding to cues that might indicate such concerns
- raising scenarios for discussion
- indications of the practitioners' opinions about whether the patient should go ahead with testing or otherwise
- expressions of support or affirmation towards the patient

We will present the results of this analysis in the panel.

Much of the social science literature on genetic counselling focuses on the role and experience of patients. Focusing on practitioner behaviour therefore offers an important insight, not least because practitioner communication strategies have a considerable impact on the patient experience, and potentially on the process and outcome of their decisions. This research has the potential to contribute to a greater knowledge of how decisions are made within genetic counselling. We hope it will foster helpful insights into professional practice, and be used in training, education and in clinical supervision.

Genetic counselling, care and the communication of risk information within the family

Álvaro Mendes[1], **Maria Barbosa**[1], **Sofia Dias**[2], **Filipa Júlio**[3], **Jorge Sequeiros**[1], **Célia Sales**[1], **Liliana Sousa**[2], **Milena Paneque**[1]
[1]University of Porto, Portugal
[2]University of Aveiro, Portugal
[3]European Huntington Association

Genetic counselling is a communication process aimed at helping people understand and adapt to the medical, psychological, and familial implications of genetic conditions. It involves balancing the provision of information with an attention towards the psychosocial needs and interests of patients and families. A crucial aspect of genetic counselling involves discussions with patients about sharing relevant risk information with family members. Practitioners typically encourage and support the family communication process, recognizing that sharing such information is often challenging. The level of proactivity of practitioners in addressing these issues is often influenced by the degree of risk and the availability of effective therapeutic or preventive options and support if a genetic test result is positive. The practitioner's caring role is patient-centered, upholding patient autonomy in decision-making while also considering the potential impacts on others and adhering to a non-directive ethos.

In this presentation, we will utilize sequential data from observations and audio recordings of genetic counselling consultations, patients' diaries, and interviews with patients. We will focus on two distinct contexts within genetic counselling: (i) predictive genetic testing for incurable severe late-onset neurodegenerative disorders and (ii) genetic testing for cancer and cardiac predisposition, with available prevention and treatment. The presentation aims to explore how the issue of informing the family is framed and discussed in the clinic, and how the clinical encounter influences patients' considerations regarding disclosing risk to family members. We will compare health conditions and data sources to examine the deliberation process both within and outside the clinic.

Metaphors in the discourse of perinatal death to improve bereavement care: Ethical and communicative aspects

Giuditta Caliendo and Lola Marinato
University of Lille, France

The lack of acknowledgement of perinatal death may lead to feelings of isolation, role ambiguity and identity distress for bereaved parents. The social delegitimization and disenfranchisement of this grief is considered as a complicating factor that may hinder bereaved parents' ability to psychologically adjust after the loss. Since the first interactions about the loss take place at the hospital, we believe that a different discursive approach should be encouraged within health care encounters in order to improve the communication experience of the bereaved and ultimately inform better care.

This paper draws upon a corpus of 100 interviews with bereaved parents collected in France in 2022-23. The analysis of these interviews focuses on the use of the metaphorical constructions employed by bereaved parents to describe their experiences of perinatal death. Since metaphors provide an insightful account of the speaker's mental state (we think metaphorically, to say it *à la* Lakoff and Johnson), we believe that by developing higher awareness of the metaphoric speech used by bereaved parents in their accounts, practitioners will be able to gain a better insight into their actual needs and improve perinatal bereavement care procedures accordingly, mainly from an ethical and discursive viewpoint. By way of example, parents feel that healthcare providers acknowledging their baby as an individual, as well as their parenthood and enduring grief are key elements affecting the bereavement process.

Caring role-responsibilities in clinical practice and beyond

Srikant Sarangi
Aalborg University, Denmark / Cardiff University, UK

The term ‘care’ appears ubiquitously in labels such as ‘healthcare delivery’, ‘patient-centred care’, ‘the caring profession’. Commonly, ‘care’ is a taken-for-granted notion, sometimes pitted against ‘cure’, whether due to the evolving nature of disease progression, or medical futility or as a direct consequence of resource-stricken healthcare systems in welfare societies. ‘Care’ is also a very dispersed notion as the term is becoming more nuanced when viewed in relation to the prevailing paradigms of healthcare delivery such as shared decision making, patients’ rights and choices, or patient autonomy more generally.

Against this backdrop, I outline a framework of ethics of care, where the linkage between caring, professional expertise/authority and patient autonomy/right/choice is problematized. By extension, I suggest that role-responsibility remains at the core of a caring mentality. This leads me to theoretically delineate the layered constituents of the notion of role-responsibility as a mutually reciprocal activity. I draw specific attention to how the notions of care and role-responsibility are being continually transformed within clinical practice, partly fuelled by ever-increasing risks and uncertainties relating to individual scenarios as well as technological advances in diagnostics and therapeutics impacting the care regime. I argue that any framework of ‘ethics of care’ must not only embed the interests of professionals and patients but also of carers in the broader sense, including family carers. The ethical aspect is intrinsically interwoven into the communicative dimensions of care delivery.

Wednesday, 26th June 2024, 11:00-12:40, Sala Biblioteca San Faustino
Wednesday, 26th June 2024, 13:45-15:25, Sala Biblioteca San Faustino

PANEL 2

Coordinator: **Stefania M. Maci**
University of Bergamo, Italy
Member: **Roxanne H. Padley**
University of Bergamo, Italy

Healthcare Communication Discourses and the Applied Linguist

Panel Synopsis

Healthcare communication can be broadly defined as any mode of communication which takes place within a medical/healthcare context or that which refers to description of health. Hence, healthcare communication falls within a broad spectrum of communicative activities which range from conversations about health in informal contexts, digital communication as well as institutionalized contexts i.e. medical consultations (Brookes & Collins, 2023). Such a vast array of contexts provides a variety of research opportunities in the fields of corpus linguistics, discourse analysis, conversation analysis, applied linguistics, cultural studies, literature to name but a few.

Discourse analysis has proven to be fruitful and amply used in the field despite some debate regarding a clear definition of its application within professional discourse (see Gee, 1999; Gwyn, 2002 macro vs micro level; Baker's, 2006 presentation of different applications and Brookes & Hunt, 2021 claim that discourse has vague and inconsistent usages).

Furthermore, the role of the applied linguist (who may also carry out discourse analysis) is also of paramount importance. (Sarangi, 2005: 374) calls into question precisely in what way an applied linguist can be defined within professional discourse studies (as a mediator, a problem solver, an educator or collaborator).

In light of this, this panel aims to generate discussion on the role of discourse analysis and applied linguistics within healthcare communication and encourages contributions from (but not limited to) the following research areas:

- Past and present professional discourse analyses regarding health and the body
- Discourse analysis and healthcare communication
- The role of the applied linguist in healthcare communication
- Diachronic studies of professional discourses and applied linguistics

- The application of corpus linguistics to healthcare communication as applied linguistics
- Conversation analysis and applied linguistics in healthcare communication
- The impact of applied linguistics on communicative practices

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Presenters: Paola Catenaccio, Girolamo Tessuto, Begoña Bellés-Fortuño, Stefania d'Avanzo, Begoña Bellés-Fortuño and Lucia Bellés-Calvera, Roxanne H. Padley

Categorizing experience in narratives of anorexia recovery: the role of linguistics in narrative inquiry

Paola Catenaccio
Università degli Studi di Milano

Narrative inquiry has been used extensively in the study of eating disorders, both as a therapeutic approach and as a means to understand the diseases themselves. Among the sizeable literature on narratives of EDs, studies of narratives of illness prevail; recently, however, there has been increasing interest in narratives of recovery (Shohet 2007, Chancellor et al. 2016, Conti 2018). These narratives can be especially problematic in the case of anorexia patients, who often have an ambivalent attitude towards recovery (see Rance et al 2017), with high relapse and dropout rates impacting the recovery process. Most of the existing studies have focused on identifying thematic nuclei (along the line of Rance et al 2016); metaphors have also been studied in the contexts of identity representations of women suffering from anorexia (Conti 2018). However, strictly linguistic analyses of narratives of (struggling) recovery appear to be missing.

This paper aims to shed light on the discursive construction of illness and recovery in narratives of anorexia recovery in a composite corpus of narratives collected from various sources, including the Reddit subgroup r/AnorexiaRecovery (mostly featuring narratives of struggle) and ED-devoted medical websites (where the narratives are mostly of successful recovery). These narratives have different statuses and display remarkably different characteristics. The study aims to identify recurrent lexical and syntactic features in these narratives, focusing in particular on the way in which the ambivalent relationship towards recovery is negotiated in successful and struggling stories. It is expected that the comparison will help shed light on linguistic features correlating with success on the one hand, and persisting struggle on the other. Their identification may result in a compilation of linguistic cues signalling attitudes towards recovery which may be associated with specific recovery outcomes. Methodologically, the study relies on Systemic Functional Linguistics to investigate the way in which the recovery experience is categorized.

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Discoursal construction of gender identity in medicine and biology research blogs

Girolamo Tessuto
University of Campania “Luigi Vanvitelli”, Italy

At a time when blogs have become a major digital publishing phenomenon as well as a significant element of contemporary mass media culture (Elega/Özad 2018), publishing research from across all areas of medicine blogs provides a coherent and context-sensitive way of understanding the ways in which writers project a stance, evaluate their material, and connect with readers in this alternative form of scholarly communication. Just as these research blogs privilege certain meanings that are ultimately produced in the interaction between writers and readers, so too they encourage the performance of gender identity. In academic writing research, the significant role of gender has emerged as a socially constructed category of identity across text-based genres (e.g. Appleby 2014; Belcher 2009; Ivanić 1998; Lillis 2001; Tse/Hyland 2006/2008/2009; Hyland/Tse 2012), with gender being “a key dimension and therefore a possible factor in shaping the individual’s projection of an authorial identity” (Tse/Hyland 2009: 106). In this spirit, earlier studies (e.g. Ädel 2006; Crismore et al. 1993; Francis et al. 2001; Holmes 2009; Tse/Hyland 2006/2008/2009) have shown that language use valorizes academic writers’ ability to align with socially situated identities and ratifies gender differences in the socially constructed view of academic discourse.

In this presentation, I seek to describe and interpret how interaction in research blogs is privileged by dint of language and gender. Using a synchronic corpus of English-medium medicine and biology blogs available from the UK-based BioMed Central (BMC) publishing platform, I draw from Hyland’s (2005) interactional stance markers in academic discourse to look at the linguistic resources which articulate the bloggers’ (male-and-female) gender -preferential discourses and identities in discipline-specific topics of the genre. Findings reveal that the patterns of text meanings, roles and identities are grounded in the discoursal choices of argumentative stance features available for social goals of the genre, and emphasize that gender impinges on disciplinary discourse while also accounting for how research issues can be discussed in agreed ways. This study bear very little relevance to clinical practice in a narrow sense, but certainly contributes to a theoretically and research-informed activity in English for Medical Purposes (EMP) as well as to a better understanding of ‘professional practice’ from a broader perspective given that the corpus is about disciplinary/professional bloggers.

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Diagnosing vs. communicating: Women’s healthcare

Begoña Bellés-Fortuño
Universitat Jaume I/IULMA, Spain

Communication is intrinsically complex in everyday life, and when taking place in health care settings it becomes a vital issue. Many are the elements of communication: the speaker, the listener, the topic and the social context, this latter being a key element in the interaction process, and which has been described as the interactive force of communication (Steen, 1999). This study aims to raise awareness about the importance of communication in the medical context and more concretely, when dealing with women’s healthcare. Spoken language is flexible and dynamic, characteristics which can be an advantage for some situations or a huge drawback in some others, such as for example in the healthcare setting (ER, ICU, consultation, etc.) when breaking bad news. However, we need to use the language as a tool for social, academic, and professional interaction. The study presented here focuses on those aspects of clinical communication that may arise around women’s health. When addressing women’s health some delicate, personal and intimate health issues need to be addressed in the medical consultation, such as sexuality or obesity when going through menopause or other vital issues in the case of onco-gynecological patients. To delve into women’s health and clinical communication attitudes, a group of physicians (psychologists and gynecologists) have been interviewed to observe patterns of communication when giving a diagnosis. Some of the results unveil that diagnosing, although a regular practice in medicine, may not turn into effectively communicating the necessary information to patients. Diagnosing does not help modulating the feeling of trauma in the case of cancer, nor does it aid women share their body changes when going through menopause. Through these guided interviews, the participants have highlighted the importance of multimodal strategies for effective medical communication; abilities that, as the interviewed physicians have stated, can be learnt and trained. Studies such as the one presented here may contribute to the improvement of the communicative competence for future health professionals considering linguistic, sociocultural and / or conceptual aspects (Montalt & García -Izquierdo, 2017; Bellés-Fortuño & Kozlova, 2012).

Keywords: Clinical communication, women’s healthcare, multimodality, diagnosing.

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Informative and promotional features of healthcare communication through the lens of discourse analysis: the digitalized services on NHS (National health service) website

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University of Campania "Luigi Vanvitelli", Italy

In recent years, NHS has introduced a digitalized system to offer support and care to UK citizens. In particular, the Transformation Directorate at NHS England committed to drive the digital transformation of the NHS and social care. For instance, thanks to 'Technology-enabled remoter monitoring' the NHS can deliver care to people in their homes. The 'NHS AI Lab', instead, is aimed at accelerating the adoption of AI in health and care. Starting from these premises, this study aims to show the significant role of the Applied Linguist when health services and care are offered to citizens. In previous studies from a Discourse analysis perspective (Brown et al., 2006), some changes in health care communication were observed, mainly in terms of more attention to patient empowerment and patient-centred medicine. These changes are found in shifts in contemporary discoursive practices. For example, the word 'client' has replaced the more traditional 'patient' (Harvey, Adolf 2012). Thus, in this work, a fine-grained analysis of the informative and promotional features of language aimed at facilitating the spread of information while establishing proximity with the users of NHS will be provided. Proximity is intended here as the ways writers represent not only themselves and their readers, but also their material in order to meet their readers' expectations (Hyland 2010). The corpus under scrutiny includes the 'Trasformation Directorate' website pages devoted to the dissemination of information concerning the digitalized services to the UK citizens. In short, through the lens of Discourse Analysis (Gee, Hanford 2012; Brooks, Hunt 2021), the study will try to focus on the informative and promotional discoursive practices enacted by the UK when the UK citizens are informed about the new digitalized forms of healthcare communication.

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Assisting individuals with hearing impairment: Exploring PHONICSOFT, speech recognition software in the healthcare system

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Globalization and migratory movements have had an impact on the way conversations between patients and healthcare providers, and communication in the medical field in general, take place (Brookes & Hunt, 2021). In the case of hearing impairment, there is a pressing need for Automatic Speech Recognition (ASR) technology that can expedite the transcription of medical appointments. Medical transcription originated in the early 20th century with stenographers. The adoption of single-speaker ASR technology became prevalent in the healthcare system around the mid1990s, facilitated by the proliferation of ASR and Natural Language Processing (NLP) technologies (Chiu et al., 2017).

This study seeks to design and develop an app, *PhonicSoft*, for the improvement of clinical communication and the optimisation of medical treatments for patients with hearing impairment. The app is to be tested with a pre-selected group of patients with hypoacusis. The study, carried out in the Valencian Community, is concerned with the bilingual condition of the regional area, where both Spanish and Catalan are co-official languages and should be taken into consideration when developing the *PhonicSoft* software. Interviews will be conducted throughout the whole process to assess its weaknesses as well as the patients' satisfaction. Participation can contribute to improving and expanding the features of a beta version of the app. This ASR technology can be a tool applicable to other pathologies within hypoacusis, such as aphasia. Doctor-patient communication can be enhanced in clinical environments since it favors the progression of quality, the understanding and inclusion of patients with auditory functional diversity, both in the medical consultation, other clinical interventions, or environments.

Keywords: speech recognition software, clinical communication, patients' diversity, hearing impairment.

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An appraisal of corpus linguistic research feedback provided to healthcare professionals

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Applied linguistics in its essence aims to provide solutions to a “problem” within a real-life setting (British Council). Hence, healthcare contexts provide an ample platform to carry out linguistic communicative research which may inform medical communicative practice (Roberts & Sarangi, 2003). Indeed, there are several sociolinguistic and discourse studies of note which have focussed on interaction between doctors and patients (West, 1984; Fisher, 1995; Brookes & Hunt, 2021; Brookes et al., 2023) as well as conversation analysis studies (Heath, 1986; Maynard, 1992; Barnes & Van der Scheer, 2021) and more recently, corpus linguistic studies have also come to the foreground (Mullany, 2007; Brookes & Baker, 2022; Flusberg et al., 2024).

However, there are several challenges which linguists face when endeavouring to render their results applicable to the healthcare professional:

1. Conversation analysis does not tend to foreground a concern for the application of their findings (Roberts & Sarangi, 2003)
2. Discourse analysts and applied linguists are often considered ‘outsiders’ compared to the medical professional’s discourse community (Swales, 1990)
3. Medical research is generally founded upon ‘hard’ science, hence qualitative, ethnographic and discourse-based research is not always well received (Roberts & Sarangi, 2003)

In light of the above, this study shares the case study of linguistic feedback provided to healthcare professionals who participated in a PhD project using a mixed-methods approach (Anguera et al., 2018) including interactional sociolinguistics, ethnography (Sarangi, 2006), corpus linguistics and discourse analysis (Baker, 2023). Their live consultations with patients were recorded and transcribed for analysis and feedback was provided to the participants via interviews and an executive summary; their feedback in turn was obtained.

The results hope to provide a valid contribution to the field of applied linguistics in terms of doctor-patient interaction through a commitment to informing medical practice communication and not just fellow linguists and discourse analysts. Specific comments collected from the practitioners will be discussed in terms of changes to their communicative practices following the feedback which they received.

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Wednesday 27th June 2024, 09:00-10:40, Aula Magna San Faustino

PANEL 3

Communicating reproductive futures: ethical evaluations, terminology choices and speculations

Coordinator: Dr. Alexandra Krendel

University of Southampton

Panel synopsis

We report on work from the Wellcome-funded project *The Future of Human Reproduction*: an interdisciplinary endeavour which explores the potential challenges that will emerge as reproductive technologies develop and whose potential uses are communicated to the public. This panel specifically demonstrates how disciplinary perspectives from linguistics, philosophy, design and law complement each other when investigating approaches and responses to ectogenesis – the development of a fetus outside the human body.

The panel comprises three papers, the first of which uses a corpus linguistics approach to examine how YouTube users discuss ethical considerations surrounding the use of ectogenesis technology in a large collection of comments from one factual and one fictional video discussing ectogenesis. The second paper considers the terminology used to refer to the subject of ectogenesis (e.g. fetus, baby) and the technology which facilitates ectogenesis in different contexts, such as in academic and scientific discussion and in cultural representations. This is done from the perspective of philosophy, bioethics and law. The third paper explores how speculative design techniques were used by the *Future of Human Reproduction* team to create 12 distinct ‘design fictions’ (e.g. leaflets, posters, websites) which imagined how futures involving ectogenesis technology may look, and how different team members responded to different design fictions.

Across all three papers, we consider how novel reproductive technology developments are conceptualised and communicated through language choices in different contexts, and the potential effects of such language choices on laypeople, medical experts and academics interested in ectogenesis. We argue that these choices have strong practical implications for how language can be used to influence and improve the public’s understanding of ectogenesis. This is especially important as the technology is still in its infancy, there is much risk and uncertainty surrounding the topic, and there are pressing ethical implications to consider too.

Keywords: Ectogenesis, Bioethics, Corpus linguistics, Speculative design, Futures

Presenters: Dr Alexandra Krendel, Professor Stephen Wilkinson, Dr Nicola Williams, Dr Nicola Williams, Dr Laura O'Donovan, Dr Andrew Darby, Professor Sara Fovargue, Dr Georgia Walton

Bionotes

Alexandra Krendel is a Lecturer in Applied Linguistics at the University of Southampton. She uses corpus linguistic and discourse analytical methods to investigate how different concepts are discussed in online spaces, including YouTube, Reddit and Tumblr, particularly when the topics discussed are considered controversial and have potential material effects outside the communities which discuss them. She has published on the anti-feminist online network known as the manosphere and the extent to which the language therein can be classified as hate speech.

Andy Darby is a Post-Doctoral Research Associate on the Wellcome-funded Future of Human Reproduction project at Lancaster University. He has worked at Lancaster and Durham universities as a design researcher, and has interests in futures, speculative design, participation, and interdisciplinary research.

Stephen Wilkinson is Distinguished Professor of Bioethics and Associate Dean for Research for the Faculty of Arts and Social Sciences at Lancaster University. His work addresses reproductive ethics and the regulation of reproductive technologies, and he has published on the ethics of selective reproduction, paid surrogacy and uterus transplants.

Nicola Williams is Wellcome Lecturer in The Ethics of Human Reproduction at Lancaster University. Her work considers reproductive ethics, transplantation ethics, personal identity and intergenerational justice. She has published on different topics in reproductive and transplantation ethics, ranging from the practical (e.g. questions of funding for reproductive tissue transplants) to the conceptual (e.g. work focussed on how we might understand worries regarding harm to future persons, and the moral principles which underlie the practice of living organ donation).

Dr Laura O'Donovan is a Research Associate at Lancaster University. She is an academic lawyer who does research in healthcare law and bioethics with a particular interest in reproduction, the regulation of the family, reproductive ethics, organ donation, and health inequalities with a focus on the gender health gap. She has published on the topics of uterus transplantation and opt-out organ donation.

Sara Fovargue is a Professor of Law at the University of Sheffield. Her research examines issues relating to health law and ethics, and family law (particularly relating to children). Her interests include risk and regulation, developing and emerging biotechnologies (such as xenotransplantation), and reproduction and reproductive technologies.

Dr Georgia Walton is a Research Associate in English Literature at Lancaster University. Her doctoral research addressed the legacies of the American Renaissance in Contemporary US Literature, and her interests include American literature and culture from the 19th century to the present day, science fiction, and the representation of fairgrounds and amusement parks in American literature.

The ethics of ectogenesis: corpus linguistic insights from youtube comments

Dr Alexandra Krendel[1], Professor Stephen Wilkinson[2], Dr Nicola Williams[2]
[1]University of Southampton
[2]Lancaster University

This paper explores ethics discourse among YouTube commenters on videos about ectogenesis (gestation of a fetus partly or wholly outside of the human body) and genome-editing, using corpus linguistic methods. Whereas existing literature on the ethics of ectogenesis has focussed on a number of ethical considerations (e.g. its potential impact on abortion rights, reproductive opportunity, and maternal welfare) there has hitherto been no systematic linguistic exploration of the language used by laypeople to discuss the ethical issues surrounding ectogenesis.

We collected YouTube comments from two highly viewed videos about ectogenesis. Video 1 discusses the recent development of premature lambs in an artificial womb-like environment called the *Biobag* at the Children's Hospital of Philadelphia. Video 2 depicts a fictional artificial womb facility, *EctoLife*, which offers complete ectogenesis (and gene editing to modify fetal characteristics) in futuristic pods. Video 1 has 13,306 comments (254,421 tokens); Video 2 has 15,548 comments (393,818 tokens). We then conducted a bi-directional keyword and key semantic domain analysis of the two corpora of comments using Wmatrix 5.

Users raised ethical concerns over the rights of the lamb in Video 1 and saw the fictional *EctoLife* facility as having mostly very negative authoritarian or eugenic implications. Our investigation may help health experts to pre-empt the concerns of the public in a data-driven manner, with a view to improving health communication about ectogenesis in the future. This is especially important in contexts where laypeople form their opinions against a backdrop of widespread health misinformation.

Terminology, communication, and new reproductive technologies: reflections on ectogenesis discourse

Dr Nicola Williams, Dr Laura O'Donovan
Lancaster University

Within scientific, ethico-legal, and artistic representations of technologies designed to facilitate the partial or complete development of a fetus outside of the human body, numerous terms are used to refer to both the technology itself and the entity developed therein.

Terms identified in the literature as referring to the technology itself include artificial womb technology, artificial amnion and placenta technology (AAPT), the 'Biobag', perinatal life support system and the 'EVE platform'. Terms identified as referring to the entity grown within the technology include: fetus, baby, fetonate, and gestateling.

These terminological differences are often used to differentiate between various iterations and applications of the technology and its current stage of development. With respect to near-future applications of the technology (e.g. partial development of a fetus outside the human body as an extension of neonatal care), scientists in particular have sought to distance themselves from terms used to refer to far-future applications (e.g. ectogenesis, coined by Haldane in 1923 to refer the development of human fetuses wholly outside the human body). However, ethical discussion and cultural representations of the technology have not been so restrained.

Through a socio-linguistic and ethico-legal analysis of the terms used in different contexts to refer to ectogenesis and its subjects, we explore and deconstruct how the terminology is used. In so doing, we reflect on the role that terminology used during the development and introduction of novel technologies plays in public understanding and acceptance of such technologies, as well as the development of heuristic bias.

(Re)producing futures with other disciplines

Dr Andrew Darby[1]**, Professor Sara Fovargue**[2]**, Dr Georgia Walton**[1]
[1]Lancaster University
[2]University of Sheffield

This paper discusses the use of speculative design in an interdisciplinary research project investigating the future of human reproduction. One strand of this work engages with the development of ectogenesis. Members of the research team (from Design, Law, Linguistics, Literature, Philosophy and Psychology), employed the design fiction method to consider the immediate risks and wider societal uncertainties created by ectogenesis and the possible futures that may arise from its adoption.

Design fiction offers ways to communicate about future healthcare innovations in engaging and thought-provoking ways and can help us to negotiate the risks and uncertainties created by health innovations. A design researcher from the research team worked with individual team members to explore possible impacts of ectogenesis and create a detailed plausible fictional world embodied in a speculative artefact. Through this process, 12 design fictions were produced, including exhibits, leaflets, posters, and websites, which were shared in a closed event to prompt a discussion that was recorded and transcribed. Members were invited to respond to a set of unstructured prompts inviting reflections on their use of design fiction, the processes of creation and discussion, and their insights regarding ectogenesis.

Here, we examine language choices within the design fictions, our subsequent discussions and written reflections, and explore how the ethics, uncertainty and risks raised in those futures are articulated. Using design fiction enables researchers to better explore and communicate complex concepts, engage in open dialogue, and may result in more informed discourse about healthcare innovations.

Thursday 27th June 2024, 09:00-10:40, Sala Biblioteca San Faustino
Thursday 27th June 2024, 13:50-15:30, Sala Biblioteca San Faustino

PANEL 4

Coordinator: Alessandra Vicentini
Dept. of Human Sciences, Territory and Innovation, University of Insubria
Como/Varese, Italy

Health and well-being as seen through food and nutrition discourse(s): past and present perspectives

Panel synopsis

This panel aims to bring together contributions that investigate how the discourse(s) surrounding food and nutrition for health and well-being promotion and disease prevention are and have been constructed linguistically, socially and sociologically. Indeed, sociology and language form a robust partnership in an alternative approach to social phenomena, since beyond mere words one can discern specific social situations and social actors. The discussion is also expected to highlight how health and well-being are/have been conceptualised in different spatial and socio-cultural contexts.

Issues relating to food and dietary practices have surged in importance within academic discourse, policy discussions and media narratives. This heightened attention can be primarily attributed to public health crises, unhealthy lifestyles, and a growing interest in dietary behaviours for health concerns, coupled with the escalating impact of food production on climate change and sustainability of food consumption (Orste *et al*. 2021). Indeed, food and nutrition choices are shaped by multiple factors, which may not be exclusively based on people's health, nutrition beliefs and knowledge or dietary prescriptions but involve economic, social, lifestyle, environmental, and family concerns (Ristovski-Slijepcevica et al. 2008). To change individual or/and collective unhealthy behaviours related to dietary practices, suitable communicative strategies should be devised and employed (Rodney 2015).

How has the discourse of food and nutrition been conceptualised and rendered linguistically across diverse countries, textual genres and historical periods? How do health and well-being emerge from such discourse? What discursive strategies are/have been employed to improve healthy habits and change individuals' behaviour(s)? Are these strategies and the way social actors position themselves in different spheres (e.g public vs. private) ethical? These are some of the questions the papers in this panel are expected to address from diverse (also mixed) methodological perspectives, e.g. applied and historical linguistics, sociolinguistics, sociology.

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Presenters: Barbara Berti, **Elisabetta Lonati**, **Alessandra Agnese Grossi**, **Laura Pinnavaia**, **Simone Curzio Bacchini**, **Sara Corrizzato and Valeria Franceschi**, **Alessandra Vicentini**

Nutritional discourse and societal attitudes across time: a corpus-based diachronic analysis of the evolution of the collocation ‘healthy food’

Barbara Berti
Dept. of Foreign Languages, Literatures, Cultures and Mediations, University of Milan, Italy

In exploring societal perceptions of healthy food, conventional research methods have commonly relied on surveys and interviews, while linguistic corpora remain largely untapped for this purpose. Yet, unravelling the underlying meanings/acceptations associated with a locution in a naturalistic setting yields invaluable insights into how individuals and societies conceptualise and perceive it.

This paper undertakes a diachronic investigation of the collocation 'healthy food,' probing its semantic evolution from its early usage in the 17th century to the present day through corpus linguistics tools, both quantitative and qualitative (Baker 2010; Hunt & Harvey 2015; Baker, Brookes and Evans 2019; Brookes, Atkins and Harvey 2022).

The research has highlighted a steady increase in the use of the collocation, reflecting sustained growth in societal awareness and interest in the topic. Initially confined to treatises, the use of 'healthy food' has gradually expanded, reaching into novels, and now prominently featuring in periodicals and websites. Notably, the term has consistently carried a positive connotation, indicative of its intrinsic association with well-being. However, a significant shift is observed in the 20th century, with a negative connotation emerging, particularly – though not exclusively – regarding taste perceptions. Healthy food becomes synonymous with blandness and lack of appeal, to the extent that people should disguise it in recipes. Additionally, healthy food is perceived as burdensome, not aligning with today's fast-paced lives, as well as inaccessible for every budget. In the second decade of the 21st century, efforts to restore dignity to healthy food are noticeable, now emphasising its hedonic features, thereby challenging the perception of healthy food as unpalatable.

Understanding how the locution 'healthy food' has been construed across different historical periods can contribute to shaping contemporary discourse in order to foster informed discussions, influence policy decisions, and guide interventions aimed at promoting healthier lifestyles, thereby reducing the impact of poor nutrition on the general public.

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Diet, nutrition, regimen: food and healthcare in 18th-century british midwifery

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The general aim of this contribution is a historical and diachronic linguistic analysis of a corpus of works on 18th-c. British *midwifery* in order to examine and highlight the role of *food and healthcare* for women and children as it emerges from medical writing. The works selected for the corpus include a variety of text types (e.g. instruction manuals and family books, textbooks, treatises, etc.) and were originally published in English between 1701 and 1800 by contemporary authors. The investigation is essentially focussed on i) the terminology related to *diet*, *nutrition*, and *regimen*, and ii) the lexical network that emerges around these lexemes especially in relation to the discourse of 'food and/in healthcare' or, in a more general perspective, of well-being for mother and child.

The source texts were selected starting from works which include the words *midwifery*/*midwifry* and *midwife*/*midwives* (Gale Primary Sources 2023) in their title pages, and which only discuss *midwifery* as an art and/or a branch of medicine. General collection of medical issues were systematically excluded from the final corpus. The corpus includes 90 works written by physicians, surgeons, and practitioners, and it also includes a very limited number of female writers, in line with the 18th-century socio-historical and socio-cultural context and social roles.

The methodological approach is qualitative and is based on close reading of selected extracts from the corpus. However, to retrieve the words *diet, nutrition*, *regimen*, collect data, and identify relevant co(n)texts of use (KWIC) and sequences, a corpus-based quantitative approach is required at first. The perspective in which data are provided and discussed necessarily refers to the social history of medicine (e.g. the function and role of midwifery).

Preliminary results highlight a variety of discourses on and around *diet*, *nutrition, regimen*, along with a variety of multiword expressions (e.g. collocations, frequent patterns/n-grams, etc.) which lexicalise the notions of healthcare and well-being as major issues, especially in late 18th-century medicalised midwifery practice.

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Health in your trolley: the rhetorical construction of the ‘good supermarket’ and self-positioning as an active partner in keeping the nation healthy in the UK

Simone C. Bacchini
The British Library, London

In recent years, two apparently unrelated Discourses (Foucault 2002) have become prominent in the UK and, more generally, in the West: healthy eating and corporate responsibility. Whilst the former is concerned with informing about, and encouraging to adopt healthy eating habits, the latter is about positioning corporations as socially responsible social actors. Both have practical and ethical dimensions. On one hand, public health discourse has been emphasising personal responsibility in adopting ‘’healthy lifestyles’; on the other, public and media discourse has often pointed out the (often negative) role of both the food and food distribution industries in hindering the adoption of nutritionally balanced habits by the general public. As a response, big supermarket chains began putting out messages encouraging healthy eating. Such messages embody a potentially conflicting stance: self-promotion as ethical social actors within the capitalist framework, and as promoters of the public good. This paper aims to present initial findings of an analysis of public messages by the ‘Big Four”, the main supermarket chains operating in the U.K: Tesco, Sainsbury’s, Morrisons, and ASDA. From the theoretical perspective, this study draws on insights from Discourse Analysis (DA), Critical Discourse Analysis (CDA) (Fairclough 2013), and Systemic Functional Grammar (SFG) (Halliday and Matthiesen 2014). This paper shows how, through specific discursive and rhetorical choices employed in various informational and advertising materials, the aforementioned supermarkets manage to position themselves as ethical actors in the ‘public health market’ whilst, simultaneously, countering negative attitudes as to their role as potentially unethical behaviour in a profit-driven environment.

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A socio-ecological approach to explore the conceptualization of and the barriers to “healthy nutrition” and “well-being” among different ethnic groups in northern Italy: preliminary findings of a qualitative study

Alessandra Agnese Grossi

Dept. of Human Sciences, Territory and Innovation & Centre for Medical Ethics, University of Insubria, Italy

Noncommunicable diseases (NCDs) are a leading cause of death globally, with NCDs-associated deaths rising up to 90% in some countries including Italy. Healthy nutrition is key for the well-being of individuals, protecting them against diet-related NCDs like type 2 diabetes, cardiovascular diseases, stroke and some types of cancer. In high-income countries, evidence shows that NCDs disproportionately affect individuals from vulnerable, socially deprived communities, including immigrant groups (WHO 2022; Grossi *et al*., 2023).

Although most people are familiar with the general concept of “healthy nutrition”, at the individual level, conceptualization is influenced by cultural factors varying among ethnic groups and having downstream effects on eating behaviors (Betancourt & Flynn 2009). However, while immigrants in Western countries have a lower Body Mass Index and are generally healthier than their native-born referents upon arrival, their risk for poor health increases with increased time elapsed since migration (WHO 2022; Campostrini *et al*., 2019). Therefore, cultural factors and individual level-variations *per se* fail to consider other external factors affecting people’s ability to eat healthily and the associated well-being. For instance, according to socio-ecological models (SEMs), eating behaviors are influenced by multiple, interrelated factors at the intrapersonal, interpersonal, organizational, community, and public policy levels, entailing multi-level initiatives for the effectiveness of healthy nutrition promotion interventions (Sallis, Owen & Fisher, 2008).

This study explores the conceptualization of and the barriers to “healthy nutrition” and “well-being” among different ethnic groups in Northern Italy. Data will be collected through semi-structured in-depth interviews/focus groups with representatives from different ethnic groups. The interview/focus group guide will be developed based on the SEM and the collected data will be qualitatively analyzed accordingly. Findings will inform the design of future healthy nutrition promotion interventions with the active involvement of target populations.

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Obfuscating ill-being and creating ‘well-being’: the communication strategies of the world’s top ten food and beverage companies

Laura Pinnavaia
Dept. of Foreign Languages, Literatures, Cultures and Mediations, University of Milan, Italy

While research in the field of nutrition and health has been showing for decades that what we consume is fundamental for our health (WHO 2024), the largest food and beverage companies in the world are still not relenting in their preparation of products that are harmful for our well-being. Clearly helped along by the fact that the term ‘well-being’ is no longer just limited to physical health but can include “happiness, life satisfaction, personal strengths, and flourishing” (Holder 2019: 1), these companies adopt communication strategies that arouse a positive psychological sentiment, obfuscating the health-related issues of well-being. It is the aim of this paper to analyse the linguistic strategies that the top ten largest food and beverage companies in the world use to create the psychological well-being regarding food and drink intake that explains the success of their sales. More precisely, by applying the methodology of multimodal discourse analysis (see Kress & Leeuwen 2001), the websites of *Nestlé*, *PepsiCo*, *VINUT*, *The Coca-Cola Company*, *Danon*, *Walmart*, *Mars Company*, *JBS*, *Archer Daniels*, and *Tyson foods* will be closely examined in order to unveil the linguistic and stylistic devices that foster a positive sentiment towards food and beverages in the face of what scientific research has shown to be harmful.

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Explaining nutrition to the wider public: an analysis of spoken science popularization texts

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Whether in a private or public setting, the successful transmission of information is dependent on a variety of decisions involving pragma-discursive strategies, such as simplification, transparency, and clarity, which are meant to make the message understandable to the wider public. Science popularization is paramount to provide non-experts with scientific evidence to help them make informed decisions and take action in multiple aspects of their lives, including their health and well-being. When communicating to a lay audience, recontextualization strategies (e.g. Calsamiglia e van Dijk 2004; Gotti 2014) are widely used to illustrate and define complex concepts and science jargon that may otherwise be unfamiliar to non-experts.

Adopting a corpus-assisted approach, the present study aims to investigate explanatory structures used in a corpus of 25 spoken science popularization texts on the topic of nutrition. Specifically, the corpus consists of podcasts, broadcast interviews, and YouTube videos where medical doctors, dieticians, and biologists discuss nutrition facts to educate their audience on how their diet choices can hinder or promote their well-being. The first step of the study entails the extraction of scientific jargon with corpus analysis software SketchEngine (Kilgarriff et al. 2014); the second step consists in manual filtering of concordance lines of the selected terms; finally, identified explicatory strategies will be categorized and contextualized within popularization discourse.

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“Eat the rainbow to age well”
Exploring seniors' well-being through discourses on healthy eating and nutrition across genres and text types

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Dept. of Human sciences, territory and innovation, University of Insubria, Italy

With the world's population becoming increasingly older and life expectancy rising (in Europe people over 65 are expected to reach almost 150 million by 2050), significant attention is drawn to improving healthy habits, including healthy eating and nutrition, to ensure healthy lives and well-being for all ages (Eurostat 2019). The World Health Organization issued *Guidelines on integrated care for older people*, recommending physical activity and proper nutrition but also dietary advice to help “prevent, slow or reverse declines in physical and mental capacities among older people” (WHO 2017). This will ensure that older people’s dignity and human rights are respected (see also Goals 2 and 3 of the 2030 Agenda for Sustainable Development, United Nations 2015).

Also the food industry is turning to the elderly as target consumers of specialised food products to age well. Anti-aging food and beverage products, superfoods and innovative ingredients are being formulated, combined and then launched on the market. This marks a new trend, as brands have traditionally avoided targeting older consumers, who are/were happy to purchase products aimed at a younger demographic.

The aim of this study is to explore the discursive constructions of seniors in relation to healthy eating and nutrition for well-being as seen across different genres and text types: English-language i. academic papers; ii. texts authored by international and supranational organisations (e.g., UN, WHO) and iii. food industry websites. Mass media news reporting the information deriving from i., ii. and iii. will be also tackled, but cursorily.

Results are expected to highlight which seniors’ identities surface from the different portrayals, and how well-being and healthy habits for seniors are constructed linguistically through the discourse of food and nutrition specifically targeted at them. Do these differ depending on the different text types and genres considered? Does the evolving discourse of healthy eating for older people lead to any significant changes in the language used to discuss about them? And finally, among the four aging ideals devised by socio-gerontological theories – successful aging, healthy aging, productive aging and active aging – which is conveyed in the various texts?

The investigation will adopt a Critical Discourse Analysis perspective (Fairclough 2003; Wodak & Meyer 2015; Flowerdew & Richardson 2018) and will primarily be qualitative due to the wide range of texts under examination. Aging studies, but also other literature from medical and sociological fields, will be relied upon to interpret and discuss findings. These are expected to enrich our understanding of seniors' identities and their well-being in relation to healthy food and nutrition discourses and, in so doing, contribute to the Aging Studies field.

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Thursday 27th June 2024, 13:50-15:30, Aula Magna San Faustino

PANEL 5

Coordinator: Kim Grego

University of Milan

Pushing the boundaries of life. Synchronic and diachronic observations on *pre-* and *post-mortem* body preservation

Panel synopsis

Background and aims: There already is a significant literature highlighting the relevance of the connection between language and ageing, and language and death (see Bibliography). This panel intends to join and expand on these topics by 1) concentrating on extreme practices and by 2) looking at life and death as a continuum, as some of those involved in life prolonging practices do. The specific papers thus intend to explore the language used to communicate the ethical aspects surrounding those practices that insist on prolonging and preserving life as much as possible. The focus may be on achieving natural longevity, in terms of retaining both good health and a younger physical aspect. It could also be on extending the mere duration of life to its limits with unusual and yet-unproven methods. When such limits are eventually reached, it may even regard the indefinite preservation of a life-like appearance of the corpse, pushing the boundaries of life further than death.

Methods: The methods employed belong to the tradition of applied linguistics and include corpus-based discourse analysis, conceptual history, lexicology and terminology. Analyses are carried out on both synchronic and diachronic texts.

Expected results and relevance: The research behind this panel intends to contribute insights into the discourse of novel practices of people in Western societies. The ethical debatability of the topics under investigation may make this research relevant from various perspectives and across disciplines, all of which are expressed and communicated through language and which, as such, can benefit from linguistic analysis.

Keywords: longevity, radical life extension (RLE), embalming, discourse analysis, conceptual history, corpus linguistics

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Bionotes

Kim Grego (PhD) is Full Professor of English Language and Translation at the University of Milan, where she teaches English Language and Linguistics. Her interests include Translation Studies, ESP (scientific, medical and political discourse), Critical Genre Analysis and Critical Discourse Studies applied to ethically debatable issues. Recent research projects she has been involved in focus on ageism, end-of-life issues and the discourse surrounding the great resignation.

Laura Tommaso is Associate Professor of English Linguistics at University of Eastern Piedmont. Her research interests include Critical Discourse Studies, corpus linguistics, media discourse and language by and about older adults. She has recently published a book, Ageing Discourse in the News. A Corpus-Assisted Study (Aracne, 2023).

Simone C. Bacchini is a subject specialist in Arts & Humanities at the British Library. His interests include Discourse Analysis, Systemic Functional Grammar, and Health Communication. He is the author of: An Introduction to Language and Communication for Allied Health and Social Care Professions (Routledge, 2023).

Francesca Cappellini is PhD student at the University of Milan, and is specialising in Corpus Linguistics and Lexicography with a special interest in medical linguistics, especially as it pertains to infectious diseases and the study of different aspects related to Radical Life Extension technologies.

Anna Anselmo is Research Fellow in English at the University of Ferrara. Her main research interests are historical lexicography, medical terminology, and political discourse in the long eighteenth century. She has published on fashion terminology at the turn of the nineteenth century (2014); on political discourse in the English press (2021; 2022); on the conceptualization of somnambulism (1769-1815) (2023).

The discursive construction of longevity by UK and US biotech companies. A corpus-based study

Laura Tommaso[1], Simone C. Bacchini[2]
[1]University of Eastern Piedmont, [2]British Library

Background: Growing interest in the scientific exploration of ageing and longevity research has been on the rise, encompassing both professional (Grego, 2019a, 2019b; Vicentini and Grego, 2019; Grego *et al.*, 2023) and public contexts (Brookes *et al*., 2018; Tommaso, 2023).
Aim: This study intends to discursively analyse the textual strategies adopted by leading UK and US longevity biotech companies to gain an understanding about the ways language is used to shape perceptions of corporate activity and credibility in this emerging and controversial industry (Schweda *et al*., 2017; Solomon, 2017) and to investigate how scientific knowledge and technology behind longevity are disseminated, and for what purpose(s).
Methodology: To achieve these aims, the analysis focuses on the textual components of "About Us" webpages by employing a corpus-based discourse analysis methodology (Baker, 2023; Partington *et al*., 2013).
Findings: Within the corpus, the imperative to cure ageing emerges as a prominent research aim, positioned as a means to prolong and save lives and alleviate human suffering. To engage diverse audiences as well as to build trust and credibility, companies employ not only scientific content but also incorporate emotional and metaphorical language in a way that emphasises the potential benefits, societal contributions, and positive outcomes associated with their endeavours.
Conclusions: Treating ageing as a disease in the context of biotech longevity companies raises ethical concerns by potentially medicalising a natural process and exacerbating societal health disparities. These ethical challenges underscore the need for careful consideration and open dialogue within both scientific and societal spheres.

Keywords: About Us page; Longevity; Corpus-Based Discourse Studies; Corporate Discourse; Self Presentation.

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Ethical immortality: corpus-based analysis of questions on radical life extension practices

Francesca Cappellini
University of Milan

Background: There is a number of signs that lead to the idea that in the XXI Century humans will more than strive to become immortal. By many modern scientists, death is seen as a "technical problem" we should and could solve. In this field, life extensionists have become a fervent and increasingly vocal group, who consider death as undesirable (Keep 2017, Moshakis 2019). The recent introduction of radical life extension (RLE) measures poses, however, a series of ethical issues. Some might argue that life and death are fundamental human rights, and as such not only is radical health extension good for preserving life, it can also be seen as the foundation upon which any other human right is based (Green 2017).
Aim: The purpose of this research is to shed some light on the ethical issues posed by the promotion of radical life extension (RLE) on providers' websites compared with the direct information that come to us via the scientific publications on the matter.
Methods: Two corpora were collected, one containing selected pages from such websites and the other containing all the article available on the scientific advancement of RLE (n=45) and were analysed through the means of Corpus Linguistics (McEnery and Wilson 2019),
Results: This research was carried out in order to find out whether the promoted services are in line with what is being suggested by scientific research.

Keywords: Radical life extension, promotional discourse, ethics, Corpus Linguistics.

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Conceptualising embalming.
Terms surrounding the embalming of Mrs. Van Butchell

Anna Anselmo
University of Ferrara

Background: Modern embalming is considered to have begun in England in the eighteenth century. Scottish anatomists William and John Hunter (1718-1783) are the first to have reported on arterial and cavity embalming, and they were responsible for embalming a Mrs. Van Butchell (Finney et al. 2022). The circumstances leading to the embalming and those surrounding its aftermath raise questions about ethics in medical practice, the handling of human remains, and their potential exhibition.

Aims: This paper explores the writings of John and William Hunter with the aim of classifying terminology describing the embalming process and identifying references to the ethical issues it raises. Additionally, it explores the scandal surrounding the exhibition of Mrs. Van Butchell's embalmed remains.

Methodology: The Hunter brothers' writings are pitted against newspaper and periodical reports of Mrs. Van Butchell's embalming (Dobson 1953; Friedlaender and Friedlaender 2019) to assess its lexical and conceptual resonance in the coeval press. This paper avails itself of the theoretical framework of conceptual history (Koselleck 2011) and terminology theory (Cabré 1999).

Expected Results: The analysis is expected to look at the linguistic description of past practices, at the rift between medical practices, the way they are communicated across multiple genres and media, and the way they are received by non-medical practitioners. It further intends to shed light on the ethics of embalming, the exhibition of embalmed remains and their study, which remain ethically debatable to this day.

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Friday 28th June 2024, 10:45-12:30, Aula Magna San Faustino

PANEL 6

Coordinator: Prof. Sara Rubinelli

Department of Health Sciences and Medicine, University of Lucerne

Strengthening scientific literacy through institutional health communication

Panel synopsis

In an era where science plays an integral role in public discourse, the imperative to boost scientific literacy has never been greater. Scientific literacy is not just about understanding scientific discoveries and theories; it is also about developing the ability to think critically, evaluate evidence, and understand the methods by which scientific knowledge is generated.

A scientifically literate society is better equipped to make informed decisions, both at a personal and community level. It empowers individuals to critically analyze information, discern between credible sources and misinformation, and understand the implications of scientific advancements in their daily lives. Moreover, with the rapid dissemination of information through digital media, the public is often exposed to a mix of accurate scientific findings and misleading claims. Enhancing scientific literacy helps individuals navigate this landscape, making them less susceptible to the influence of conspiracy theories and pseudoscience.

This panel aims to tackle the challenge of institutional health communication as a key driver in elevating public understanding and appreciation of scientific processes and findings. Central to its discussion is the need to demystify scientific evidence, clarify misconceptions about consensus and contention in scientific circles, and elucidate the mechanisms of scientific development and results. Such clarification is essential in countering the growing influence of conspiracy theories and pseudoscientific narratives, which, despite lacking empirical grounding, often gain public traction.

The discussion will be structured around three pivotal themes: Firstly, it will articulate what constitutes scientific literacy in the current societal context. Secondly, it will explore pedagogical strategies, focusing on the integration of scientific literacy into school curricula. Lastly, it will highlight actionable strategies for institutions to promote scientific literacy.

The panel features experts from diverse research focuses on health communication, offering rich insights from their experiences in education, communication, and policymaking. By merging theoretical frameworks with practical applications, it intends to provide a holistic guide for enhancing scientific literacy through effective health communication strategies.

Keywords: scientific literacy, science, institutional communication, public engagement, disinformation.

Bionotes

Sara Rubinelli is Full Professor of Health Communication at the Faculty of Health Sciences and Medicine of the University of Lucerne, Switzerland. Since February 2023 she is vice-Dean of the faculty. She is specialized in health communication with a main focus on disinformation and institutional health communication. Since 2009 she is also the leader of the Person-centered Healthcare/Health Communication Group at Swiss Paraplegic Research, Nottwil, Switzerland.

Nicola Diviani is a Senior Researcher and Lecturer at Swiss Paraplegic Research and at the University of Lucerne, Switzerland. His research is centered on health behavior, focusing specifically on how different types of information can influence and shape these behaviors, and on identifying effective methods to support citizens in making informed health decisions.

Maddalena Fiordelli is a Senior Researcher and Lecturer at the Institute of Public Health, Università della Svizzera italiana. Her research focuses on health communication, community based participatory research, multi-stakeholder communication, and digital health.

Claudia Zanini is a senior researcher at Swiss Paraplegic Research and a lecturer at the University of Lucerne. She is expert in qualitative research in the field of health communication, with a focus on policy making and policy dialogue, self-management and disinformation.

Unveiling scientific literacy: A conceptual journey

Dr. Nicola Diviani
Swiss Paraplegic Research, Switzerland

Background: Scientific literacy is integral in our era of prevalent science in public discourse. Previous literature often limits its scope to understanding scientific theories and discoveries, neglecting the critical thinking and evaluative skills essential in discerning scientific processes.

Aim/Objective: This speech aims to redefine scientific literacy, considering not just knowledge but the critical evaluation of scientific information. The guiding question is: How can scientific literacy be broadened beyond mere knowledge to include critical thinking and evidence evaluation?

Methodology: A conceptual analysis of literature was conducted, examining academic and educational texts to form a comprehensive understanding of scientific literacy.

Results/Findings: The analysis suggests that scientific literacy should include an understanding of basic scientific principles, the ability to distinguish between evidence and unsupported claims, skills in understanding and assessing statistical information, knowledge of scientific research methodologies, and the capability to evaluate the credibility of scientific information and sources. Additionally, it should encompass the skills to recognize logical fallacies and identify pseudoscientific claims, further enhancing the ability to critically analyze and engage with scientific discourse.

Conclusion: This expanded definition of scientific literacy highlights the need for collaborative efforts among education systems, media, and policymakers to address and overcome specific barriers. These efforts should focus on reshaping educational curricula that currently prioritize rote learning of scientific facts over critical thinking, addressing the issue of media sensationalizing scientific findings without proper context, and combating the spread of disinformation on social media, which often undermines scientific methodology by framing it in a relativistic context that appears to diminish its role in societal progress.

Crafting scientific literacy in high school curricula
A participatory approach

Dr. Maddalena Fiordelli
Institute of Public Health, Università della Svizzera Italiana

Background: The integration of scientific literacy (SL) in high school education is crucial yet challenging. Current curricula often lack emphasis on critical aspects of health literacy (HL) and effective health communication, which are essential components of comprehensive scientific understanding.

Aim/Objective: This presentation aims to propose a high school curriculum framework that incorporates SL, HL, and health communication. The objective is to assess how these elements can be effectively integrated and what impact they have on students' understanding and application of scientific concepts.

Methodology: Utilizing a community-based participatory approach, a two-block training program was developed. The first block focused on argumentation skills, and the second on scientific skills, combining ex-cathedra and flipped-classroom methods. The feasibility of this approach was evaluated through a one-group pretest-posttest quasi-experiment, incorporating socio-demographics, CHL, SL, trust in science, and perceived course quality.

Results/Findings: The implementation of the training program revealed significant improvements in students' abilities to critically evaluate scientific information and engage in informed discussions on health topics. Post-training assessments showed a marked increase in students' proficiency in argumentation skills and their understanding of scientific methodologies. Furthermore, students demonstrated an enhanced ability to apply theoretical concepts of scientific and health literacy to real-world scenarios, indicating a successful translation of classroom learning to practical understanding.

Conclusion: The presentation will reflect on integrating these educational approaches across various school types and student years, emphasizing that scientific literacy education should commence early. This approach supports the development of a foundation in critical thinking and scientific understanding from a young age, fostering lifelong skills.

Strategic communication by health institutions: Learning from influencers and media partnerships

Dr. Claudia Zanini[1]**, Prof. Sara Rubinelli**[2]
[1]Swiss Paraplegic Research Centre, University of Lucerne
[2]Department of Health Sciences and Medicine, University of Lucerne

Background: In the fight against misinformation, especially in health, the role of health institutions is pivotal. However, these institutions often face challenges in countering disinformation, especially that propagated by health professionals, and in engaging effectively with mass media.

Aim/Objective: This presentation aims to outline specific strategies for health institutions to combat misinformation. It focuses on learning from the success of influencers in reaching audiences, addressing disinformation from health professionals, and forming strategic partnerships with mass media.

Methodology: A review was conducted of communication-oriented policy documents from key health institutions, alongside theoretical frameworks and tools from advertising and persuasion research. This comprehensive analysis aimed to identify successful communication strategies and adapt them to the context of health institutions.

Results/Findings: The review showed that health institutions could significantly enhance audience engagement by adopting influencer-like tactics such as personalization, where messaging is tailored to specific audience demographics, and storytelling, which involves using narrative techniques to make health information more relatable and memorable. Additionally, the active refutation of misinformation by health professionals, especially when combined with transparent and timely communication, was found to be a key factor in building public trust. Understanding how to craft information to get the attention of the public on the mass media, but without altering the evidence-based framework, was also identified as a crucial step for health institutions, enabling them to disseminate accurate health information more widely and effectively.

Conclusion: The presentation concludes by offering specific guidelines on how to effectively frame messages, drawing on various theory-based models of persuasive communication. These models are promising for attracting attention and emphasizing the importance of evidence-based content in the public arena.

Friday 27th June 2024, 10:15-12:30, Sala Biblioteca San Faustino

PANEL 7

Coordinator: Stephanie Fox

Department of Communication, Université de Montréal, Canada

Navigating interactional challenges in interprofessional communication

Panel synopsis

Interprofessional collaboration is a cornerstone of quality health care, thought to improve healthcare system efficiency and quality of care, especially with regard to complex problems. However, interprofessional *communication* is often rife with challenges. While much research on interprofessional collaboration focuses on the timely, accurate exchange of information in care coordination, this task-oriented conception of communication as only information transmission misses important contextual dimensions of collaboration that can make interprofessional interactions challenging. Challenges stem from institutionally and organizationally defined differences, such as scopes of practice, professional status, and the valuation of professional time, as well as from differences in professional culture, socialization, and understanding of the role of the patient or client in care.

This panel explores how these challenges are navigated, negotiated, and sometimes contested in the everyday interactions between health professionals, educators, students, and patients and their families. This negotiation is often ignored by a focus on efficient information transmission. Therefore, **the panel's objectives** are to: (1) offer theoretical framings and empirical examples to open up the transmission model conception of interprofessional communication, (2) articulate how communication practices impact the possibilities for and even constitute interprofessional collaboration, and (3) interrogate how communicators negotiate professional role and voice, thereby influencing the ability to collaborate. Panelists represent diverse disciplinary, methodological, and epistemological approaches to qualitative research on interprofessional collaboration and communication.

Content themes address relational orientations to interprofessional communication, including the impact of trust, role awareness, and supportive communication on interprofessional providers' well-being; teaching students the importance of psychological safety, diversity, and equity in

interprofessional interactions; and the negotiation of voice and inclusion of professionals and caregivers who are peripheral to the biomedical healthcare system.

Keywords: interprofessional communication; voice; trust; psychological safety; interactions

Communication avoidance when trust disappears in times of crisis

Stephanie Fox, Kirstie McAllum
Department of Communication, Université de Montréal, Canada

Interprofessional teams in long-term residential care facilities for older adults are still healing after the ravages of the Covid-19 pandemic.

Aim: This presentation reports on how team communication in four care facilities in Quebec, Canada was affected by the personnel turnover, organizational disruptions, resident deaths, and general uncertainty wrought by the pandemic. We mobilize trust and role awareness, key concepts in the interprofessional collaboration literature, to examine experiences of team members in their everyday communication with collaborators. This is part of a broader project investigating how compassionate and socially supportive interpersonal communication, understood as team care, impacts collaborators' individual and collective well-being and resilience.

Method: Semi-structured, qualitative interviews were conducted with managers, nurses, and personal care assistants about their experiences of collaborating during the first waves of the pandemic in 2020 and 2021.

Early findings from thematic analysis of transcribed data demonstrates that blurring of roles in the professional hierarchy in a time of crisis was appreciated, especially by lower-status collaborators. However, participants report an extreme lack of organizational supports for teamwork eroded interprofessional and organizational trust and minimized occasions for the socially supportive and team care communication that front-line collaborators needed to weather the storm. Overall, we find trust and compassion are implicated in collaborative interactions at multiple, overlapping levels: interpersonally between collaborators; on unit-level teams with changing membership; and with the healthcare system and government. Team-level interactions suffer from compassion fatigue when collaborators perceive that they don't "matter" to their organizations.

Recommendations for practice are considered.

Clashing frames of care when plans go awry: midwives and hospital obstetrics teams

Léna Meyer
Department of Communication, Université de Montréal, Canada

The integration of the midwifery profession onto mainstream healthcare teams varies around the world, and midwives' professional practice ranges on a continuum from peripheral involvement with the healthcare system to completely integrated, depending in part on institutionally negotiated scopes of practice.

Aim: This presentation focuses on the interprofessional collaboration and communication experiences of midwives in Quebec, Canada, where they typically assist women throughout their pregnancies and in birthing homes. This means they usually only interact with the biomedical system of care when births do not go as planned or as hoped, and the birthing women must be transferred to a partner hospital for medical intervention. In this project, I use the institutional theory of organizational communication and feminist standpoint theory to frame how midwives make sense of their interprofessional interactions with hospital obstetricians, gynecologists, and birthing nurses.

Method: I conducted semi-directed interviews with midwives from across the province of Quebec, focusing on their experiences of interprofessional interactions. I used thematic analysis to analyze my data.

My preliminary findings indicate a clash between biomedical and feminist frames of care between midwives and hospital obstetrics teams. Importantly, midwives report a variety of experiences, from complete exclusion from participation in care discussions once the birthing mother becomes a "patient" to friendly inclusion in these discussions. They also report that the quality of their inclusion tends to depend on physician attitudes towards them and midwifery.

This suggests *practical considerations* for professional and on-going training of physicians and for negotiating midwives' professional scopes of practice.

Discursive interprofessionality in the pediatric clinic: stance-taking toward absent professionals’ reported voice as a locally changing positioning

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Healthcare practices are characterized by a “distributed expertise” model: Laypersons are knowledgeable about their territories of experience, increasingly fragmented into specialized domains of knowledge and patrolled by diverse experts. This polyphonic landscape creates discursive environments where healthcare professionals must take into account and take a stance regarding what other professionals have said or done about a given issue at hand. We call this “discursive interprofessionality” (DI). The literature typically considers such stance-taking to be reserved for professionals who are co-present in an interaction. However, in some circumstances, professionals take a stance regarding what an *absent* professional is reported to have said or done. For instance, DI may occur when, in the institutional encounter, a client reports on another expert’s stance (e.g., through documents) or voice.

Aim: This study analyzes how a pediatrician deals with the voice of nursery teachers evoked by the parent of a one-year-old baby.

Method and findings: Adopting a conversation analysis-informed approach, we show the pediatrician’s reluctance to affiliate with a mother who constructs the teachers as unreliable witnesses of what occurs at the nursery: The more the mother persists with her mistrust trajectory, the more the pediatrician abandons her initially displayed neutral stance and exhibits affiliation with the teachers’ reported voice. We propose the pediatrician’s DI depends on what the client is *doing* by reporting the other professional’s voice.

We stress the *practical relevance* of this issue for professionals regularly solicited by parents to take a stance concerning other professional caregivers’ reported talk and/or conduct.

Psychologically safe communication in interprofessional education

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Background: When psychological safety (PS) exists, individuals voice opinions, speak freely without fear of retaliation, and ask for help without rejection. PS positively influences communication, personal satisfaction, organizational learning, and patient safety, all of which are integral to team-based care. Yet, hierarchical structures in medical education and practice afford levels of authority, positional respect, and power that negatively impact PS.

Aim: From an equity, diversity, and inclusion (EDI) lens, explore narrative accounts of PS from students, educators, and simulated patients who have participated in simulation-enhanced interprofessional education.

Methodology: An interpretive, narrative methodology was used to understand the influences/events/interactions that inform participants' perceptions and experiences of PS within IPE. Recruitment aimed for a range of experiences to illuminate the relationship between personal and professional identities and how power influenced the ability to take risks, speak up, and challenge multiple forms of oppression. Intersectionality theory informed application of an EDI lens by acknowledging the complexity of lived experience and the impossibility to falsely separate intersections of identity. Participants journalled and participated in two semi-structured interviews. Analysis explored the collective experiences of participants.

Results: Five themes were revealed: 1) building trust; 2) being true to and honoring roles; 3) power and intersection of profession/other identities; 4) assumptions and stereotypes; and 5) trauma-aware education.

Conclusion: An andragogical shift in academia and practice is required to support psychologically safe IPE that teaches future healthcare providers to be key contributors in collaborative teams and be considerate of realities and societal conditions different from their own.

Oral presentations

Wednesday 26th June 2024, 16:15-16:45, Room B4 Santa Chiara

When words make us sick:
the ethics of harnessing nocebo effects in clinical practice

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Abstract

"The nocebo effect" refers to the occurrence of a harmful event that stems from consciously or subconsciously anticipating or expecting it, and it is now considered the "evil twin" of the most known and beneficial "placebo effect". In recent years, an increasing series of empirical studies has elucidated some of the biological underpinnings of nocebo effects, demonstrating that the words uttered by clinicians in clinical contexts may sometimes elicit significant nocebo effects. For clinicians, the existence of nocebo effects raises intriguing ethical questions. On the one hand, a truthful disclosure of treatment adverse effects is needed for informed consent. On the other hand, providing such disclosures may harm patients via nocebo effects, hence violating doctors' *prima facie* ethical duty of nonmaleficence. Building on recent empirical findings in the field of placebo studies, in this talk I will explore the ethics of harnessing nocebo effects in clinical contexts, discussing different strategies that have been proposed to manage the tension between the duty of truth-telling and the duty of not causing unnecessary harm in clinical encounters. On this basis, I will conclude that each of the proposed strategies has merits as well as limits: clinicians should thus refrain from adopting a "one size-fits all" approach for the sake of informed consent, tailoring each disclosure to the features of each therapeutic encounter.

Keywords: Nocebo Effects; Informed Consent; Nonmaleficence; Disclosure

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The abstract addresses the following conference themes: Ethics and Communication; Media and Health Communication; Client-Professional Encounters

Thursday 27th June 2024, 9:00-9:30, Room B4 Santa Chiara

Computational insights into a spoken schizophrenia corpus

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Abstract

Language exhibits unique distinctiveness across individuals and populations, and it is prone to modifications in disorders such as schizophrenia. Computational approaches to language analysis like Natural Language Processing (Bird et al., 2009) have proven their ability to yield objective measures of language modifications in mental health disorders (Zhang et al., 2022), but a clear characterization of language profiles in psychosis is still missing.

The aim of the study was to advance our understanding of the patterns of language use by people with a diagnosis of schizophrenia. We analyzed the DAIS-C corpus (Delgaram Nejad et al., 2023), a collection of interviews about using language creatively, collected from a group of people with (N = 15) and without (N = 13) schizophrenia, and we extracted a set of lexical, semantic, discourse, sentiment, and emotion variables.

People with schizophrenia produced significantly more sentences ($U = 32$, $p < .05$) and used words more characterized in terms of Concreteness ($t(22.55) = 3.71$, $p < .01$) and Imageability ($t(23.91) = 4.16$, $p < .01$) than controls. In contrast, patients used less adverbs ($t(25.82) = 3.19$, $p < .05$) and less subordinating conjunctions ($U = -157.5$, $p < .05$) than controls.

Results point to a distinct linguistic profile of people with schizophrenia, characterized by verbose expressions, albeit with simple constructions. A tendency among people with schizophrenia to employ concrete and imageable words is noted, possibly reflecting semantic alteration and concrete thinking in this clinical population. The absence of emotional connotations appears to be task dependent.

Keywords: Schizophrenia, Natural Language Processing, Corpus Study, Digital Biomarker, Language Profiles

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The abstract addresses the following conference themes: Evidence in Diagnosis and Non-Diagnosis, Health Technologies and Medical Informatics

Friday 28th June 2024, 11:20-11:50, Room B3 Santa Chiara

How is the patient's voice recorded in their medical record by physicians?

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Abstract

Background: Physicians write notes in a structured format, called a 'SOAP' note, an acronym for its sections: subjective, objective, assessment, and plan. Within the 'subjective' section, physicians are tasked with summarizing the patient's symptoms and experiences.
Aim: To understand linguistic variability in how this is accomplished, and reflect on implications of different rhetorical choices.
Methodology: Two investigators reviewed the 'subjective' portion of 600 notes written by 138 physicians to identify linguistic structures of physicians' accounts of patients' reported experience; these were then analyzed linguistically and semantically by the research team.
Results/Findings: The subjective section often begins with an evidential specifying the patient is the source of information (e.g., patient reports headache) rather than a declaration (e.g., patient has headache), distancing the physician from the patient's account; sometimes the physician goes further to cast doubt directly using judgement evidentials (e.g., patient *claims* he has headache). Patients may be quoted, which could allow for the patient's story to be told in their own words; however, physicians sometimes choose words to quote that cast the patient as dramatic, uneducated, or unreasonable. In contrast to narratives telling the story from the perspective of the physician in the exam room (e.g., she stated that she developed a rash), occasionally physicians write from the patient's perspective (e.g., she began to experience… then later noticed…).

Conclusion: Rhetorical choices when recording patient voices reflect physicians' assessments of (and may raise questions about) credibility and respectability, and betray the degree to which the physician is aligned with the patient.

Keywords: Epistemics; Respect; Empathic engagement; Perspective-taking

The abstract addresses the following conference themes: Ethics and Communication; Interprofessional Communication; Distributed Expertise Among Professionals and Clients

Wednesday 26th June 2024, 14:20-14:50, Room B4 Santa Chiara

Investigating the impact of social media usage and exposure on BBD and perceived self-image: a mixed-method analysis of a sample of young adults living in Italy

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Abstract

Body Dysmorphic Disorder (BDD) is a major psychological disorder characterised by excessive preoccupation with one or more perceived defects in physical appearance. The prevalence is estimated at 1.9-2.2% in the general population. The risk factors are female sex and young age, but it is hypothesised that BDD can also be fuelled by social media.

Our study aims to investigate BDD among young adults (18-40 years old) living in Italy and to assess its possible associations with social media usage and exposure.

We created a survey on the LimeSurvey platform, comprising: biographical data; two validated questionnaires ("Body Image Disturbance Questionnaire" and "Symptoms of Body Dysmorphic Disorder") for the diagnosis and investigation of the symptoms of BDD, which were back-translated into Italian; and an ad-hoc questionnaire exploring participants' social media habits (normal use or social media addiction and social exposure). All questionnaires include close-ended and open-ended questions. The survey was disseminated through social media and the bulletin boards at the University of Brescia.

Currently, data collection is ongoing. As of 2nd March, preliminary results in a sample of 152 participants (27.32±5.5 yrs., 73% female) show that 14.8% very and 7.1% extremely worried about their appearance; among them, the validated questionnaire is useful for identifying an undiagnosed BDD condition. All 152 participants own at least one social media profile.

As the research team is interdisciplinary, consisting of biologists, medical doctors, and linguists, the results will be analysed using a mixed-method approach combining statistical analyses of closed-ended items and thematic analyses of open-ended questions. This approach will allow us to study both the incidence of the phenomenon and its discursive representation.

Keywords: Body Dysmorphic Disorder, young adults, validated questionnaires, social media habits.

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The abstract addresses the following conference themes: Ethics and Communication; Health, Wellbeing and the Lifespan; Media and Health Communication; Representation of the Body; Tailoring Health Messages.

Thursday 27th June 2024, 13:50-14:20 Room A1 Santa Chiara

An ethical reflection on student engagement: which tools? Validation of an assessment questionnaire for Team-Based Learning

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Abstract

The scientific literature in the educational field highlights the importance of paying attention, also from an ethical perspective, to student engagement to safeguard the right to quality education (Dewey, 1938), ensure an equity-based approach (Darling-Hammond et al., 2017), and promote the autonomy and responsibility of students, thereby preparing them to face their future. Team-based learning (TBL) appears to meet these criteria, as this teaching methodology, frequently employed in the training of healthcare professionals, contributes to promoting collaboration and active group learning, fostering individual and group accountability, encouraging peer-to-peer learning, and overall enhancing students' learning experience (Michaelsen & Sweet, 2008; Parmelee & Michaelsen, 2010). While it is established that TBL enhances student learning (Swanson et al., 2019), it is also necessary to verify that such a method is appreciated by them. Furthermore, it is essential to evaluate this aspect using a methodologically rigorous approach and validated assessment instruments. The objective of this contribution is, therefore, to share the results of the translation into Italian and the validation process of a TBL satisfaction questionnaire (Parmelee, 2009). The translation process, carried out by two independent translators, was analysed by an interdisciplinary group of experts to evaluate its interpretation and language. The translated questionnaire was subsequently administered to two sample groups to conduct exploratory factor analysis (EFA) to validate the internal consistency of the instrument. Although the EFA yielded positive results, some issues with the items emerged, leading to a partial redefinition of the questionnaire.

Keywords: Team Based Learning; Student engagement; Faculty development; Questionnaire validation, Factor analysis.

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The abstract addresses the following conference themes: Research Ethics, Medical Education

Thursday 27th June 2024, 14:25-14:55, Room A1 Santa Chiara

Healthcare communication teaching in Italy:
State of the art and future perspectives

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Abstract

This paper presents results of an exploration regarding the state of healthcare communication (HC) teaching in Italy.

The study stems from theoretical work aimed at reconsidering the definition of 'communication' in the light of linguistic and pragmatic categories. Contrary to mainstream literature on HC teaching, in this perspective communication is understood not as a set of skills, but as a set of competencies for meaning-making (Rossi & Sarangi 2021). The notion of communication as a set of skills has the advantage of making the concept more manageable in terms of teaching and assessment; however, it has also been found to be often inadequate (Deveugele 2015; Bigi 2016; Rossi & Sarangi 2021). Building on these theoretical reflections, we decided to investigate how HC is taught in Italian Schools of Medicine.

Our study has a quantitative and a qualitative part. In the former, we have mapped out HC courses as they appear on universities' websites and will distribute a survey to the instructors teaching these courses (Ury et al. 2003). In the qualitative part, we will conduct interviews with the coordinators of degree programs to discuss higher level organizational issues that impact on decisions regarding the quantity and types of courses devoted to HC. The survey will be launched in March 2024 and the interviews will be conducted in April 2024.

Our analysis of existing programs on university websites shows that HC is confined to very short courses, with few credits, delivered within the first three years of the degree program.

Keywords: curriculum development; healthcare communication teaching; doctor-patient communication; models of communication; communication skills

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The abstract addresses the following conference themes: communication skills training; medical education; tailoring health messages; quality of care.

Wednesday 26th June 2024, 14:20-14:50, Room B3 Santa Chiara

The affective reading of “hao-bu-hao?” in diagnosis delivery

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Abstract

Recent studies in health interaction have shown interest in the issue of affect-in-talk. While prior insights are mainly gained from face-to-face encounters where affect is seen as a gestalt of various modalities (Peräkylä & Sorjonen, 2010), this presentation reports a conversation analytic study of how it is delivered in online environments where multimodal resources are often absent (see Ekberg et al., 2016). We examined the Chinese “hao-bu-hao” (“okay”, “alright”) and its affective import in diagnostic news delivery (Maynard, 2003). Data include 156,104 typed doctor-patient dyads collected online. While HBH is often used to seek agreement, we identified instances where there is some affective import in the doctor’s articulation of HBH. We examined the design features of HBH, its placement in the doctor’s longer turn (what comes before/after its articulation), and patient response. Two designs of diagnostic statements are identified: 1) simple reassurance such as “don’t worry about X, HBH”, and 2) statements incorporating inferential references such as “Your situation seems to be X, HBH”. Patients respond differently by either indicating a reassured state prefaced with “alright” or not responding or pursuing further information regarding the seriousness of the condition. We thus argue that HBH can be heard as either a comfort or a gentle alert.

Keywords: HBH, Conversation Analysis, emotion and affect, online medical consultation

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The abstract addresses the following conference themes: Client-professional encounters, communication risk and uncertainty

Wednesday 26th June 2024, 11:00-11:30, Room B4 (Santa Chiara)

Simulation-based education in palliative care communication training within a socio-material approach

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Abstract

Background: Simulation-based education (SBE) is crucial to prepare nursing students' clinical communication practice. Theory-based simulation learning is increasingly important for analyzing how students learn.

Aim: This study aims to describe and analyze nursing students' learning of communication skills using simulated palliative care as the context under a sociomaterial approach, departing from the traditional cognitive and social emphasis, and explores students' transfer of knowledge to their clinical practice.

Methodology: Twenty-seven final-year nursing students participated in two simulated scenarios, followed by debriefing and post-clinical focus groups to capture their reflective learning. Video recordings of the simulation and focus groups were transcribed and coded based on the human and non-human elements that were observed, along with the triangulation with data collection through team participant observation, mapping exercises and document analysis.

Results: The three themes identified were: 1) students' expanded learning of healthcare communication through a socio-material approach in the context of palliative care ; 2) students' discovery of the diversity and complex relations and interactions between human and materials; and 3) students' new perspectives on health care communication and transfer of knowledge and skill through a socio-material approach in clinical practice. This study highlights how SBE can be expanded using a socio-material approach to prepare students' learning beyond the standardized and scripted process. The findings also demonstrate that SBE may leave room for students' emergent learning about themselves and the diverse responses and needs of patients/caregivers for the uncertain and complex clinical situations.

Keywords: Simulation-based education; palliative care, communication, socio-material approach

The abstract addresses the following conference theme: Communication Skills training

Funding body: Hong Kong University Grant Committee, General Research Fund, Grant number: 15603520

Thursday 27th June 2024, 15:00-15:30 Room B3 Santa Chiara

Examining e-health literacy among senior adults: an exploratory study

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Syracuse University

Abstract

Background and objectives. Health literacy is "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." Low health literacy has been shown to correlate with poor health outcomes, less knowledge of health and illness management, lower therapy compliance, more healthcare services use, more hospitalizations, and a higher mortality risk. With the proliferation of online health/medical information, could e-health literacy correspondingly increase? E-health literacy is the ability to use information technology to search, locate, process and understand health information to improve health and healthcare. This study proposed to examine e-health literacy among senior adults as this group utilizes more health care services and lags in technology use.

Method. We analyzed data from a sample of senior adults at a Northeast hospital in the US (n=52) and developed a composite measure of e-health literacy based on six components (Norman & Skinner, 2006a; 2006b) – basic and health literacy, media literacy, computer literacy, information literacy and science literacy.

Results. Spearman correlation results showed that seniors with higher computer literacy scores had a better health status. Regression analysis indicated that education, computer, basic and health literacy were linked to better health status.

Conclusions. Findings support the continued use of information technology to promote health and a need to provide appropriate education programs in computer, basic and health literacy especially among seniors so that e-health literacy can be a means to bridge healthcare gaps. Implications and limitations are discussed.

The abstract addresses the following conference theme: Health Literacy

Wednesday 26th June 2024, 13:45-14:15, Room B3, Santa Chiara

Tuning in: approaches and expressions of empathy in physician assistant neurology visits

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Abstract

While scholars struggle to define clinical empathy (Hall et. al, 2021; Decety, 2020), there is consensus that ‘empathy’ is a critical component of medical care (Hojat, 2016). Drawing on Decety’s definition of ‘empathic concern’ as “an other-oriented motivation congruent with the perceived welfare of someone in need” (2020: 563), I explore how a physician assistant (PA), who specializes in epilepsy, cares for patients through a position of empathic concern. Epilepsy is often described as one of the oldest illnesses, yet its management and treatment still remain elusive for many (Wahb, 2010). Rather than utilizing Likert-scale measurements of empathy, I employ an ethnographic discourse analysis approach, combining audio recordings of the medical encounters with the PA and eight patients and researcher-led interviews with the PA. I seek to answer the questions: how does this PA describe her empathic approach and how is it manifested in visits with patients? In interviews the PA describes her approach as ‘tuning in’ to a variety of inputs including other providers’ notes, body language, and changes in patient demeanor from previous encounters as a path toward understanding the complexity of patients’ lives. I then illustrate how she expresses empathic concern in the medical encounters through direct expressions of empathy and ‘tuning in’ to patients’ lived experiences while collectively working toward individualized solutions. This research highlights the various ways that empathic concern might be expressed as well as insights into what providers might ‘tune into’ in order to provide empathic and personalized care for their patients.

Keywords: advanced practice providers, epilepsy, provider preparation, personalized care, voices of the lifeworld

The abstract addresses the following conference themes: Client-Professional Encounters (involving doctors, counsellors, nurses, pharmacists, dentists, speech and language therapists, psychotherapists, etc.), Quality of Life and Quality of Care, (Shared) Decision Making

Friday 28th June 2024, 11:20-11:50, Room A1 Santa Chiara

Unpacking methods of communication in clinical ethics consultations: seven steps of the critical dialogue model

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Abstract

In clinical ethics consultations, ethicists bring moral reasoning to bear on concrete and complex clinical ethical problems by undertaking ethical deliberation in collaboration with others (Battin 2013, Force 2011). The reasoning process involves identifying and clarifying ethical values which are at stake or contested, and guiding clinicians and sometimes patients and families to think through ethically justifiable courses of action. There is however ongoing debate about methods an ethicist can use to do this ethical deliberation work. In particular, how they foster meaningful partnerships with clinicians or others in the ethical reasoning processes (Cassarett et al 1998., Shelton et al 2016).

This paper discusses the ‘Critical Dialogue Model’ of ethics facilitation, empirically developed and refined over a period of 15 years of running a clinical ethics service within a large tertiary paediatric specialist hospital in Melbourne, Australia. The model comprises a series of seven facilitation steps a clinical ethicist can follow to *critically* - using systematic and deliberative analysis), and collaboratively - using specific *dialogue* approaches to generate shared understanding and resolution of an ethical problem.

The facilitative steps aim to not only identify ethically justified responses but also assist participants to gain greater moral clarity, understanding and confidence in responding to ethical challenges as independent moral agents (Walker 1993).

By describing in detail the facilitation methods an ethicist can use, we demystify the process of how ethicists can purposefully involve and empower others in ethical deliberation work within and beyond clinical ethics consultations.

Keywords: Clinical ethics, moral deliberation, facilitation methods

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The abstract addresses the following conference themes: Ethics and Communication, Quality of Life and Quality of Care, Values and Responsibilities in Professional Practice, Interprofessional Communication and Hospital Management Systems

Thursday 27th June 2024, 9:35-10:05, Room B4 Santa Chiara

The promotion of perinatal psychological health: screening expectant and new parents for possible distress, an exploratory study to compare two screening instruments.

Anna Maria Della Vedova
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Abstract

Background: Routine perinatal mental health screening is conducted in many countries for women, and the need to screen men has also been recognised. In the UK and Italy (Lombardia) the screening instrument for women is the Whooley scale (Whooley et al., 1997), together with the GAD-2 (Kroenke et al., 2007). A more recent validated screening instrument is the MGMQ (Matthey et al, 2019; Matthey & Della Vedova, 2020). This differs from the Whooley-GAD in that it asks the clinically important questions of how 'bothered' clients feel by their mood; why they feel distressed, and if they wish to talk with a health professional.

Aim: To investigate the comparative performance of these screening measures, for women and men in the perinatal period, in selected Italian clinical services.

Method: Participants were recruited from 1) a 'Community sample' of expectant and new parents attending routine antenatal or postnatal clinic appointments, or antenatal classes (women: N= 284; men: N= 283); 2) a 'Clinical sample' of women with pregnancy complications (N=228), and their male partners (N=55), admitted to a public hospital's Obstetrics Department.

Findings: Screen positive concordance rates between the instruments varied between 50% and 75%. Importantly, the Whooley-GAD missed a third-to-a-half of women and men who said on the MGMQ that they wanted to talk with a health professional about how they were feeling. Reasons why men and women felt distressed will be discussed.

Conclusions: The Whooley-GAD questions miss substantial numbers of women, and men, who are distressed and may want to talk with a health professional. Services need to carefully consider this evidence when selecting which screening measure(s) to use.

Keywords: screening; perinatal mental health; measurement, mothers; fathers.

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The abstract addresses the following conference themes: Health, Wellbeing and the Lifespan

Wednesday 26th June 2024, 11:35-12:05, Room B3 Santa Chiara

Improving care for those with cancer: NCCN guidelines for patients®

Tanya M. Fischer

National Comprehensive Cancer Center (NCCN) Plymouth Meeting, Pennsylvania, US

Abstract

The National Comprehensive Cancer Network (NCCN) is an alliance of 33 leading cancer centers in the United States devoted to patient care, research, and education. NCCN is dedicated to improving and facilitating quality, effective, equitable, and accessible cancer care so all patients can live better lives. For more than 25 years, NCCN has developed resources to improve the quality of cancer care. These resources include NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) and the award-winning NCCN Guidelines for Patients. NCCN Guidelines provide transparent, evidence-based, expert consensus recommendations for cancer treatment, prevention, and supportive care services. They are the most thorough and frequently-updated clinical practice guidelines available in any area of medicine and are used by health care providers worldwide. The NCCN Guidelines for Patients provide the same expert cancer treatment recommendations as the NCCN Guidelines, but are written for patients and their caregivers, family, and friends using health literacy principles. The NCCN Guidelines for Patients are translated into multiple languages. They are available on NCCN.org and the NCCN mobile application for free so that they may be accessed by those with cancer and their caregivers around the world. This presentation illustrates how health literacy and numeracy principles are applied in the NCCN Guidelines for Patients and reflects on challenges and considerations for writing patient education for a global audience.

Keywords: health literacy, patient education, cancer, shared decision-making.

The abstract addresses the following conference themes: health literacy, shared decision-making, quality of life and quality of care, and public understanding of health and illness.

Thursday 27th June 2024, 09:35-10:05, Room A1 Santa Chiara

Exploring depression in American government medical texts: a corpus-assisted discourse analytical study

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Università degli Studi dell'Insubria (Como-Varese)

Abstract

Depression, defined as a mental illness by the American Psychiatric Association (APA), is a particularly prominent issue in the United States, with 29% of Americans having manifested depressive symptoms in 2023 (Witters, 2023). Sociology and psychology studies have explored the relationship between depression and American ideals of individualism and self-sufficiency (Seligman, 1990), as well as the impact of neo-liberalist policies on rising depressive symptoms (Zeira, 2012), which might be further aggravated by institutional discourses (Falicov, 2003), here referring to public institutions. Although mental illnesses constitute an area of interest in discourse studies (Georgaca, 2014), few studies have focused on the discursive framing of societal staples and culture-specific ideologies in institutional texts concerning depression. Adopting the approach of corpus-assisted Discourse Analysis (Friginal and Hardy, 2020), this study focuses on how depression is constructed through discourse by medical institutions in the United States. In particular, it will be sought to verify if the American ideals of individualism and self-sufficiency, as well as the neoliberal policies, are mirrored in discursive and communication strategies employed by public institutions. To do so, a sample corpus made up of online American institutional healthcare texts explicitly related to depression will be compiled. This will be investigated to unveil possible recurrent words and expressions that may reflect and foster ideologies associated with individualism and self-sufficiency. By scrutinizing the linguistic construction of these discourses, the study intends to shed light on how institutional communication may contribute to the shaping of societal perceptions and responses to depression. The findings are expected to offer valuable insights into the ways public institutions contribute to, or challenge, prevailing social norms related to depression.

Keywords: Depression, corpus linguistics, critical discourse analysis, institutional discourse, United States

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The abstract addresses the following conference theme: Media and Health Communication

Thursday 27th June 2024, 14:25-14:55, Room B4 Santa Chiara

Narrative health literacy- communicative manifestations of patients' literacy in clinical encounters

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Abstract

Background: Health literacy broadly concerns competencies necessary to access, understand and make use of health information to solve a health problem (Sørensen et al, 2012). However, health literacy is difficult to assess. Inspired by Mishler (1984), this study examines empirical manifestations of health literacy in clinical conversations, and suggests a novel analytical concept: *narrative health literacy*. Narrative health literacy is defined as "the patients' capacity and competence to communicate relevant information about own health condition and lifeworld for health professionals to adjust diagnosis and treatment to the patient's everyday life context". The aim of this study is to examine how the patients' narrative health literacy manifests in the communication in clinical encounters.

Methodology: 16 clinical encounters with patients and nurses at the rheumatological department of a Norwegian hospital were video recorded. The transcribed data was analysed with Theme Analysis (Clarke & Braun, 2017), highlighting the following themes: health system, information and registration, health condition, treatment, and lifeworld.

Findings: Through the analysis of representative empirical examples, we observed that narrative health literacy manifested communicatively concerning both individual aspects (feelings of security/insecurity, self-confidence/anxiety, level of reflection) and contextual aspects (frameworks, standardized digital forms, responsibilities, and practices in the healthcare systems).

Conclusion: Narrative health literacy is an analytical notion that emphasises the patient's own narratives, in a thematical continuum from how they feel, to contextual knowledge about healthcare services. This has empirical and practical consequences for researchers and professionals. Attention to patients' narratives may be a way to assess health literacy.

Keywords: Narrative, health literacy, theme analysis, rheumatology, system-lifeworld

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The abstract addresses the following conference theme: Health Literacy

Thursday 27th June 2024, 13:50-14:20, Room B3 Santa Chiara

Communication in end-of-life care in a geriatric ward

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Abstract

The term ‘end-of-life’ (EoL) refers to a life expectancy range of six months to two years. Research has shown that effective communication about EoL including goals of care, prognosis, and treatment options has clinical, psychological and social benefits including better quality of life, reduced use of non-beneficial medical treatments, reduced distress for carers and families, and reduced costs. In contrast, poorly conducted EoL conversations can lead to harsh non-beneficial life-sustaining treatments, traumatic hospital experiences for patients and carers[4], and increased costs to the healthcare system.

Background: The term ‘end-of-life’ (EoL) refers to a life expectancy range of six months to two years. Research has shown that effective communication about EoL including goals of care, prognosis, and treatment options has clinical, psychological and social benefits including better quality of life, reduced use of non-beneficial medical treatments, reduced distress for carers and families, and reduced costs. In contrast, poorly conducted EoL conversations can lead to harsh non-beneficial life-sustaining treatments, traumatic hospital experiences for patients and carers, and increased costs to the healthcare system.

Aim: In this paper we present a project analysing the communication practices in EoL communication in an Australian hospital geriatric ward. This project aimed to describe the ways doctors can enhance their communicative practices during EoL interactions and to provide evidence to inform the development of communication frameworks and recommendations for effective EoL communication.

Methods: The research combined discourse analysis of clinician-patient/family interactions and ethnographic analysis of interviews with clinicians and families involved in EoL communication.

Results: Thematic analysis of interviews identified barriers to effective EoL communication: conversations happening too late in the patient's journey; unclear responsibilities in EoL care; and lack of training and support for EoL conversations. Analysis of the consultations showed that EoL interactions can have different goals: to make a decision or provide an information update. We described the structure of effective decision-making and information update conversations, forming a *Communication framework for Effective EOL conversations*, which we recommended be used to train clinicians in EOL communication.

Keywords: Healthcare communication; end-of-life communication; geriatrics; qualitative research

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The abstract addresses the following conference themes: Client-Professional Encounters (involving doctors, counsellors, nurses, pharmacists, dentists, speech and language therapists, psychotherapists, etc.); (Shared) Decision Making; Quality of Life and Quality of Care

Wednesday 26th June 2024, 11:00-11:30, Room A1 Santa Chiara

Medical science, health policy, and oral argument: A Qualitative Content Analysis of the PACE Debate on COVID-19 Vaccines

John Casey Gooch
University of Texas at Dallas, Richardson, Texas, USA

Abstract

This oral presentation will investigate "strategic framing" of arguments made during the Parliamentary Assembly Council of Europe (PACE) January 2021 debate over COVID vaccines. The study explores the use of "strategic framing" (see Kuypers, 2010; Jerit, 2008) of PACE representatives' arguments addressing equitable distribution of vaccines, and I will use qualitative content analysis (see Selvi, 2019; Hanafiah and Yusuf, 2016; Mayring, 2014) as a methodology by analyzing reoccurring words and phrases that shape "strategic framing." For this study, "strategic framing" is defined as a "rhetorical tool used by communicators to delimit the scope of a situation or argument," and as a "critical element in constructing social reality because it helps shape the perceptions and provides context for processing information." One example lies in representatives' use of the term "liberty," which members frame differently depending upon the purpose of their arguments. Such practices result in political agenda setting with members bringing to bear issues related to vaccine accessibility. In addition, the debate reflects conflation of terminology, such as "social and economic impacts" typically treated together and as one unit with "economic impacts" overshadowing "social impacts" with the latter given no clear or precise definition. Finally, the study illustrates how scientific research transcends the laboratory into the political, legal, and economic realms, and oral utterances during this debate reflect multiple fields of human endeavor (e.g., science, politics, law) as this group engages in transnational cooperation.

Keywords: strategic framing, qualitative content analysis, science, policy, oral argument

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The abstract addresses the following conference themes: language/discourse/communication studies, (shared) decision making, ethics and communication, communicating risk and uncertainty, public understanding of health and illness

Wednesday 26th June 2024, 15:40-16:10, Room B4 Santa Chiara

How to do things with numbers– how do infection prevention and control teams re-semiotize surveillance data

Jette Holt

Statens Serum Institut, Copenhagen, Denmark

Abstract

Background: Data driven healthcare is seen as a guarantee of high-quality services. Artificial Intelligence systems are widely described as a feasible method for Hospital Acquired Infection (HAI) surveillance and thereby supporting and improving infection prevention performance. Literature in philosophy of science and social science demonstrate that to succeed in resemiotizing of numerical data, meticulous data-work and expertise is necessary.

The question is: How is numbers resemiotized and how are they used as a driving force by the Infection Prevention and Control Team (IPCT)?

Method: Empirical data was gathered through ethnographic studies with participant observation and semi-structured interviews in the Danish healthcare system from August 2017 - January 2020.

Analysis uses Nexus Analysis, Actor Network Theory and Membership categorization.

Findings: Natural sciences, humanities and sociological sciences influence numerical data-resemiotizing and clinical judgment of necessary IPC-intervention. Numbers are graded and negotiated in two memberships depending on IPCT´s perception of HAI being either an unintended event or a complication, data gives IPCT formal “travel pass” and is presented multimodal.

Surveillance data contributes to benchmarking and stigmatization. Correct interpretation requires specific knowledge and insight in both construction of the algorithm and context.

Conclusion: Digitalization can ease monitoring but data-resemiotization needs to be done by experienced IPCT that can disentangle data. The patient “behind the number” must be taken into consideration to qualify the clinical judgment decisive for the choice of action. IPCT must be given time and room for an ongoing dialogue on the cognitive and interpersonal perception of numerical data

Keywords: Resemiotizing, surveillance, data, stigma, NA, ANT

The abstract addresses the following conference themes: Communicating Risk and Uncertainty, Distributed Expertise among Professionals and Clients, Ethics and Communication, Health Literacy, Health Technologies and Medical Informatics, Intercultural Communication in Health, Interprofessional Communication and Hospital Management Systems, Narratives of Illness Experience, Quality of Life and Quality of Care, (Shared) Decision Making, Tailoring Health Messages, Values and Responsibilities in Professional Practice

Wednesday 26th June 2024, 13:45-14:15 Room B4 Santa Chiara

Medical consultation visits in Iran: how culture is mirrored in talk-in-interaction

Ahmad Izadi
Alexander von Humboldt Senior Fellow
University of Bayreuth, Germany

Abstract

While talk in medical consultation visits represents features which are universally valid due to the institutional nature of talk (Maynard & Heritage, 2005; Robinson & Heritage, 2005), cultures have their own way of creating the context of talk, leading to variability across cultures in terms of how medical consultations are ´talked not being´ (Robinson & Heritage, 2005). One important way to understand the underlying culture-specific issues that shape the context of talk in medical consultation visits is to scrutinize the emerging topics in talk and the interactional resources the participants engage to co-construct the activities in which the topics arise. In this presentation, drawing upon conversation analysis as a method (Heritage & Maynard, 2006), I focus on two predominant topics in the Iranian doctor-patient interactions, namely, invocation of socio-religious ideology and socio-economic conditions reflected in (implicit) talk about the patients´ financial statuses. Observations indicate that religious ideology is very vivid in DPI in Iran and is realized by a host of pragmatic actions and activities such as address terms, blessings, diagnosis delivery, soothing the patients, etc. Also, the society’s economic conditions are reflected in doctors and patients´ orientations to negotiation over medical costs and doctors´ empathy with patients over costs. I argue that such topics are consequential for a bottom-up construction of a culture-specific and context-dependent medical consultation visits and provide important grounds for cross-cultural comparison of the interaction in medical consultation visits.

Keywords: conversation analysis, medical consultation visits, doctor-patient interaction, Iran

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The abstract addresses the following conference theme: Intercultural health communication

Thursday 27th June 2024, 09:00-09:30, Room A1 Santa Chiara

“Even the toughest cookies have mental problems”: Discursive resources applied in Polish healthcare platforms to help people cope with mental illness stigma

Zuzanna Jechna
Adam Mickiewicz University in Poznań

Agnieszka Kiełkiewicz-Janowiak
Adam Mickiewicz University in Poznań

Abstract

Both perceived- and self-stigma of mental illness (MI) affect a person in different ways (Corrigan et al., 2014). Social support, however, helps mitigate stigmatising beliefs in people (Talebi et al., 2016). Whereas online peer support communities have been well studied (Hunt & Brookes, 2020), there is scarce research on social support demonstrated by professionals in healthcare platforms (Brookes & Harvey, 2016). Accordingly, we aimed to explore how psychotherapists, psychologists and psychiatrists use discursive practices in online advice-seeking exchanges (ASEs) to offer such support and collaboratively counteract MI stigma.

We extracted 183 inquiries from two Polish healthcare platforms (abczdrowie.pl and znanylekarz.pl), in which advice-seekers explicitly stated their problems as related to MI stigma. Also, we collected 601 professionals’ responses to them. Using a discursive psychology approach (Potter & Wetherell, 1987; Lester & O’Reilly, 2021), the ASEs were analysed for the construction of social support to aid the collaborative deconstruction of stigmatisation. Ethical risks, such as user identification, were considered and minimised.

We revealed that professionals challenged stigmatising beliefs through linguistic validation and reassurance. They acknowledged advice-seekers’ feelings and their worth as human beings as well as asserted optimism for stigma-free treatment. Validation and reassurance were constructed through

second stories, normalising statements, medicalisation and the rhetoric of MI stigmatisation as unthinkable.

In conclusion, we will highlight the potential effectiveness of these de-stigmatising discursive actions (Zayts-Spence et al., 2023) and stress the need to assess their impact on advice-seekers. Moreover, we will reflect on the ethics of researching ASEs in healthcare platforms.

Keywords: discourse analysis, healthcare platforms, mental health, stigmatisation, reassurance, validation

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The abstract addresses the following conference themes: Client-Professional Encounters (involving doctors, counsellors, nurses, pharmacists, dentists, speech and language therapists, psychotherapists, etc.), Health Technologies and Medical Informatics, Public Understanding of Health and Illness, Quality of Life and Quality of Care, Research Ethics, Telemedicine

Thursday 27th June 2024, 14:25-14:55, Room B3 Santa Chiara

Modelling communication challenges of aged care workers from multilingual and multicultural backgrounds

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University of Melbourne, Australia

Abstract

Background: Effective communication in aged care is central to the majority of life activities and domains in aged care settings (Bennett et al., 2016). In many English-speaking countries, carers working in aged care are increasingly from multilingual and multicultural backgrounds, with many growing up in countries where English is not the primary language. Communication difficulties may impede carers creating meaningful relationships with residents or successful working relationships with colleagues. Misunderstanding may also result in safety issues. To date, however, few studies have investigated what aspects of communication carers from culturally and linguistically diverse (CALD) backgrounds find difficult, nor have these difficulties been modelled theoretically.

Aim/Objective: This interview-based study aimed to explore communication difficulties experienced by personal care assistants from CALD backgrounds working in aged care settings.

Methodology: Three groups of participants participated in semi-structured interviews: (1) thirty personal care assistants (PCAs) from CALD backgrounds, (2) twenty supervisors of PCAs, and (3) eighteen older people who were receiving care and/or nominated support people who participated on behalf of an older person. The data was thematically analysed.

Results: The findings show that the communicative challenges facing new PCAs from culturally and linguistically diverse (CALD) backgrounds are numerous, ranging from specific linguistic challenges to more workplace-specific problems. The findings were grouped into specific areas of difficulties and based on these findings, a model of communicative competence of personal care workers is proposed.

Conclusion: The findings and the model have implications for the training of personal care workers from CALD backgrounds.

Keywords: aged care communication, personal care assistants, model of language communication challenges

The abstract addresses the following conference theme(s): Client-Professional Encounters (involving doctors, counsellors, nurses, pharmacists, dentists, speech and language therapists, psychotherapists, etc.), Communication Skills Training

Friday 28th June 2024, 10:45-11:15, Room B3 Santa Chiara

An original video vignettes study to validate the typology of healthcare interpreter positionings among healthcare practitioners

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Abstract

Background: Public service interpreting is a solution to facilitate communication between speakers of different languages in public institutions but can also be a barrier if there is no good interprofessional collaboration between practitioners and interpreters[1-3]. In response to the lack of consensus[4] regarding public service interpreter's role, the Typology of Healthcare Interpreter Positionings was developed[5]. Positionings are organized into four types: active (collaborative and externally [discourse] focused), hyperactive (obstructive and externally focused), proactive (collaborative and internally [emotions…] focused) and reactive (obstructive and internally focused). The Typology was developed in a qualitative study with mental healthcare practitioners. Aim. To statistically validate the Typology on a larger population, a video vignettes (VV) study[6] was developed. It aims to verify two main hypotheses: (1) the collaborative types are distinguished from the obstructive types and (2) the internal types are distinguished from the external types. *Method:* Each VV represents one positioning, for a total of 16, and was made available online through LimeSurvey. Three hundred and forty-seven healthcare practitioners (89.9% women, 58.5% nurses, 18.4 years of experience on average, 59.7% never worked with interpreters) from the province of Quebec (Canada) recruited through their professional associations, answered the same two questions after viewing each VV. An exploratory factorial analysis (geomin rotated solution) confirms hypothesis 1, partially validating the Typology. *Conclusion:* Once validated, the Typology might be a working and training tool for healthcare practitioners to collaborate with interpreters. A second phase of the study will validate the typology with interpreters.

Keywords: healthcare interpreting; interprofessional collaboration; statistical validation; video vignettes

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René de Cotret, François R., Brisset, Claire, Leanza, Yvan. (2021) A typology of healthcare interpreter positionings: When "neutral" means "proactive". *Interpreting* 23(1): 103-126.

The abstract addresses the following conference theme: Interpreter Mediated Healthcare Delivery

Wednesday, 26th June 2024, 12:10-12:40, Room B4 Santa Chiara

Cultural influences on palliative care decision-making among family caregivers in Singapore

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Abstract

Background: Decision-making in palliative care is a multi-faceted and complex process, shaped by a multitude of influences that extend beyond the confines of medical expertise. Among these influential factors, the fear of death, death avoidance, fatalistic beliefs, superstition, spiritual considerations, and the venerable concept of filial piety emerge as prominent psychosocial-cultural determinants impacting the decisions made by patients, family members and caregivers, and healthcare providers. Our research aimed to investigate the relationship between cultural factors and the receptiveness to palliative care.

Methodology: A cross-sectional study was conducted among 307 family caregivers from 27 February 2023 to 10 May 2023.

Results: Figure 1 demonstrated the results from linear regression that filial piety was positively associated with acceptance to palliative care. Results with rejection to palliative care as the dependent variable showed different pattern, as death avoidance, fatalism, and spirituality were positively associated with rejection of palliative care.

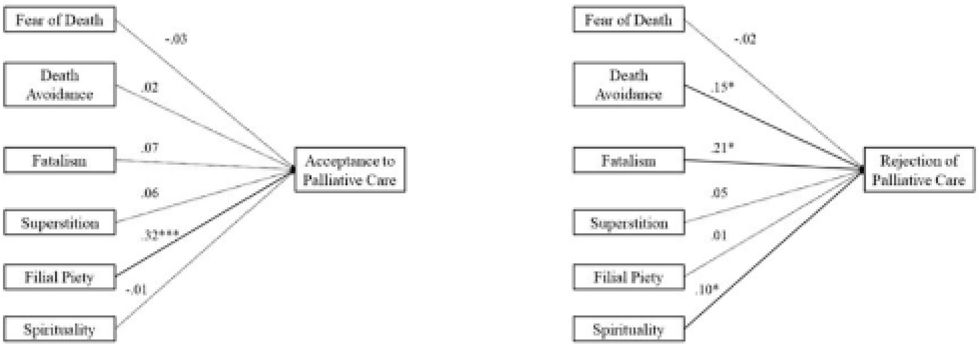

Figure 1. Association between cultural factors and palliative care receptiveness (acceptance or rejection)

*Note. Solid lines reflect significant paths. *p < .05, **p < .01, ***p < .001 are standard denotations to reflect statistical significance. Effects of age, gender, monthly household income, housing type, education, and past experience in palliative care were controlled.*

Discussion and conclusion: Our study holds substantial implications for both theory and practice. By differentiating between acceptance and rejection of palliative care, we further emphasized the dynamic in end-of-life decision-making and highlighted the challenges and dilemmas that underpin such decisions. Furthermore, our study provided the empirical significance of cultural factors in shaping end-of-life decision-making. For healthcare practitioners in palliative care, our findings provide valuable guidelines for addressing key cultural determinants in different contexts, and they should exercise utmost care and caution in how family caregivers perceive and interpret the rule of world and human life, to prevent and potentially mitigate caregiver's negative affective responses.

Keywords: Cultural Influences, Receptiveness to Palliative Care, Family Caregivers

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Friday 28th June 2024, 10:45-11:15, Room A1 Santa Chiara

Epistemic humility in complex migrant patient-provider interactions

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Abstract

This study contributes to our knowledge of health care encounters with complex migrant patients with a detailed interactional analysis of epistemic stances in patient-provider assessment consultations.

Growing migration to Denmark and resulting population diversity may result in increasing health inquality, as migrant patients with complex problems often face significant obstacles to communicating their problems in part due to language barriers (Rosenkrands et al. 2020). Some patients are in the health care system for years, even decades, with un- or misdiagnosed illnesses due in part to miscommunication (Sodemann 2020).

Using Conversation Analysis, this study investigates the triadic interaction between migrant patients with complex health issues, physicians and interpreters during 10 assessment consultations at a pioneering clinic for migrants with complex health problems.

Drawing on the notion of epistemics as the distribution of knowledge (Heritage 2012) we explore the unfolding of the patients' concerns. We find that, in the problem presentation and history taking phase, physicians often downgrade their epistemic stance and orient to the possible fallibility of their knowledge. We show how this is done through e.g. evidentials and reported speech and how it may constitute what we term the *epistemic humility* of the physician as knowledge-seeker. We show how the clinicians continuously work to create opportunities for the patient to share their knowledge and understanding of the health-related issue through positioning the patient as the one with superior

epistemic rights to their own medical history. This shared knowledge may ultimately inform the physician’s ability to correctly diagnose and treat.

Keywords: Conversation analysis, Epistemics, Triadic interaction, Migrant patients

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The abstract addresses the following conference themes: Client-Professional Encounters (doctors, interpreters, patients), Interpreter Mediated Healthcare Delivery

Friday 28th June 2024, 10:45-11:15, Room B4 Santa Chiara

Toward mutual engagement: a narrative-based model of shared decision making

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Abstract

Background: When SDM (shared decision-making) is applied in medical practices, there are three key elements: information provision, mutual engagement, and decision-making based on patients' preferences. From the literature review, previous studies mainly focus on medical information exchange and understanding patients' preferences, but little is discussed in mutual engagement.

Objective: Mutual engagement is a type of agency in communication. This study aims to investigate the mutual engagement of physicians and patients in shared decision-making on cancer treatment from a narrative perspective.

Methods: Informed by grounded theory, this study observed and interviewed 32 cancer patients and 26 physicians in hospitals in China.

Findings: This study identified: 1) Four stages of narrative co-construction in the shared decision-making process. They are facing uncertainties, seeking information, reaching mutual understanding, and exerting agency. 2) Three modes of narrative co-construction representing dynamic interplays among narrative, power, and agency through the four stages. Mode X means there was no coherent narrative co-constructed by interactants under the condition of a lowest level of mutual engagement and the strongest level of power imbalance. Mode Y means there was a coherent narrative co-constructed by interactants under the condition of a highest level of mutual engagement and power balance. Mode H means the mediate condition between mode X and Y.

Conclusion: This study will develop a model of narrative-based shared decision-making to improve mutual engagement in communication. More importantly, this study will further develop a theory of recontextualization that can be applied in transformative communications.

Keywords: Agency, narrative co-construction, power, shared decision-making, mutual engagement

The abstract addresses the following conference themes: (Shared) Decision Making, Communicating Risk and Uncertainty, Narratives of Illness Experience

Wednesday 26th June 2024, 15:40-16:10, Room B3 Santa Chiara

Metaphors in Venda traditional medicines and their implications for western health communication and treatment in South Africa during COVID-19

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Abstract

In South Africa's diverse linguistic and cultural landscape, effective health communication encounters challenge due to linguistic and conceptual disparities. This paper investigates the influence of metaphors usage in Venda traditional medicine language on the efficacy of health communication. Venda is one of the eleven official languages spoken in South Africa. This presentation focuses on the analysis of specific metaphors used in traditional remedies such as ‘tshiumbeumbe’ (artemisia) used to name and treat the diseases related to COVID-19 which garnered higher acceptance among the Venda people compared to Western vaccines. The paper posits that metaphors in Venda traditional medicine language do not only enhance communication between health practitioners and patients but also activate healing resources in patients. Data for this study is drawn from existing literature including online resources, interviews and questionnaires. The presentation commences with definitions of "metaphors" based on theories by scholars like Lakoff & Johnson (1980) and Goatly (1997), along with discussions on metaphor and conceptualization, including conceptual blending (Fauconnier, 1994, 1997; Fauconnier and Turner 2002). Subsequently, it explores the use of metaphors in Venda traditional medicine, illustrating how they express the healing power of medicines, harness healing resources in patients to address physical, psychological, and spiritual ailments, and provide counseling. In conclusion, the paper suggests how Venda traditional medical language conceptual frameworks could be integrated into modern health communication, with a specific focus on employing metaphors to describe diseases and treatments.

Keywords: traditional medicine, metaphors, conceptual blending, tshiumbeumbe (artemisia)

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The abstract addresses the following conference themes: Intercultural Communication in Health

Wednesday 26th June 2024, 16:15-16:45, Room B3 Santa Chiara

A metaphor for changing the mental wellbeing of adolescents with cancer and the provision of health services

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University of Bari Aldo Moro

Abstract

Inspired by two studies on cancer metaphors (Semino et. al, 2018), and on pain cards for medical consultations (Padfield & Zakrzewska, 2021), this multidisciplinary project aims to create a visual language capable of conveying the subjective nature of the patient's illness experience, giving it meaning, facilitating emotional processing (Antonini, 2020), and promoting individual and social adaptation to cancer, as well as enhancing clinical empathy skills, humanizing treatment pathways, and strengthening the therapeutic relationship. The work uses a systematic protocol for a sample of adolescent patients from the Pediatric Onomatology Unit of the Bari University Hospital, who first completed emotional and cognitive questionnaires, e.g., Illness Perception Questionnaire-Revised (IPQ-R) to assess illness representations, and the Kaufman Brief Intelligence Test (KBIT-2) as a screening for (non)verbal intelligence. Considering the linguistic development of adolescents, characterized by the emergence of abstract thinking and a functional use of metaphors (Lidz at al., 2016), the Italian translation of the Lancaster Metaphor Menu (Semino et al., 2017) was then selected to investigate the impact of these metaphors on their emotional well-being and on the framing of new and more personal cancer conceptualizations. These metaphors became cards that were actively used in the consultation recorded with their own and their parents' consent. The recordings were analyzed using the corpus-based approach (Semino, 2021) useful to focus on the patient perspective (Halligan, 2008, Schuttner et al. 2022) e.g., the conversational volume in the different sections of the consultations; the frequency of the (types of) word(s) and semantic domains talked about, and the emotional disclosure in the conversation around a particular metaphor, which helped the healthcare professionals to show empathy, build trusting relationships, offer more accurate diagnoses, and more caring treatment.

Keywords: Corpus-based Approach – Cancer Narratives – Metaphor and Framing –Metaphor cards – Adolescent patients – Medical/psychological consultations

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The abstract addresses the following conference themes: Client-Professional Encounters, Narratives of Illness Experience, and Quality of Life and Quality of Care.

Friday 28th June 2024, 11:20-11:50, Room B4 Santa Chiara

Using inclusive narratives to address the unintended influence of prevalence rates on ethics and funding decisions.

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Abstract

Introduction: Prevalence rates are an important indicator used to understand the burden of diseases and communities at risk of certain diseases. For instance, in Saskatchewan, Canada, Indigenous people comprise 17% of the population and are disproportionately affected by substance use and addiction compared to the general population. About 25% of Indigenous people suffer from problem alcohol use compared to 17% of the general population (Sikorski, Leatherdale & Cooke, (2019). Indigenous youth are 5x more likely to use substances than non-Indigenous youth. These statistics while showing the overrepresentation of indigenous people in substance use, obscure nuance ways other communities are significantly affected by addiction, leading to intervention exclusion.

Experience: Engaging in research in Saskatchewan, has often required demonstrated support by those perceived to be the 'most' affected community even when they are not the focus of the study.

Impact: This requirement can be deleterious in several ways. First, it synonymizes addiction as an exclusive Indigenous problem, further perpetuating prejudice and racism. Secondly, it significantly delays the research process by including participants who were not the intended target of inquiry. Thirdly, it overshadows the perspectives of non-Indigenous people who struggle with addiction in the province.

Now what? Intentionally telling stories of how communities such as immigrants and newcomers and other excluded communities are affected by addiction can be an effective way of addressing situations using prevalence rates to exclude other experiences. Expressive methodologies such as photovoice projects and case studies capture a diversity of experiences that can be effective vehicles for such inclusive narratives.

Keywords: prevalence, research process, inclusiveness, expressive narratives.

References

Sikorski, Cynthia, Leatherdale, Scott, Cooke, Martin. (2019) Tobacco, alcohol, and marijuana use among Indigenous youth attending off-reserve schools in Canada: Cross-sectional results from the Canadian Student Tobacco, Alcohol and Drugs Survey. Health Promotion and Chronic Disease Prevention in Canada 39(6/7): 207-215. https://doi.org/10.24095/hpcdp.39.6/7.01

The abstract addresses the following conference themes: Research ethics, Ethics and communication, Public Understanding of Health and Illness

Thursday 27th June 2024, 10:10-10:40, Room A1 Santa Chiara

"Examining sub-categories of moral distress among Italian healthcare professionals: reflections and implications for research"

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Abstract

Background: Despite the growing interest in 'moral distress' (MD), there is currently no consensus on its definition. Some scholars, including Morley et al. (2020), suggest broadening the concept to include, as MD, the distress derived by moral constraint, moral conflict, moral uncertainty, moral dilemma, and moral tension.

Aim: To determine whether the sub-categories of MD identified by Morley et al. apply to the situations of MD as described by a sample of Italian healthcare professionals (HPs).

Methodology: As a part of a larger study, we recruited a convenience sample of 20 multidisciplinary HPs (11 physicians, 7 nurses, 1 obstetrician, 1 physiotherapist; 15 females; mean age = 50.26; SD = 8.19) from a public hospital in Milan. During semi-structured interviews, HPs were asked to describe a morally distressing situation. Using a top-down approach, we coded the morally distressing situations using the MD sub-categories proposed by Morley et al. When new sub-categories were detected, these were coded through thematic content analysis.

Results: 79 morally distressing situations were described, caused by moral constraint (n=28), moral conflict (n=20), moral uncertainty (n=3), moral tension (n=2), moral conflict and constraint (n=4), moral constraint and tension (n=2), respectively. None were attributable to moral dilemma. New situations emerged (n=20) triggered by other causes.

Conclusions: Findings suggest that Morley's sub-categories does not apply completely to the experiences reported by our HPs. Defining MD by using sub-categorization may confound the concept and exclude other possible causes. We advocate for a more inclusive definition of MD, which transcends specific subcategories.

Keywords: moral distress, moral distress definition, morally distressing situations, bioethics, work stress, qualitative methodology.

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The abstract addresses the following conference themes: Values and Responsibilities in Professional Practice

Wednesday 26th June 2024, 14:20-14:50, Room A1 Santa Chiara

Doctor-patient communication in telemedicine consultations: insights from an interview study with patients in Singapore

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Abstract

Doctor-patient communication is a critical aspect of health care, but it can be affected by patients' characteristics such as their level of health literacy (Matusitz & Spear, 2014; Sim et al., 2016). Many studies have documented changes in doctor-patient communication in video consultations, but fewer have explored in-depth patients' perceptions of doctor-patient communication during telemedicine encounters, especially in the Asian context (Agha et al., 2009; Gordon et al., 2020; Liu et al., 2007; Miller, 2001). Drawing from Miller's (2002) model of doctor-patient communication in telemedicine, this study sought to address the research question: How do patient characteristics and the technology-mediated context affect patients' perceptions of doctor-patient communication in video consultations? Semi-structured in-depth interviews were conducted with 26 users of video consultations with general practitioners in Singapore. Audio recordings of the interviews were transcribed verbatim and analyzed via thematic analysis (Braun and Clarke, 2006). Patients' perceptions of doctor-patient communication in video consultations are influenced by their level of health literacy and whether their needs and expectations are met. Patients with low health literacy face difficulties describing their concerns and symptoms accurately and adequately and view video consultations negatively as a business-like exchange lacking personal touch when their needs and

expectations were not met. This study has contributed insights from Asia to explain differences in perceptions of doctor-patient communication in video consultations. Findings point to the importance of developing tailored strategies for low health literacy patients and of understanding and meeting patients' needs and expectations to ensure quality doctor-patient communication in telemedicine.

Keywords: telemedicine; doctor-patient communication; interviews; health literacy

The abstract addresses the following conference themes: Telemedicine, Client-Professional Encounters (involving doctors, counsellors, nurses, pharmacists, dentists, speech and language therapists, psychotherapists, etc.), Health Literacy

Wednesday 26th June 2024, 14:45-14:15, Room A1 Santa Chiara

Preventive dentistry – existing oral health habits among Polish adults

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Abstract

Background. Poor oral health remains a major human issue burdening health care systems in countries all over the world. Most of the oral diseases, including caries, are dental plaque depended. Therefore, oral hygiene products are composed of antiplaque and remineralization active ingredients incorporated into tooth structure. Appropriate communication between dental professionals and general public is a key point to maintain preventive measures.

Aim of the study. The cross-sectional questionnaire study aimed to analyze life habits concerning dental health care in an agglomeration area of West Poland (n=2774; mean age 45.4 ±14.3; female 58.1%).

Results demonstrated that one-third of responders avoid regular dental visits, while only 0.5% use online consultations (teledentistry). Fears related to potential cross-contamination in dental offices were associated with increased BMI and age ($p<0.05$). Despite fluoridated toothpastes (76.2%), more advanced in effectiveness, e.g. hydroxyapatite/calcium-phosphate products were chosen in minor

(<10%), and the rest neglected to indicate any dentifrice (15.3%). A vast number of persons confessed that dental floss (72.9%) and mouthwash (70%) are not used at all. Self-reported oral health treatment needs were related to frequent snacking and poor oral hygiene behaviors (p<0.05).

Conclusions. Polish adults have poor awareness of daily oral care protocol. There is a need to enhance poor communication and dental professional-patient relationship especially to support risk groups, such as the elderly and overweight in training of oral hygiene protocol. The results highlight the educational role that should be played by dental, nutritional, and public health professionals among adults.

Keywords: dentistry, dentist-patient relationship, oral hygiene, high-risk group

The abstract addresses the following conference theme: Client-Professional Encounters, Public Understanding of Health and Illness

Wednesday 26th June 2024, 11:35-12:05, Room B4 Santa Chiara

Communicating suffering: ethical and psychological challenges of palliative care in the context of medically assisted suicide

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Confortini Center, Civil Hospital, Verona, Italy

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Abstract

In European Countries where Medically Assisted Death has been legalized, and in Italy following Constitutional Court decision No. 242/2019, one of the prerequisites for accessing Medically Assisted Suicide is the presence of suffering deemed intolerable. Given that this assessment is inherently subjective, the physician will recognize and accept the individual's communication of such suffering. Nevertheless, whenever a patient expresses suffering, even in the context of end-of-life care, the physician is ethically obligated to consider the option of Palliative Care. To select the most appropriate treatment to propose, it is crucial that the physician deeply understands the patient's suffering characteristics. This necessitates a shift in the communication approach: from a mere assertion of suffering by the individual to an in-depth dialogue, fostering a genuine care relationship based on mutual questions and responses between physician and patient.

How can the physician's duty to verify the presence of intolerable suffering, a crucial yet subjective and indisputable criterion under the principle of self-determination for an individual requesting Medically Assisted Suicide, be harmonized with the duty to offer Palliative Care, thereby encouraging the patient to actively engage in the care relationship through communication? This complex question, which intertwines both Ethical and Psychological aspects, will be the main topic of the presentation, with an analysis considering these two dimensions.

Keywords: Bioethics at the end of life, Palliative Care, Quality of life, Doctor-Patient Communication

The abstract addresses the following conference theme: Ethics and Communication

Wednesday 26th June 2024, 11:00-11:30 Room B3 Santa Chiara

Identifying therapeutic change in and across sessions: conversation analysis of the therapist's interactional management of gendered assumptions and categories.

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Abstract

Client change is the goal of all psychotherapies. As argued by Peräkylä (2019) "sequential relations between utterances enable a process of transformation of experience" (p. 257) comprising the transformation of the referents, emotions as well as the here-and-now relations between the therapist and the patient.

Applying the methods of conversation analysis and membership categorization analysis, we examine the therapist's actions as hindering and/or facilitating the transformative sequences in therapy with a woman suffering from eating disorders. We focus on the thematic thread of gendered assumptions and categories in four sessions of one therapy process as sociocultural factors are recognized as contributing to the development of eating disorders and thus they are of great relevance in therapy work.

In the micro-perspective of single sessions, we demonstrate how the therapist does not orient to certain gendered assumptions invoked by the patient and imposes them on the patient at the beginning and the middle stage of the therapy process. Thereby the patient is not able to verbalize and further explore the significance of these assumptions in her life. We also show how toward the end of the therapy, the therapist and the patient interactionally co-unpack gendered assumptions moving from their general reference to the more personal one. This in turn allows the patient to reflect on her subjective experience and gain a better understanding of her circumstances.

Our findings reveal the non-linearity of transformative sequences in a single session yet demonstrate how changes in patterns and processes can be observed over therapy time.

Keywords: psychotherapy, therapeutic change, gender, conversation analysis, membership categorization analysis

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The abstract addresses the following conference themes: Client-Professional Encounters (psychotherapists), Distributed Expertise among Professionals and Clients, Narratives of Illness Experience

Wednesday 26th June 2024, 11:35-12:05, Room A1 Santa Chiara

Health literacy and the EU Guide on ‘contributing to trust building and equitable access to healthcare’

Giulia Adriana Pennisi

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Abstract

First proposed in the 1970s, ‘health literacy’ has been viewed as “the ability of an individual to obtain and translate knowledge and information in order to maintain and improve health in a way that is appropriate to the individual and system contexts” (Liu et al., 2020 p.1). Yet, *WHO* makes clear that health literacy is more than “just a personal resource”, in that “equal attention [has to] be given to ensure that governments and health systems present clear, accurate, appropriate and accessible information for diverse audiences” (<Health Promotion (who.int)>). Eventually, ‘health literacy’ might be defined in a broader perspective which reflects the individual knowledge of healthcare, the health system and policy-making (Okan, 2019).

The analysis considers the *Guide to Health Literacy* issued by the Council of Europe in 2023 (<1680a9cb75 (coe.int)>) to promote ‘an efficient and trustworthy health system’. The genre-based (Sarangi & Coulthard, 2001) analysis of the text reveals the EU discursive process of conceptualizing ‘health literacy’ as ‘a critical social determinant of health’, while distancing it from the EU’s fight against ‘misinformation/disinformation’ that is discursively constructed as the EU reorientation towards health promotion. From the comparison of the results with the lexico-phraseological resources deployed in the *Guide*, it is possible to appreciate how they discursively removes the harmful potential of ‘literacy challenges’, legitimizes massive control measures as the effective way to guarantee the citizens’ demand for efficiency of health services, and empowers the EU’s image as the shield protecting the European citizens’ societal participation (Flowerdew & Richardson, 2018).

Keywords: health literacy, genre, discourse analysis, EU, societal participation

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The abstract addresses the following conference theme: Health Literacy

Thursday 27th June 2024, 13:50-14:20, Room B4 Santa Chiara

"Doing being a good parent" in the pediatric clinic: parents' knowledge displays in advice requests on baby's everyday care

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Abstract

Pediatricians and parents play a pivotal role in promoting a nurturing environment for infants' growth and development. Given the challenges involved in childcare, parents often rely on pediatricians' professional support in a wide range of daily caregiving practices such as complementary feeding, pacifier use, or sleep routines. Nevertheless, little attention has been devoted to the *in-vivo* observation of how parents request advice on infants' care, and how pediatricians attend to such requests. Adopting a conversation analysis-informed approach to a corpus of 23 videorecorded Italian pediatric well-child visits, the study explores how parents solicit the pediatrician's advice concerning babies' everyday management. The analysis shows that through the different ways through which the mothers design their advice requests (e.g., privileging confirmation requests over open questions, using expert lexicon), they avoid displaying a relative lack of knowledge and/or competence about baby care. Nonetheless, by the very act of seeking advice, they downgrade - to different extents - their right to "know and decide" and recognize the "baby expert" status socially attributed to, and locally enacted by, the pediatricians. As I contend, parents seem visibly oriented to find a balance between two opposing yet equally preferable stances: on the one side, they display to know and be entitled to decide about their child's care, while on the other, they display their acknowledgment of the pediatrician's epistemic and deontic authority. In doing so, I argue that parents exhibit their orientation to culturally-informed models of being competent, knowledgeable, caring, and therefore "good parents."

Keywords: pediatrician-parent interactions; solicited advice; parenting; epistemic and deontic rights; conversation analysis; video-based research

The abstract addresses the following conference themes: client-professional encounters; distributed expertise among professionals and clients; health literacy

Thursday 27th June 2024, 09:35-10:05, Room B3 Santa Chiara

Two languages, one goal: code-switching in bilingual medical consultations

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Abstract

In medical consultations, patients are expected to provide accurate information to the physician, and physicians must offer professional assistance to address patients' health problems (de Haes & Bensing, 2009; Menz, 2011). However, in bilingual contexts, patients and doctors may not share a common first language, posing a challenge for communication (Lüdi, 2016; Valero, 2005, 2010). This presentation, based on a dissertation, explores interactions between bilingual family doctors and patients in Galicia (Spain), analyzing the bilingual interactions from a sociolinguistic and sociopragmatic perspective to understand when and how speakers choose or alternate languages.

This study aims to understand the dynamics of language choice, evaluate the socio-discursive functions of code-switching in healthcare conversations, and identify factors impacting the strategic use of linguistic resources. The dataset consists of 208 questionnaires, 15 semi-structured interviews (own collection, 2021); 586 audio-recorded medical consultations, and 8 semi-structured interviews with doctors (de Oliveira and Hernández Flores, 2014).

The findings suggest that healthcare is a highly dynamic linguistic context, where both doctors and patients strategically use Spanish and Galician (the two official languages of the region) to achieve their communication goals in the medical consultation. This strategic use of language is observed in approximately half of the consultations, with code-switching being employed as a valuable tool for regulating the interpersonal distance between speakers. The results highlight the importance of language negotiation in the healthcare setting, as both parties are aware of this process and utilize their linguistic resources to fulfill interpersonal and transactional objectives.

Keywords: code-switching, bilingualism, doctor-patient communication, public healthcare system, primary care

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The abstract addresses the following conference themes: client-professional encounters, healthcare services

Wednesday 26th June 2024, 14:55-15:25, Room B4 Santa Chiara

Transforming intercultural communication through translanguaging: interdisciplinary and critical approaches for medical education

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University of Melbourne

Kevin Mao, Vinita Rane, Lei Hou, Ester Leung
University of Melbourne

Abstract

For healthcare communication to be effective, it should be tailored to the preferences of communities that healthcare professionals serve. Education for intercultural communication, however, rarely acknowledges the languaging preferences of linguistically diverse participants, instead focusing on processes rather than the interaction. It also tends not to draw on the multilingual resources of students. This study investigated how medical and interpreting students engaged in dynamic languaging practices as part of voluntary interpreter-mediated healthcare interaction workshops.

Informed by a translanguaging in medical education framework (Prada & Woodward-Kron, in press), we designed an intervention utilising peer learning with volunteer medical students who had some knowledge or fluency in Mandarin and Master of Interpreting and Translation students. Role-played interpreter-mediated student-patient interactions were video-recorded; group discussions explored student experiences of the pedagogy and learning. Discourse and thematic analyses were used.

Findings from the four workshops suggest three broad areas of student engagement:

- *Translanguaging*: building interactional language repertoires in English and Chinese, and co-construction for meaning;
- *Conceptual:* attending to discourse patterns for relationship-centred care
- *Schematic:* awareness of genre of interpreter-mediated encounters.

The findings suggest that there are benefits in interdisciplinary learning. The more critical approach from the humanities framework can foster a rethinking of the intersection between medical education and ideologies, language, and cultural practices to foster more humanistic and realistic communication and learning.

Keywords: Medical education, interpreter-mediated communication, interdisciplinary

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The abstract addresses the following conference themes: client-professional encounters; communication skills training

Thursday 27th June 2024, 15:00-15:30, Room A1 Santa Chiara

Educating future health professionals: Modelling what we teach

Susi Woolf

Charles Darwin University Sydney Campus

Rosemarie Hogan

Charles Darwin University Sydney Campus

Abstract

As educators working in partnership with the health professionals of the future, we emphasise the importance of communication with empathy and compassion in patient-centred or person-centred care. To do this well, we need to go deeply into curriculum transformation applying the concepts of adult learning paired with leaner-centred approaches. Since the 1970s, adult learners have become the focus of learning with teachers as facilitators. A teacher of adults these days according to (King, 1993) facilitates learning much more as *the guide on the side rather than the sage on the stage*. This change in focus has evolved into ‘a self-directed, experiential, problem-centered approach to learning…the cornerstone of increasing motivation and enabling adult learners to achieve’ (Knowles et al., 2014). It has contributed to higher motivation, improved problem solving and critical thinking skills and improved satisfaction for both teacher and learner. Since the students are adults in healthcare education settings, they should be the focus (Logeswaran et al., 2021) benefitting from experiential learning, collaborative learning and situated learning so different from a teacher-centred approach. Almost in parallel, over time with the shift from teacher to learner focused approaches, has been the development of the focus on patient centred care and person-centered care in healthcare. Based on the literature and data collected from nursing/midwifery students post communications skills training, this paper discusses how a learner-focused approach can contribute to the education of health care professionals with as Sinclair et al., (2016) suggest ‘patient-centered communication, self-reflection exercises, and compassionate role modeling’ facilitating learning how to be a compassionate healthcare worker.

Keywords: person-centred, learner-centred, communications skills, empathy, compassion

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The abstract addresses the following conference theme: Communications Skill Training

Thursday 27th June 2024, 09:00-09:30, Room B3 Santa Chiara

“Doctors need to see people as human”: women’s experiences of obstetric violence in online narratives

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Abstract

This paper takes inspiration from the debate on the role of human rights in maternity care, following several emerging cases of obstetric violence and aggressive and intolerant treatment permeating care during labour and delivery (Freedman et al. 2014). In 2015, the World Health Organization (WHO) released a statement directed at preventing and eliminating disrespectful, non-dignified and abusive behaviour by health professionals during childbirth, highlighting a physical as well as emotional and psychological violence. Early in 2019, a UN report warned against obstetric violence as being still widespread and systematic in nature, acknowledging it has not been fully addressed from a human rights perspective so far.

The study explores how women’s experiences of obstetric violence are discursively construed, specifically taking into account the stories shared in the online forum of Mumsnet (https://www.mumsnet.com), one of the most popular websites for parents in the UK, which is meant to provide advice and support from conception to childbirth. Social media are being increasingly used as a platform for exchanging views, writing testimonies, thus creating a (safe) site for the production of meanings. A sample of the birth stories shared online is thus collected and analysed through a narrative discourse framework (Labov & Waletzky 1997; Labov 2006). If stories are organized into structured units, the resulting patterns reflect subjective ways of arranging and putting experiences into words, thus allowing the acknowledgment and recognition of the mothers’ neglected identities. By focusing on women’s perceptions of health practitioners (doctors, midwives, nurses and social workers) during childbirth, the paper aims to detect emerging and recurrent portrayals of clinical staff in women’s narratives, questioning power dynamics and existing power relations in society (Wolf 2013; Cohen Shabot 2016).

Keywords: Mumsnet, obstetric violence, birth stories, online narratives.

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The abstract addresses the following conference themes: Client-Professional Encounters (involving doctors, counsellors, nurses, pharmacists, dentists, speech and language therapists, psychotherapists, etc.); ethics and communication; representation of the body.

Work-in-progress presentations

Wednesday 26th June 2024, 12:10-12:40, Room B2 Santa Chiara

Communicative intervention to improve communication between refugee and migrant patients and health workers in mental health

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Abstract

Background: International migration brings individuals and families into new cultural and linguistic environments. Language is a fundamental aspect of communication and daily functioning, and language barriers can have a significant impact on various aspects of migrants' lives, including mental health. Addressing the mental health needs of migrants and refugees requires a comprehensive and empathetic approach that recognizes the diverse cultural and linguistic backgrounds, experiences, and strengths of individuals and families seeking refuge or a better life in a new country. It requires the collaborative effort from various stakeholders, including mental health professionals, community organizations, policymakers, and host communities in innovating and integrating interventions to eliminate language and administrative barriers and facilitate access to mental health care and adequate services. Consequently, to help build a socially, linguistically, and culturally responsive psychology for this population, this rapid review will bring together a collection of interventions, synthesize the elements of effectiveness, and introduce an approach that providers can utilize to deliver culturally competent treatments to migrants.

Methods: Our research began with a systematic review to address the current state of the field and to explore strategies to move forward in achieving equity for multiple individuals and communities who have been marginalized and socio-politically underrepresented. We aim to promote inclusivity and diversity and to overcome the barriers that limit access to resources and opportunities. For the review, we conducted a thorough search of eight academic databases, including PsycINFO, Linguistics & Language Behavior Abstracts, Communication & Mass Media Complete, Worldwide Political

Science Abstracts, SocINDEX, Medline, Embase, and CINAHL, for peer-reviewed articles written in English and published between 2000 and 2023. The review's findings unequivocally indicate the necessity for developing language interventions to facilitate communication between physicians and patients.

In the second part of the study, we followed the Intervention Mapping IM (Bartholomew et al., 2016) protocol to guide us in designing a communicative multi-level intervention.

Keywords: Communicative interventions, Mental health, Refugees, Migrants, Culture, Language, Interpretation.

References:

Bartholomew-Eldredge, L. Kay, Markham, Christine, Ruiter, Robert A. C., Fernandez, Maria E., Kok, Gerjo, Parcel, Guy S. (2016) *Planning Health Promotion Programs: An Intervention Mapping Approach*. 4th ed. San Francisco, CA: Jossey-Bass.

The abstract addresses the following conference themes: Client-Professional Encounters (involving doctors, counsellors, nurses, pharmacists, dentists, speech and language therapists, psychotherapists, etc.), Communication Skills Training, Intercultural Communication in Health, Interpreter Mediated Healthcare Delivery, Quality of Life and Quality of Care

Wednesday 26th June 2024, 14:20-14:50, Room B2 Santa Chiara

Linguistic strategies in first-person oral narratives of women affected by osteoporosis

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Abstract

Narratives are a means of making sense of the world or sharing human experience (Johnstone 2003, 2008; Klapproth 2004; Page 2012). In medical settings, first-person narratives are crucial in voicing health problems, concerns and experiences but also for diagnosis and to de-stigmatize diseases. The literature has mainly focused on comprehension of patients' personal experiences as they travel through medical trajectories and health systems, in general and in computer-mediated contexts (Bamberg 2013; De Fina and Georgakopoulou 2012). This paper examines oral narratives told by twenty women suffering from osteoporosis, compiled from publically-accessible UK specialized webpages. These narratives (as "reportable events", Labov 1997) are simultaneously objects and tools to reflect (on) and depict the patients' unique thoughts and experiences with osteoporosis and the impact on them. More specifically, we address the following three research questions: (1) What linguistic features and strategies are employed through these patients' narratives?; (2) What kind of self-representations do these women achieve with specific linguistic choices?; (3) Do linguistic strategies depend on personal experiences' variations? Linguistic features and strategies (lexical, semantic and syntactic) in patients' personal stories are analysed to discover how these may help health practitioners to identify specific patients' problems. Women show a clear linguistic dissociation between themselves as empowered individuals, able to overcome difficulties, and (parts of) their bodies, which tend to suffer and undergo osteoporosis problems. These differences can be explained, for example, through the use of adjectives such as "happy" or "energetic" versus "frail", "debilitated" or "unwell", respectively.

Keywords: linguistic devices, metaphors, personal narratives, osteoporosis

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The abstract addresses the following conference themes: Narrative of Illness Experience

Wednesday 26th June 2024, 11:35-12:05, Room C1 Santa Chiara

Tackling methodological barriers: a journey of creating an accessible healthcare survey for a diverse population

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Abstract

The inclusion of diverse populations in research is essential as it ensures that findings are generalizable and new interventions are acceptable or applicable to the whole community. However, the participation rate of diverse populations to healthcare research is rather limited (Kripalani et al., 2021).

Previous research identified several barriers to participation of diverse populations to research, both for researchers and participants. George et al. (2014) mention the lack of knowledge of researchers about cultural differences among ethnic minorities, which can result in ineffective communication about health research. From patient's perspective, Kripalani et al. (2021) found out that patients of minority race, lower educational attainment, lower health literacy and older age were less likely to participate in research (Kripalani et al., 2021).

In the context of the research project Managing Language Barriers in Unplanned Care (MaLBUC), the 'Know Your Health'-survey was created. This survey examines healthcare experiences and health knowledge of the participants. It includes questions about health literacy, language or communication barriers and access to healthcare and basic life support knowledge. During the development of the survey, attention was paid to the composition of the very diverse

Belgian population and the potential barriers this population could face in accessing the survey (Statbel, 2023; Charafeddine et al., 2018). This survey aims to be accessible for everyone regardless the language they speak, their health literacy level or their background.

This contribution will provide an insight in the journey of creating the ‘Know Your Health’-survey and an overview of methodological steps and good practices in the development of a survey for a diverse population.

Keywords: health literacy, multilingual health communication, language barriers, language diversity, cultural diversity

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The abstract addresses the following conference themes: Health Literacy, Intercultural Communication in Health, Client-Professional Encounters

Thursday 27th June 2024, 10:10-10:40, Room B2 Santa Chiara

‘Agency’ in multilingual health communication: the case of long-Covid

Kristin Bührig
Universität Hamburg, Germany

Abstract

The planned presentation introduces some work in progress which stems from an explorative, interdisciplinary research project on 'agency' in multilingual health communication. I would like to discuss first insights into the experiences which persons who live with long-covid make in communication with their medical doctors. The data of this project come from narrative interviews in which patients report about symptoms of 'non-agency'. The specific question is, for example, how weakness is discussed. Another focus will refer to multilingual patients and the role a "poor command of language" has in communication with medical doctors. In addition, this exploratory project will compare interview data from Germany, the Netherlands, Italy, the Czech Republic, and Hungary.

The interview data will be analyzed in combining different approaches of analyzing authentic oral communication. Starting points for the analysis is the seminal work on epileptic seizures and anxiety disorders by Elisabeth Gülich (cf. e.g. Gülich 2020) and studies on 'agency' in conversations of chronically ill people (cf. e.g. Bührig 2022).

Keywords: agency, multilingual health communication, Long-Covid, interviews

References

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The abstract addresses the following conference themes: Narratives of Illness Experience, Public Understanding of Health and Illness, Quality of Life and Quality of Care

Wednesday 26th June 2024, 13:45-14:15, Room C1

Clarity in informed consents: a pilot bilingual study on readability, euphemisms and patient information in the legal-medical interface

Miguel Ángel Campos-Pardillos
University of Alicante, Spain

Abstract

The informed consent, as a medical, but also legal document, has received ample attention by the academia (Solberg et al., 2017), especially considering the way the information is presented to the patient (Perni et al., 2019). However, there are still some voices that argue that medical consents are not clear enough, and that significant improvements could be made (Kadam 2017). There are also concerns regarding accessibility for speakers of minority languages when the information and the consent are given by means of translations (Breese et al., 2007, Clark 2011).

For our study, we shall look at three samples related to eye surgery: a set of informed consents from a California clinic (Sample A), their translation into Spanish for Spanish-speaking patients (Sample B), and a comparable set of consents originally written in Spanish. On the one hand, we analyze readability, in order to verify (a) if the translations into Spanish maintain the same level of readability, or whether the translation process has simplified or hindered the communication process, and (b) if the readability level of the documents in English is higher or lower than those in Spanish. On the other hand, we focus on whether the likely negative consequences of the procedures are as explicit in all three samples, with a particular focus on potential euphemisms (e.g. "death" or "blindness" vs. the more euphemistic *fallecimiento* or *pérdida de la visión*, in order to gauge whether the severity of potential negative consequences is explained in the same way).

Keywords: medical-legal language, informed consent, expert-lay communication, readability, legal translation

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The abstract addresses the following conference themes: Communicating Risk and Uncertainty, Ethics and Communication, Intercultural Communication in Health, Tailoring Health Messages

Wednesday 26th June 2024, 16:50-17:20, Room A1 Santa Chiara

The CORPPS project: from theory to reality and back.

Anaïs Carnet
UR 4182 : C*entre Interlangues* - Texte, Image, Langage, Université de Bourgogne, France

Abstract

Communication is an essential component of overall clinical competence (Kurtz *et al.*, 2010), as it guarantees the transmission of information and the establishment of a relationship. The aim of communication in a medical consultation is then to increase the accuracy and efficiency of the approach, to increase patient satisfaction, and to promote collaboration and partnership between doctor and patient (Williams, Weinman & Dale, 1998).

However, even if communication skills training is now recognized as an essential part of medical education (Kurtz *et al.*, 2003), learning this skill traditionally relies on trial and error as well as on pedagogical and didactic eclecticism (Carnet, 2020), mainly because of the lack of material derived from authentic data.

The CORPPS project might bring some solutions as its primary aim is to create the first corpus of authentic medical consultations (both written and spoken) to be made public and accessible as Open Source. The recordings are carried out in the Emergency Department of a French university hospital, on volunteer patients.

International researchers from a wide range of scientific fields will benefit from this open-access repository: language and behavioral sciences, applied linguistics, corpus linguistics, English for Specific Purposes (ESP), specialized translation, automated translation, terminology… The aim of this presentation is thus to give a clear presentation of this project by introducing its objectives and methodology, presenting the partners, and reporting the preliminary results.

Keywords: medical communication; consultation; skill learning; corpus; authentic data.

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The abstract addresses the following conference themes: Patient-doctor communication, communication skills training, research ethics, quality of care.

Thursday 27th June 2024, 09:35-10:05, Room B2 Santa Chiara

Risk and communication: which tools to detect misunderstandings?

Monica Consolandi
Intelligent Digital Agents Unit
Center for Digital Health and Well Being
Fondazione Bruno Kessler

Simone Magnolini, Mauro Dragoni
Intelligent Digital Agents Unit
Center for Digital Health and Well Being
Fondazione Bruno Kessler

Abstract

Navigating risk communication in healthcare presents a unique challenge due to the sensitive nature of the topics discussed and the potential for misunderstandings between doctors and patients. Our research addresses a critical aspect of this challenge by focusing on enhancing doctors' awareness of implicit understandings in the communication of pancreatic adenocarcinoma diagnosis. This area, often overlooked in the literature, is explored through the lens of philosophy of language, employing pragmatic analysis tools to bring implicit understandings to the forefront. Examining 32 real cases involving diagnoses from oncologists, gastroenterologists, and surgeons our study sheds light on the nuances of doctor-patient interactions.

As the use of language models gain prominence in healthcare, we were interested in investigating their performance in detecting misunderstandings within health-related dialogues. Our findings based on the use of XLM-RoBERTa and Chat-GPT4 reveal that current state-of-the-art language models fall short of achieving satisfactory accuracy in this context. Thus, we are actively working on instructing language models to recognize and address misunderstandings during health-related interactions. By doing so, we aim to contribute valuable insights for improving the effectiveness of risk communication in healthcare, ensuring a clearer and more nuanced understanding between doctors and patients.

Keywords: risk communication; doctor-patient interaction; misunderstanding; large-language models; pancreatic adenocarcinoma diagnosis

The abstract addresses the following conference themes: Communicating Risk and Uncertainty, Ethics and Communication, Health Communication

Thursday 27th June 2024, 09:35-10:05, Room C1 Santa Chiara

The personal stories section on pharmaceutical company websites: the role of patients' perspectives and personal stories on Novartis' and Johnson & Johnson's websites

Laura Ferrarotti
Department of Communication and Social Research, Sapienza University of Rome

Abstract

This work is based on a quantitative and qualitative linguistic analysis of the *Personal stories* section of the website of two well-known pharmaceutical companies: *Novartis'* and *Johnson & Johnson's* websites. This section—in particular on the *Johnson and Johnson*'s website—includes the testimony not only of patients, but of doctors, researchers and employees as well. This is an interesting and, to some extent, unusual choice compared to other similar websites in that it does not set patients apart as a separate group but rather considers them to be knowledgeable, empowered witnesses to their condition, and as such their stories provide valuable information.

A corpus of about 69,590 words has been created and analyzed using methodological approaches from corpus linguistics and discourse analysis (Stubbs 1996; Hunston 2002; Sinclair 2004; Baker 2006; Gee 2014), which will consider the use of pronouns, mostly *I* and *we*, along with evaluative language (Martin and White 2005). The stories are told both from an autobiographical perspective and in the third person; for this reason, the kind of narrator and the structure of the narrative itself are also examined and compared (Toolan 2001^2; Charon 2006; Hoffmann 2010). The goal is to explore important role that patients' testimonies play on today's pharmaceutical websites.

Keywords: corpus linguistics; discourse analysis; personal narratives; narrative medicine.

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The abstract addresses the following conference themes: Narratives of Illness Experience

Thursday 27th June 2024, 09:00-09:30, Room C1 Santa Chiara

What does ‘conscious’ mean? A terminological and interactional analysis of lay callers’ assessments in French emergency calls for severe trauma.

Emma Giraudier
Centre de Recherche en Linguistique Appliquée
Université Lumière Lyon 2, Lyon, France.

Abstract

During a medical emergency call, assessing patient's state of consciousness is a key step towards determining the severity of their condition, and therefore the appropriate medical response. This assessment is done remotely, over the telephone, and involves requests for information and actions (e.g. asking to squeeze hands). This interactional project of assessing consciousness mobilizes complex medical concepts (e.g. the Glasgow Coma Scale, Teasdale & Jennett 1974) that lay callers might not master, nor understand. Besides, the task of assessing a person's state of consciousness can be a challenging assignment for a lay person (Belcher et al. 2021), due in part to the emotional commitment and responsibility that establishing a diagnosis entail.

While there is a great variety of research on emergency calls in the anglophone literature (Kevoe-Feldman 2019), to our knowledge, only a few studies examine emergency calls in French (Laforest & Rioux-Turcotte 2016, Rollet 2015), but none has investigated the interactional and terminological aspects of assessing consciousness.

In this talk, we analyse a corpus of 50 emergency calls to a French emergency call centre, using a mixed-method approach combining interactional linguistics and terminology, to see what can hinder the interactional process of assessing state of consciousness, as well as callers’ expression of consciousness and their alignment or misalignment with the dispatchers’ questions. We then discuss these findings and offer practical suggestions tailored to the needs and practices of healthcare professionals.

Keywords: EMS, Emergency calls, Interactional Linguistics, Terminology

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The abstract addresses the following conference themes: Healthcare Services and Organizations, Telemedicine, Public Understanding of Health and Illness.

Wednesday 26th June 2024, 11:00-11:30, Room B2 Santa Chiara

Preliminary evaluation of an interdisciplinary, experiential-based communication skills training program for nursing home staff

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Paola Di Giulio[1], Ludovica Brofferio[1], Federica Riva-Rovedda[1], Patrizia Pianotti[2], Luigi Stella[3], Sara Campagna[1], Valerio Dimonte[1,4]
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[4]City of Health and Science University Hospital of Turin, Turin (Italy).

Abstract

Background: Several communication skills training programmes have been developed to train professionals in difficult communication over the past three decades, but none specifically targeted nursing home (NH) personnel. Moreover, most of these programmes were monodisciplinary and relied on traditional didactic methods.

Aim/Objective: To describe the impact of an interdisciplinary, experiential-based communication programme targeted at NH personnel on staff-related proximal outcomes.

Methodology: This was a quasi-experimental study using a pre- and post-test quiz. A 6-hour residential programme, awarded credits for medical education, involved 30 participants with different scope of practice who worked in one NH and employed traditional and experiential didactic methodologies including lectures, small group discussion, brainstorming sessions on successful and failed communication, videos, role play, and story-telling of real cases. The primary outcome was improvement in knowledge of communication skills. Self-reported confidence (nine 5-point Likert questions) and satisfaction with training (fourteen 5-point Likert questions) were evaluated as secondary outcomes.

Results/Findings: Statistically significant increase in knowledge with a large effect size (0.80) was found. Self-assessed preparedness and confidence in engaging in difficult communication registered

high effect size (respectively 1 and 0.9, both p<0.001). Self-confidence increased significantly for all measured communication skills. Participants were highly satisfied with the training received (mean 4.5, SD 0.5) and particularly for the methodologies employed and the relevance for their clinical practice (both mean 4.7, SD 0.5).

Conclusion: A short, interdisciplinary training that employs traditional and experiential methodologies may improve knowledge and perceived self-confidence in difficult communication, and finally staff-patient/family communication in the clinical setting.

Keywords: communication skills; confidence; experiential learning; knowledge; nursing home

The abstract addresses the following conference theme: Communication Skills Training

Wednesday 26th June 2024, 12:10-12:40, Room C1, Santa Chiara

Inclusive research practices: multilingual perspectives on informed consent

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Birgitte Schoenmakers[1], Heidi Salaets[2], Antoon Cox[2]
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Abstract

Research with humans as participants requires their free and voluntary participation after being informed about the research process in detail. Following the cardinal ethics of human research of autonomy, beneficence, non-maleficence and justice (Artal & Rubenfeld, 2017); the goal of the *informed consent* (IC) process is to provide sufficient information to potential participants, in a language which they can understand, so that they can make the voluntary decision regarding "to" or "not to" participate in the research study (Nijhawan et al., 2013).

When culturally and linguistically diverse (CALD) participants are invited to be participants in research, the IC process needs to be streamlined thereby to prevent any misinterpretations, assumptions or (even) overlooking of research information. This onus falls on the researcher to make the IC documents well translated, rephrased and made available in languages which allow for ease of understanding.

A study component in our research project Managing Language Barriers in Unplanned Care (MaLBUC), is the investigation of the communication process based on the recordings (audio or video) of the patient-clinician encounter in unplanned care. While preparing for the IC process, attention was given to make it easy to comprehend and time efficient; regardless of the language, literacy level or status of the participant. This contribution will provide an understanding of the proposed informed consent process, outlining the methodological steps of translation, IC induction, explanation and dual consent process. Further we will also share the progress and feedback on the informed consent process from the participants.

Keywords: informed consent, communication, participation, patient-clinician encounter,

References

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The abstract addresses the following conference themes: Client-Professional Encounters, Ethics and Communication, Health Literacy, Intercultural Communication in Health, Research Ethics

Wednesday 26th June 2024, 15:40-16:10, Room A1 Santa Chiara

Psychometric properties and cultural and linguistic appropriateness of a health literacy scale in people with Somali background living in Norway

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Abstract

Background: Health literacy (HL) is one of the most important pillars of equity in health (WHO, 2016, p.31). HL is a contextual, socially, and cultural concept, likely to follow a social gradient and vulnerable groups such as migrants are more likely to have lower HL (Bauer, 2019; Sørensen & Pleasant, 2017; Sørensen et.al., 2015). Research on HL among migrant groups in Norway, such as people with Somali background, is scarce (Le et.al., 2021). There is insufficient knowledge about the validity and appropriateness of HL scales when applied to this group.

Aim: Using Rasch modelling and cognitive interviews to evaluate the cultural and linguistic appropriateness of the HL scale HLS_{19}-Q12 in people with Somali background living in Norway.

Methods: This study has a sequential mixed-methods research design. The quantitative HLS_{19}-Q12 data (n=379), that were collected April–October 2020 (Le et.al, 2021), was tested against the partial credit Rasch model (PCM) (Masters,1982). Items that performed poorly quantitatively (e.g. differential item functioning, DIF) are further explored in cognitive interviews (CI). So far, CI have been obtained from eight people. The number of people included in CI will depend on saturation.

Preliminary Results: The HLS_{19}-Q12 displayed sufficient reliability and fit to the unidimensional PCM. One item displayed unordered response categories and some items displayed DIF. Analyses of

CI revealed linguistic and translating challenges. Somali language (written and oral) lacks words for example for health personnel and mental health.

Conclusions: Item wording, translation and cultural appropriateness must be considered before the scale is reused. Some terms in Norwegian cannot be directly translated into Somali.

Keywords: health literacy, validation, HL measurement scales, cultural and linguistic appropriateness

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The abstract addresses the following conference theme: health literacy.

Wednesday 26th June 2024, 16:15-16:45, Room A1 Santa Chiara

Health literacy in context: Interrogating the construct of health literacy through instruments, interactions and insights

Susy Macqueen
Australian National University, Australia

Suzanne Raine
Australian National University, Australia

Abstract

Background: Definitions of health literacy have expanded beyond the original construct of an individual's ability to understand decontextualised written health information assessed under ideal conditions. Recent theorists suggest consumers need competencies to access, interpret, evaluate, negotiate and act on health information using diverse communication modalities and in diverse healthcare contexts (Berkman, *et al*, 2010; Schutz & Nakamoto, 2013). The sociolinguistic diversity of consumers, increasing rates of chronic conditions and participation of care-givers challenge earlier definitions. Yet health literacy is still typically operationalised in research through standardised tests and self-reports delivered in formal written language.

Aim: This study compares health literacy as measured through skill assessments with a more complex understanding revealed through spoken interactions between patients being treated for heart failure and their clinicians.

Methodology: The study contrasts three data sources from a cohort of hospitalised patients: individual patient scores on validated health literacy tests; discourse analysis of spoken interactions between clinicians, patients and care-givers; patients' reflections on their interactions with clinicians.

Preliminary results: Written tests of health literacy fail to capture patients' (mis)understandings. By contrast, analyses of interactions and interviews show that patients and care-givers must dynamically negotiate health information through interactions with clinicians, using the language of specific domains, in challenging environments. Principles for an on-the-ground assessment of health literacy in such contexts are proposed.

Conclusion: A situated, interactional approach to health literacy can illuminate realistic ways for clinicians to support consumers towards accurate understandings of their conditions and empower them to share decision-making on treatment and self-care.

Keywords: health literacy, health literacy assessment, interaction, chronic conditions

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The abstract addresses the following conference themes: Health Literacy

Wednesday 26th June 2024, 14:55-15:25, Room B2 Santa Chiara

Empowering communities through education and health communication: a catalyst for reducing maternal and unborn child mortality resulting from unintended pregnancies in Kenya.

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Prof. Monica Mweseli, Dr. Nobert Basweti, Dr. Joseph Muleka
The University of Nairobi

Abstract

This proposal, titled ‘Empowering Communities through Education and Health Communication,’ seeks to explore a transformative approach to mitigate the impact of unintended pregnancies on maternal and unborn child mortality in Kenya. Education and health communication are catalysts, which aim to employ comprehensive strategies that incorporate advocacy, community leaders, catalyst persons, well-known community personalities, mass media, and health communication. This multifaceted approach will ensure widespread awareness, acceptance, and positive change. Maternal and unborn child mortality rates in Kenya persist as significant public health challenges, concerning unintended pregnancies and unsafe termination of pregnancy (TOP). Globally, the World Health Organization (WHO) reported 21.6 million unsafe abortions in 2008, causing severe complications and maternal deaths (WHO, 2011) which is particularly critical in developing countries. 465,000 unsafe, induced abortions in Kenya in 2012 reflect a prevalence of 48 abortions per 1000 women of reproductive age (APHRC et al., 2013). Restrictive anti-abortion laws and limited access to quality healthcare contribute to the high morbidity and mortality burden (Singh et al., 2006; APHRC et al., 2013). Research can consistently underscore the impact of educational empowerment on maternal health outcomes. Sociocultural and economic factors contributing to unintended pregnancies necessitate the dismantling of barriers through education. Initiatives equipping women with knowledge about reproductive health, safe contraception methods, and alternatives such as adoption are pivotal. Advocacy through mass media is vital for policy and societal attitude change (Tufte et al. 2019; CWLA 2021). Community development, engaging community leaders, catalyst persons,

popular personalities, and mass media are effective catalysts. Schiavo (2014) provides insights into effective strategies in public health, emphasizing the role of clear messaging and tailored cultural-sensitive communication interventions.

Keywords: Education, Health Communication, Advocacy, Catalyst, Abortion, Maternal mortality.

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The abstract addresses the following conference theme(s): Client-Professional Encounters (involving doctors, counsellors, nurses, pharmacists, dentists, speech and language therapists, psychotherapists, etc.) Communication Skills Training; Health, Wellbeing and the Lifespan; Health Literacy; Intercultural Communication in Health; Media and Health Communication; Medical Education; Public Understanding of Health and Illness; Quality of Life and Quality of Care; Tailoring Health Messages

Wednesday 26th June 2024, 13:45-14:15, Room B2 Santa Chiara

Pregnancy is a journey: a metaphor analysis of pregnancy lived experience

Eloise Parr
University of Birmingham, UK

Abstract

The metaphors we use about health can reflect our attitudes towards these experiences. Within a plethora of literature exploring this, it has been found that metaphors are a powerful resource for supporting people through difficult times and helping them understand their circumstances (see Demjén & Semino, 2017; Gibbs Jr & Franks, 2002; Littlemore & Turner, 2019). However, different metaphors suit different people and the use of a metaphor that contradicts a person's own conceptualisations of their experience can cause distress and distrust in those supporting them (Semino et al., 2017; Turner et al., 2022). It is therefore important to consider the metaphors in health communication. This work-in-progress presentation provides an insight into my doctoral research into metaphors used to describe pregnancy. My research aims to expand on previous research by considering the language used by pregnant people at various gestational stages and how it differs from more general media discussions.

The focus of this presentation is PREGNANCY IS A JOURNEY and the implications of this framing. A corpus of Mumsnet posts was used to analyse metaphor and represent the experiences of British pregnant people. By framing pregnancy as a journey, symptoms are viewed as milestones one must pass to progress to the next stage. My presentation will discuss this framing as both useful for monitoring for signs of complications but also the cause of unnecessary anxiety. This research highlights the importance of recognising how pregnancy may be framed by those experiencing it and how those providing support can help.

Keywords: cognitive linguistics, corpus linguistics, metaphor, pregnancy, lived experience

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The abstract addresses the following conference themes: Media and Health Communication, Narratives of Illness Experience, Public Understanding of Health and Illness, Representation of the Body

Wednesday 26th June 2024, 13:45-14:15, Room C1 Santa Chiara

Lay-friendliness in British and Italian patient information leaflets - A corpus-driven comparative study.

Nicola Pelizzari
University of Portsmouth, UK

Abstract

Patient information leaflets (PILs) serve as users' sources of legitimate information on medicine administration, safety and side effects, empowering patients to make informed healthcare choices. PILs become controversial when they fail to provide sufficient information, thereby becoming a source of confusion for patients (Askehave & Zethsen, 2014). PILs should balance two complementary and opposing requirements. On the one hand, they must meet the needs of user-friendliness for a diastratically heterogeneous audience, on the other hand, they must comply with scientific accuracy and a set of stringent criteria established by current regulations (Zethsen, 2022). Nevertheless, expectations on PILs are often disregarded as the results seem to fall short of the intended lay-friendliness targets (Fage-Butler, 2013; Okoro, 2022). Although the European Union and the United Kingdom have implemented rather homogeneous regulations for PILs, there is a high degree of variation in how the approach to readability is addressed in different national and linguistic domains (Miglietta, 2012). This article presents the methodology and preliminary results of my PhD research. This contribution aims to identify features that hinder patients' accessibility to PILs by using a corpus-driven approach (Biber, 2015) to collect quantitative data on four different corpora that respectively comprise the PILs of the top-selling over-the-counter and prescription drugs in the UK and Italian contexts. This comparative work sheds light on the stylistic, syntactic and lexical differences in PILs. It shows that these features can vary the level of accessibility to PILs and require future investigations in a universally recognised field, with a view to improving those documents that directly affect our fundamental right to health.

Keywords: patient information leaflets, lay-friendliness, corpus linguistics, readability

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The abstract addresses the following conference themes: Health literacy, health communication.

Wednesday 26th June 2024, 11:00-11:30, Room C1 Santa Chiara

"I don't understand, doctor": Analysing the Biomedical Discourse of Assisted Reproduction to Improve Patient's Health Literacy

Ana Reyes Herrero
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Abstract

Several studies (Porras-Garzón and Estopà, 2020; Martínez Sánchez, 2022; Blanco Pérez and Gutiérrez Couto, 2002) that have analysed health texts have shown that their level of legibility is low, making them difficult to understand and preventing patients from becoming health literate. This investigation focuses on the assisted reproduction (AR) field, a phenomenon that is intense in the Valencian Community, place where this research is carried out. The aim is to adapt to the intended audience the texts published in the media of a clinic located in Alicante in order to make them more legible and accessible to patients, so that they will be able to properly understand the specialised language and become health literate. Therefore, we have created a corpus with the texts in order to perform a quantitative-qualitative: a quantitative analysis of their degree of legibility using tests and formulas (INFLESZ) and a questionnaire to measure the degree of perception of the female patients; and a qualitative analysis regarding the linguistic traits and errors present in the texts that hinder their legibility. Up to this point, the results have shown that the texts are difficult to understand for a lay audience, as they are loaded with specialised terminology, acronyms and complex sentences. In addition, the questionnaire shows that a high percentage of the patients have not assimilated the terminology of this field. Generally, patients carry a big physical, economic, psychological and social burden and research such as this aims to improve their health by promoting their health literacy.

Keywords: health literacy, biomedical discourse, assisted reproduction, specialised language

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Porras-Garzón, José Manuel, Estopà, Rosa. (2020) Escalas de legibilidad aplicadas a informes médicos: Límites de un análisis cuantitativo formal. *Círculo de Lingüística Aplicada a la Comunicación* 83: 205-216. https://doi.org/10.5209/clac.70574

The abstract addresses the following conference theme: Health Literacy

Thursday 27th June 2024, 09:00-09:30, Room B2 Santa Chiara

Interactional strategies in in-patient interviews: how psychiatric doctors communicate with patients with psychotic symptoms

Karen Nissen Schade Schriver
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Abstract

Patients with psychosis often have a different perception of reality than clinicians. There is some psychiatric educational literature on how clinicians should interact with patients with psychotic symptoms (in example Amador, 2024; Sibaya, 2017). Yet, only little inductive research has been done on how psychiatric real-life conversations unfold and how mental health clinicians handle communicative challenges with patients in psychosis (but see McCabe & Priebe, 2008 and John et al, 2016). Even fever studies research communication in an inpatient setting.

In this PhD study, I explore the interactional strategies that doctors use to overcome challenges of communicating with patients with psychosis in a mental health ward. The study is set up as a short term linguistic ethnographic fieldwork (3 months so far), in a Danish mental health ward for patients with psychosis. Participants are both clinicians and patients. An initial thematic analysis of all notes, interviews and observations have shown that doctors and patients find it challenging when they have different perceptions of what the problem is, of the treatment needs, or of the goal of the treatment. The doctors can handle these challenges in different ways, for example by avoiding the subjects; by stating their own perspective as a norm to be followed; or by asking for the patients perspective. All strategies pose challenges and ties on to different ways of thinking about mental health care and about the doctor’s role. My next step is to do conversation analyses to show how the clinicians handle the differences on a microlevel.

Keywords: Psychiatry, Communication, Psychosis, Doctor-patient interaction, Disagreement, Patient-centred communication

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The abstract addresses the following conference themes: Client-Professional Encounters, Distributed Expertise among Professionals and Clients, (Shared) Decision Making, Values and Responsibilities in Professional Practice

Wednesday 26th June 2024, 16:15-16:45, Room C1 Santa Chiara

How do you write clinical notes? – a focus group study on clinical note writing with health-care professionals and university students

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Abstract

Since 2017, medical records are accessible online for all Swedish citizens. According to Swedish law, medical records should be "as easy as possible to understand by the patient" (Patient Data Law, ch. 3 art. 13, SFS 2008:355), but these records are also seen as a work tool, in which health-care professionals communicate with each other (Grünloh, Cajander, & Myreteg, 2016). The medical records thus have multiple addressees. While there is a fair amount of research on Swedish medical language and discourse in general, medical records have only been researched to a small extent, mainly by clinical text mining (see e.g. Dalianis, 2018).

In my PhD project, I approach the genre of medical records from a different angle. Using Critical genre analysis (Bhatia 2004, 2017) as theoretical framework, I analyze linguistic and textual features in Swedish clinical notes and conduct focus group discussions with health-care professionals and health-care university students about clinical note writing, to create a better understanding of the genre and how the multiples addressees are dealt with.

In this work-in-progress paper, the focus group part of the project will be addressed, by both discussing the focus group method and presenting some initial findings from the first focus group sessions. During the sessions, issues such as conditions for clinical note writing, formal and informal teaching of clinical note writing, and possible changes in clinical note writing since the online access was implemented are discussed, with the overall aim of investigating and better understanding the practice of clinical note writing.

Keywords: clinical notes, clinical note writing, critical genre analysis, medical records, patient accessible electronic health records (PAEHR)

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The abstract addresses the following conference theme: Communication and Medicine

Wednesday 26th June 2024, 11:35-12:05 Room B2 Santa Chiara

The good surgeon: design, implementation, and evaluation of a communal, mentored program to promote flourishing and character development in surgical trainees.

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Luke Neff, MD, Associate Professor[1], **Kristen Zeller**, MD, Associate Professor[1], **Randi Stanulis**, PhD, Professor, Assistant Dean for Professional Development[2]
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Abstract

Background: Given diminishing levels of empathy, psychological safety, and engagement with mentors[1-3], surgical trainees are at high risk of emotional exhaustion (31.8 – 46%), depersonalization (38.4% - 48.9%), and waning self-efficacy (21.3% - 47.2%)[4], leading to poorer patient outcomes and declining physician flourishing[5,6]. Typical individualized wellness initiatives often fall short in ameliorating these challenges[7].

Objectives: The Good Surgeon (TGS) aims to shepherd imagination, co-create vision, and foster communal flourishing for surgical training through monthly faculty-hosted dinners discussing practical and phenomenological vocational challenges and engaging literature, art and the broader humanities.

Qualitative aim: How do residents interpret the influence of TGS on their development as surgeons?

Quantitative aim: Describe the relationship between participation in TGS and empathy, burnout, and flourishing.

Secondary aims:

- Understand faculty motivations to attend to resident flourishing.
- Understanding program impact on training environment culture.

Methodology:

Qualitative analysis, framed in appreciative inquiry (AI) [9,10], focuses on describing 1) perceived benefits for each resident as they engage TGS, 2) impact on clinical culture in relation to personal and vocational values, 3) actions which foster flourishing in surgical training.

Quantitative Analysis captures dimensions of vocational and cultural health using a 57-question survey including key portions of the Maslach Burnout Inventory, Johns Hopkins Learning Environment Scale, and the Jefferson Scale of Empathy.

Participants: Ten general surgery residents (PGY1-PGY5). Three faculty mentors.

Analytic framework: Descriptive statistics along with Spearman Correlation.

Anticipated Results and Next Steps: Given its focus on communal flourishing and habituated practice, TGS could protect surgical trainees from burnout, increase empathy, and foster habits that lead to flourishing. We anticipate beneficial impacts on the clinical learning environment as perceived by the broader healthcare team. Eleven residents complete TGS in May, 2024. The present study will be expanded to include two subsequent cohorts.

Keywords: Surgical training, Flourishing, Medical Humanities, Professional Identity Development, Burnout, Empathy

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The abstract addresses the following conference theme(s): Values and Responsibilities in Professional Practice, Medical Education, Intercultural Communication in Health

Wednesday 26th June 2024, 15:40-16:10 Room C1 Santa Chiara

An evaluation of the referred students' coaching programme through student surveys

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Birmingham Medical School
University of Birmingham

Professor Connie Wiskin, Professor John Skelton
University of Birmingham

Abstract

Background: Undergraduate healthcare students can experience various challenges with communication, language and professionalism. The University of Birmingham operates a globally unique referral programme, designed by the Interactive Studies Unit, covering eight healthcare programmes, which aims to address such challenges with individual students. Referred students receive bespoke coaching, addressing problems highlighted by colleagues and the students' own personal and professional goals. This typically comprises 1 x 50-minute triage and 2 or more 90-minutes sessions, often involving role play. The Birmingham coaching programme is well-established and regularly reviewed but has yet to be evaluated by students.

Aim: To evaluate the referred students' coaching programme through a survey of end-users.

Research questions:

1. What patterns emerge with students in difficulty with language, communication and professional development?
2. What are the common characteristics of students referred to the programme?
3. How do students evaluate the referred students' coaching programme?

*Methodology (research design, type of data, participants, analytical framework***):** This evaluation explores experiences through qualitative anonymous surveys and is positioned within an interpretative paradigm. Thematic analysis will be used to interpet data. The recruitment target is 20 participants.

Results/Findings: As the research commenced in September 2023, this presentation will cover preliminary results and analysis. Consideration of student perspectives is important to guide future educational interventions. Our hope is that this evaluation will amplify the case for comparable support on other healthcare programmes.

Conclusion (including practical relevance): The findings of this evaluation have the potential to characterise struggling students and how they may best be supported.

Keywords: communication; medical education; remediation; professional identity; student support

The abstract addresses the following conference themes: Medical Education

Poster presentations

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

A needs analysis of nursing English in Japan

Simon Capper
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[1]Fukuoka Jo Gakuin College of Nursing
[2]Kagawa University
[3]University of Fukui

Abstract

In recent years Japanese hospitals have experienced a significant increase in the number of foreign patients, a situation that most hospitals and health professionals are linguistically and culturally ill-equipped to deal with. This problem is due to the lack of a uniform approach to English education and cross-cultural communication in Japanese nursing curricula.

To address this lack of linguistic and cultural competency, the presenters aimed to create proposals for a national core curriculum of nursing English, based on an informed analysis of the English needs of nurses, both for professional development, and more specifically, to carry out the tasks and duties required to provide healthcare to non-Japanese patients.

In the English for specific purposes literature, needs analysis plays a central role in determining learning goals, teaching methods, teaching materials, and learning assessment. In order to maximise the validity of a needs analysis survey tool, Long (2005) recommended using combinations of various sources of information, including ‘domain insiders’ (those working in the specialised field that is being studied) and ‘domain outsiders’ (such as language teachers, who do not have direct experience of the specialised field).

To this end, our research group conducted a series of five focus groups with domain insiders (nurses in hospitals in western and central Japan). This presentation reports on the insights obtained from these focus group interviews and explains how these insights could inform pedagogical practice that promotes English acquisition and cross-cultural competence in Japanese nursing professionals.

Keywords: Nursing English, Needs Analysis, Japanese Nurses

References

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The abstract addresses the following conference themes: Intercultural Communication in Health, Communication Skills Training

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

Exploring personal narratives of depression and viewers' comments on YouTube: illness journey, attack, and seeking help

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Department of Bio-industry Communication and Development

Abstract

Depression, a global mental health concern, not only affects individuals but also strains families and societies. Social media is a platform for individuals to disclose, share, learn, and exchange personal stories and experiences. Thus, it serves as modeling and social learning, and its impact is multifaceted and intermediated by embedded socially constructed discourses. From this approach, this study aims to explore the relationship between social media and grand discourses about mental health in Taiwan. Three personal depression narratives were analyzed, featuring two male celebrities and one ordinary female. Videos length ranged from 5 to 15 minutes, with views from 210,000 to 2 million, generating 500 to 90,000 comments by mid-December 2023. The three videos with the most recent 100 comments for each were qualitatively analyzed to explore the themes of self-expression and social interactions. Themes encompassed the progression of the illness, self-awareness of falling ill, symptoms, and medical journeys. Viewers' responses varied from encouragement to negative feedback, including sarcasm and personal attacks. Additionally, some viewers sought advice on medical suggestions and personal assistance. The study highlights YouTube's effectiveness in garnering attention and responses to Depression. However, the breadth of viewers' comments varies, encompassing supportive and malicious expressions. In the digital age, enhancing personal media literacy and mental health literacy is essential for interpreting and responding to digital information, particularly concerning mental health. This research contributes to understanding the intricate interplay between personal narratives, viewer reactions, and the broader societal discourse on Depression in the digital realm.

Keywords: social media, metal health, depression, media communication, personal narrative

The abstract addresses the following conference themes: Media and Health Communication, Narratives of Illness Experience, Public Understanding of Health and Illness

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

Exploring teledentistry: a survey among dentistry students

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Abstract

This poster presents the findings of an exploratory survey conducted among dentistry students who participated in two specialized courses, namely "Internet and Telemedicine in Doctor-Patient Communication" and "Communication and Terminology for Dentistry Students" at the University of Pécs Medical School in Hungary. The qualitative survey aimed to assess the students' perspectives on teledentistry, mapping their insights across key areas such as its advantages, challenges, future implications, and the adequacy of current training programs.

In the structured online questionnaire, participants were asked to provide feedback on their understanding of teledentistry, its potential benefits and difficulties in dental practice, recommendations for future training enhancements, and the future of the use of technology in this field. Results from the survey highlight the growing awareness and acceptance of teledentistry among dentistry students. However, the survey also illuminated challenges faced by students, and their need for comprehensive training in virtual patient interactions.

The findings provide valuable insights for educators and practitioners in refining curricula and training programs to better prepare the next generation of dental professionals for the evolving landscape of virtual healthcare delivery. In conclusion, this survey contributes to the ongoing discourse on teledentistry by providing a student-centric perspective.

Keywords: telemedicine, teledentistry, doctor-patient communication, training

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The abstract addresses the following conference theme: Telemedicine

Decision-making processes for peritoneal dialysis: a qualitative analysis of patients with kidney failure

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Che-Yi Chou, Jia-Wen Lai
Asia University Hospital

Abstract

Peritoneal dialysis offers increased flexibility, positively impacting the patient's overall well-being. However, in Taiwan, the preference for peritoneal dialysis among patients with kidney failure remains low. This study explores the decision-making process of patients opting for peritoneal dialysis. Employing a qualitative research approach, face-to-face interviews were conducted with 25 peritoneal dialysis patients, comprising 13 males (52%) and 12 females (48%), aged 31 to 80 years old. The findings indicate that patients' choice of dialysis modality is significantly influenced by physicians' recommendations. The dominant role of physicians in treatment decision-making is evident, with their medical expertise and leadership being core factors. Physicians' involvement in the choice of dialysis treatment can be categorized into two types. The distinction between the two types lies in the patients' level of knowledge about dialysis treatment, acceptance of hemodialysis, and understanding of their own condition. Additionally, family members often play a role in decision-making for patients with kidney failure who rely on care from families. In conclusion, physicians play a crucial and dominant role in the decision-making process for peritoneal dialysis treatment. The patient's trust in the professionalism of doctors and their recommendations regarding the modality of dialysis becomes a crucial factor influencing the patients' decision on which type of dialysis treatment to adopt. Therefore, fostering a positive doctor-patient relationship and ensuring ongoing support and assistance from healthcare professionals throughout the long-term dialysis treatment process are vital factors contributing to patients' confidence in adopting peritoneal dialysis treatment.

Keywords: decision-making, peritoneal dialysis, kidney failure, doctor-patient relationship

The abstract addresses the following conference theme: (Shared) Decision Making

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

An Analysis of Health Information Authentication Acts Across Educational Backgrounds

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Abstract

Background: Health information quality on social media is often questionable, making authenticating health information crucial. Individuals engage in internal and external authentication acts to ascertain information veracity on social media (Tandoc et al., 2018). First, users rely on own discretion to decide source and message authenticity (internal authentication acts). Additionally, users tap on their immediate social circle (external interpersonal authentication acts), e.g., waiting for friends to repost. Users also rely on institutional sources (external institutional authentication acts), e.g., cross-referencing traditional media. Furthermore, education has been associated with media information literacy, suggesting that simply using social media does not necessitate the ability to, or the practice of appraising information (Heiss, Nanz, & Matthes, 2023). It is unclear how education relates to health information authentication behaviors.

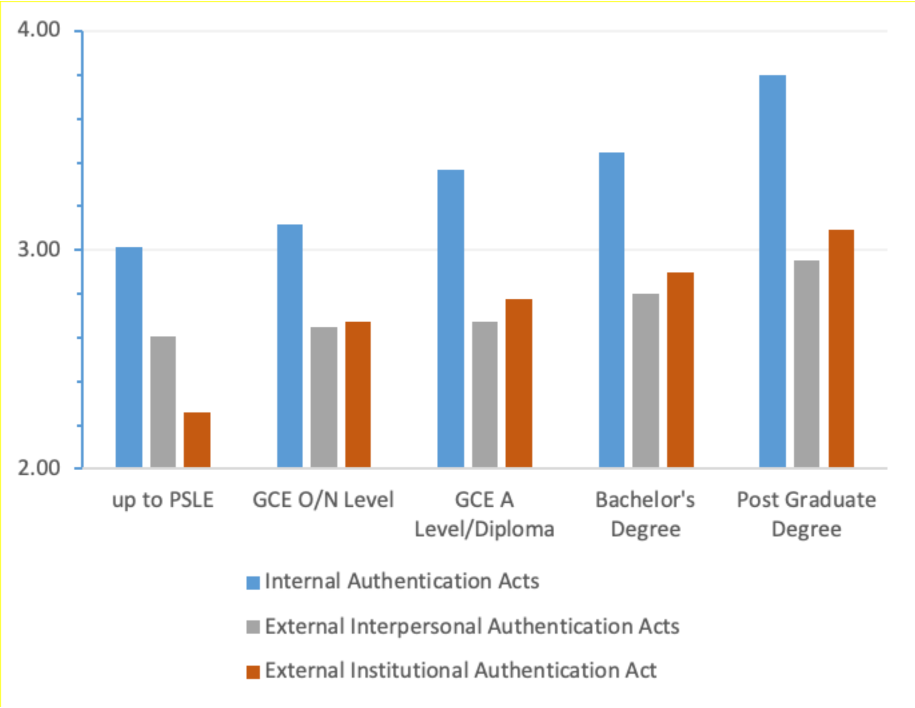
Aim: This study investigates the prevalence of various types of health information authentication acts and the differences between groups of varying levels of education in health information authentication practices on social media.

Method: Online survey with 1084 adults in Singapore.

Results: The ANCOVA results, with age, gender and ethnicity as covariates, revealed a significant effect (p<.05) of education level on all three types of health information authentication acts. Pairwise comparison using LSD showed that the least educated group were the least likely to perform internal,

external interpersonal and external institutional authentication acts as compared to the other education backgrounds (Fig 1).

Implications: Efforts in digital health literacy and combating health misinformation should be targeted along socioeconomic lines and address different types of authentication acts.



Note: PSLE = Primary School Leaving Examination at the end of grade 6

Figure 1. Authentication Acts according to highest education attained

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Keywords (4 to 6): health information, authentication, digital health literacy, health misinformation, social media

The abstract addresses the following conference theme(s): Communication Skills Training, Health Literacy, Media and Health Communication

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

Bonded ethics in shared decision making: when the patient is absent

Weiwei Lu
City University of Hong Kong, HKSAR, China

Abstract

Background: One essential element in shared decision making practice is that the decision is made on patients' preferences. However, vulnerable cancer patients may not involve in the decision making process. Surrogates will make treatment decisions for them. Thus, physicians need to respect patient autonomy by involving stakeholders to evaluate patients' preferences and reach mutual agreement.

Objective: This study aims to explore how physicians respect patients' rights when they are absent in treatment decision making and how physicians evaluate the rightness of surrogates to present patients' preferences.

Method: 20 oncological physicians from a hospital in China were interviewed to describe the shared decision making practices in which cancer patients were not involved.

Findings: Physicians respect patients' rights by: 1) Strategically responding to their inquiries about the diagnosis; 2) Prioritizing the well-being of patients during communication; 3) Considering patients' unique contexts when involving family members to make treatment decisions.

Physicians evaluate the rightness of surrogates by a coherent narrative synthesized by: 1) The contextual information of family and living conditions; 2) Interactions between the patient and family members; 3) Direct dialogues with patients and their surrogates.

Discussion: From individual autonomy to relational autonomy, shared decision making evolves from "empty ethics" in the traditional bioethics model into "bonded ethics".

Conclusion: When the patient is absent, patients' rights and rightness of surrogates create the tension in reaching treatment decision based on patients' preferences. One solution of this ethical tension is to synthesize multiple narratives of patients' preferences from all the stakeholders.

Keywords: Ethics, Shared decision making, Cancer treatment, Narrative, Physicians' perspectives

The abstract addresses the following conference themes: Ethics and Communication, (Shared) Decision Making

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

Emotions in communication: disorder or intelligence? How to train physicians to manage and detect their own and patients' emotions when communicating adverse health conditions.

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Abstract

Communication skills are part of the skill set needed throughout medical practice, particularly during crucial moments such as communicating bad news. Effective communication not only allows information to be conveyed but also has an impact on the type of perception patients have of their illness. Although a variety of communication skills are addressed in physician training, the emphasis tends to be on cognitive and verbal aspects, often neglecting the crucial dimensions of empathy and nonverbal signals.

To address these aspects, we proposed an exercise to physicians-in-training that consisted of dividing the students into small groups and assigning them the task of constructing an interview in which an inauspicious diagnosis is communicated. Although the students all had the same medical information, the psychological characterization of the patient varied among the groups. This variation affected the choice of communication techniques, leaving some cues unexplored and, in some cases, accentuating the negativity of the clinical situation.

In addition, the study allowed us to highlight the affective systems activated in both patients and students during these interactions. It emerged that understanding and modulating one's own emotions and recognizing those of others play a key role in effective communication. In this exercise

we leverage the use of basic affective systems, emphasizing their simplicity, universality, and potential for optimizing interview management.

In conclusion, the proposed training seems well received and interesting for students, but the lasting effects of such interventions on medical student behaviours and their impact on patients need to be evaluated further.

Keywords: basic affective systems, communication, training, bad news, emotions

The abstract addresses the following conference theme: Communication Skills Training

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

How useful are our ways of reporting perinatal mental health risk factor research to clinicians?

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Abstract

Background: In perinatal mental health, being depressed in pregnancy is frequently found to be 'a significant risk factor' for being depressed after the birth. The reported analyses usually include one or more of the following measures: the p value; regression coefficients; Relative Risks; Odds Ratios, and sometimes qualitative descriptors, (eg., a variable is a "strong risk").

Aims: 1. To consider the suitability of these statistical analyses to clinicians if their 'Core question' is: "What is the likelihood of my client becoming depressed if s/he/ has this risk factor?". 2. To suggest improvements in the way we communicate findings from risk factor research.

Methods: i) Examples of papers reporting the above analyses will be given. For each measure we shall examine whether it answers the clincian's 'Core question'. ii) We shall discuss two recent published studies of ours on this issue, with one including a survey of 90 Italian and Australian clinicians and researchers as to their interpretation of a 2016 risk factor study's qualitative conclusion.

Findings: Many of the usual statistical measures do not clearly answer the clinician's 'Core question'. In the survey, the majority of respondents did not agree with the authors' conclusion of a risk being a "strong predictor" from their published data.

Conclusions: Researchers need to improve their way of communicating their study findings to make them understandable, and useful, to clinicians. We shall give specific recommendations to improve this situation.

Keywords (risk analysis; clinical significance; communication; misinterpretation)

The abstract addresses the following conference theme: Communicating Risk and Uncertainty.

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

Brief health literacy screener (BHLS): a simple self-reported health literacy measurement tool.

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Abstract

Introduction. Heath literacy (HL) can be defined as a set of knowledge and competencies that allow people to access, understand, appraise and apply information about health. Low health literacy can lead to ineffective health system navigational skills, thus resulting in a public health matter. Different measurement tools have been proposed to assess HL level and we here focus on the self-reported tool Brief Health Literacy Screener (BHLS), composed of three simple questions, originally validated in the US population as a quick method to identify subjects with limited health literacy in a clinical setting, in order to enhance communication effectiveness.

Objectives. The goal of our cross-sectional study, conducted between January and June 2021, has been to evaluate BHLS performance in identifying subjects with inadequate or inadequate/problematic health literacy, established using the HLS-EU-Q16 (a self-reported health literacy measurement tool, short form of the European Health Literacy Survey Questionnaire).

Methods. A group of Italian General Practitioners recruited a convenience sample of 418 Italian subjects (age >18 years); data were collected using an online survey including the two health literacy measurement instruments HLS-EU-Q16 and BHLS. The performance of each of the three BHLS single items and of the instrument used as a whole was evaluated building sensitivity and specificity (with 95% CI) for each score, building ROC curves and calculating the respective AUROCs.

Results. A good performance in identifying subjects with inadequate HL has been showed by the items exploring *Problems learning* (AUROC 0.76; 95% CI 0.69-0.82) and *Confidence with forms* (AUROC 0.72; 95% CI 0.65-0.79) and by the total instrument (AUROC 0.77; 95% CI 0.70-0.83).

Conclusions. The sample representativeness was limited because of geographical and cultural unbalance and because of a convenience recruitment criterion; subjects who had greater confidence in their health literacy were more likely to submit the survey. Nonetheless the survey reached a national profile, thus allowing an initial evaluation of this tool and a first proposal of a possible cut-off established on an Italian population sample. Considering the good potential of this measurement tool and the need for a deeper knowledge and understanding of the health literacy level of our population, further analyses could be conducted in order to evaluate BHLS performance in wider sample, recruited in different settings.

Keywords: health literacy; Italian subjects; BHLS; HLS-EU-Q16.

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The abstract addresses the following conference theme: Health literacy.

COMET 2024

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

Language in patient-centred care: a metaphor guide to cancer patients

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Abstract

Over the past few years, much attention has focused on the role of communication within patient-centred care. Words reflect not just our ideas and how we make sense of the world, but they also shape how others understand a given context. In this sense, the language used by patients can vary according to the uniqueness of their experience, and this includes the way in which they use metaphors, which are usually used to describe emotional and abstract experiences. Patients' metaphor construction may provide useful information that does not appear in clinical trials and is related to the way in which patients come to terms with their illness: Do they feel guilty for their diagnosis? Do they feel they are responsible for the outcomes of the therapy? By answering these questions, and by analysing the metaphors used, health professionals may decide whether cancer patients shall need further psychological support during their treatment, for instance.

The present paper presents the results of a corpus-based analysis in which a corpus of blood cancer patients of over 150000 words has been manually annotated. It presents a rich collection of the metaphors used by these patients to describe their illness, which are presented in a self-developed guide for use with and by oncology patients. By creating such a guide, the objective was to help patients find the best way for them to describe their illness, and also to provide health professionals with appropriate language resources to complement patient-centred communication and care.

Keywords: patient-centred care, patient-centred communication, oncology patients, communication, metaphors, corpus-based analysis.

The abstract addresses the following conference theme: patient communication

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

Human value-based healthcare: cure is relationship ‘How to enhance the relationship between patients and clinicians’ is a matter of communication.

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Abstract

Value-Based Healthcare (VBHC) is a method of addressing the needs of healthcare systems, and is currently delivering extremely positive results in a wide number of countries. Unlike traditional models that emphasize volume - the quantity of services provided - VBHC focuses on the value delivered to patients. This includes considering factors such as the outcomes that matter to patients relative to the cost of delivering those outcomes. The caring relationship between patients and physicians is the core of this method. At the core of VBHC is the therapeutic alliance between patients and physicians. This alliance is of paramount importance because it establishes a foundation of trust and communication, enabling more personalized and ultimately more effective healthcare. It is widely acknowledged that for healthcare systems to truly excel, they must prioritize this connection and actively seek to understand and respond to the often unexpressed or unarticulated needs of patients. These needs can range from emotional support and empathy during treatment to more tailored interventions that address individual health circumstances.

By maintaining the patient-physician relationship as the foundation of the approach, VBHC not only addresses expressed health needs but also to subtler, unarticulated expectations, which are often crucial for true healing and well-being. As countries continue to refine and adapt this approach, the potential to achieve universally high standards of healthcare increases, reinforcing the transformative power of Value Based Healthcare. In order for the healthcare system to progress, it is essential to address the unexpressed and unarticulated needs that have arisen as a consequence of this relations.

Keywords:

Patient-centered care, value-based healthcare, physician-patient relationship, physician-patient relationship, healthcare innovation, doctor-patient communication, caring relationship

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The abstract addresses the following conference theme(s): Patient-centered care models, physician-patient relationship**,** doctor-patient communication, caring relationship

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

Tools for enhancing empathy in clinical communication: empathy map and empathy scale

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Abstract

Using empathic communication techniques with patients and relatives is particularly important during clinical work, as it significantly contributes to the effectiveness of therapy. However, the level of empathy among healthcare professionals and medical students is currently suboptimal. The course 'Empathic and Assertive Communication in Clinical Practice' aims to develop empathic communication to optimise empathy levels among medical students. The empathy map is a tool to help understand another person's perspective. The study participants were third-, fourth-, and fifth-year medical students. In the course, the medical students were given simulated medical scenarios in which the simulated patient participants were resistant and tried to reach a shared decision with the medical students using empathic communication in persuasion. As part of the medical students' communication skills training, we assessed the applicability and usefulness of the empathy map (Cairns, et al.,2020). A vital element of assessing simulated doctor-patient situations was obtaining feedback from the participants assuming the role of the patient, for which the online empathy scale (PPIQ) questionnaire was used (Casu,et al.,2018). The empathy map helped medical students better understand the patient during the dialogue. In the patient questionnaire, the highest scoring aspects in the medical students’ assessment were calmness, giving understandable information, respect, listening attentively, encouragement, and reaching a shared decision. The empathy map helps students to better focus on the patient. The role of empathic communication was to achieve successful cooperation during persuasion, while during breaking bad news, it was support, understanding, and assistance.

Keywords: empathic communication, simulated scenario, medical education, persuasion, breaking bad news

The abstract addresses the following conference themes: Communication Skills Training, (Shared) Decision Making

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

"Why are you always［taking a deep breath]" - A case study on senses associated with code-switching into Taiwanese and its pragmatic functions achieved in medical humanitarian education in Taiwan

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Abstract

In contemporary Taiwan where Mandarin dominates most discourses, code-switching into the local language Taiwanese ("CST" hereafter) is commonly associated with negative senses. This stereotype aggravates the loss of Taiwanese young speakers and complicates communication problems between young doctors and old patients of Taiwanese monolingual. To cultivate medical students' awareness and appreciation of the importance of Taiwanese, some senior doctors incorporate the use of Taiwanese frequently in their Mandarin-based lectures. These lectures provide valuable data in examining the role of Taiwanese in medical communication with patients and medical education for students. Based on Mandarin medical humanities lectures given by three physicians, this study first established a framework to quantify senses associated with code-switching into Taiwanese, and analyzed their distribution pattern and pragmatic functions in the lectures. We present three main findings. (1) The distribution of senses associated with CST showed the tendency of "neutral sense" as the most common, followed by "negative sense", and "positive sense". (2) The distribution of the CTS senses in three semantic domains "health, emotion, and general" shows a consistent pattern of "negative sense" being more common than "positive sense". (3) CSTs mainly occur in "consecutive clauses" and, instead of expressing the lecturer's personal negative comments on a topic, CSTs are more frequently used to convey "reference to patients" or "quoted speech" from doctor-patient conversations. These findings lead to our three arguments. (1) For medical humanities educators in Southern Taiwan who are also fluent speakers, Taiwanese is the core language in their clinical practice. (2) CST in medical humanities courses not only achieves the same comprehensive functions that Mandarin does but is also a strategy to highlight the importance of medical education. (3) The above two usage patterns are different from and thus argue against the general negative stereotypes associated with CST.

Keywords: Code-switching, pragmatic function, positive and negative senses, language attitudes, medical humanities education

The abstract addresses the following conference theme: Medical Education

Thursday 27th June 2024, 16:00-18:45, Sala Biblioteca San Faustino & San Faustino cloister

Dental students communication: is there any place for improvement?

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Clinic of Dentistry, Oral and Maxillofacial Surgery of the University Pécs (Hungary)

Abstract

Background: Doctor-patient communication is crucial to establish trust and achieve effective compliance. The Medical School of University Pécs started a simulated-patient program in 2017, the aim of which is to prepare and train students for doctor-patient communication. As part of this project, an elective communication course has also been launched at the Clinic of Dentistry, Oral and Maxillofacial Surgery, which is held every summer semester with students in cooperation with the Institute of Behavioral Sciences and Department of Languages for Biomedical Purposes and Communication. Cases written by dentists are role-played with students in regular dental settings with the help of actors as patients. After each conversation, the students receive feedback on their communication from the simulated patients.

*Objective***:** Our presentation will report on research into the effectiveness of this course in clinical practice. Our question was, whether the students can apply the feedback, recommendations and critical opinions received from patients, dentists and lecturers later in their work.

*Method***:** Using a questionnaire (Likert scale), patients were asked how satisfied they were with the students' communication. For example, non-verbal and verbal factors, the questioning technique, etc. were asked. A distinction was made between two groups: the patients of students who had completed the communication course and those who had not.

Results: The results show that in some cases (aspects) the students who completed the course communicated better, but in many cases no significant difference was found. The reasons for this will be explained.

Keywords: dentist-patient communication, simulated patient, feedback, questionnaire, effectiveness of communication course

The abstract addresses the following conference theme: Communication Skills Training

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THE COMET SOCIETY

Aims and Purposes

The COMET (Communication, Medicine and Ethics) Society was officially launched at the 5th COMET conference at Lugano (Switzerland), 28th – 30th June 2007. The Society is aimed at strengthening and sustaining a multidisciplinary network of researchers, educators, healthcare professionals and research students. Its objective is to facilitate the exchange of ideas and the promotion of the study of communication-oriented research and development within the broad fields of healthcare.

The continued success of the international and interdisciplinary COMET conference series since 2003, together with the publication of the journal *Communication & Medicine* since 2004, provide two important grounds for the establishment of such a Society.

The COMET Society will increase visibility of this unique community of interdisciplinary scholars and their ‘shared passions’ through a carefully tailored free-access website that maximizes dialogue between research, education and healthcare sectors and the wider public.

It is co-ordinated by Srikant Sarangi (Danish Institute of Humanities and Medicine (DIHM), Aalborg University (Denmark). The Health Communication Research Centre (HCRC), Cardiff University (UK) initially acted as the host institution for the Society.

Activities

- the organisation and promotion of COMET conferences.
- the organisation and promotion of workshops, masterclasses, summer schools, special sessions on key themes (e.g., project planning; getting published; curriculum development; public engagement; bibliographical resources etc.).
- encouragement for research students to participate in COMET conferences, and related events, for example, through the provision of bursaries.
- the development of online linkage and information/ ideas exchange among members, through its website.
- the establishment of collaborative projects with existing networks and associations in the field.
- further development of the journal *Communication & Medicine*.

Membership Categories

Several categories of membership are proposed:

- Individual (standard): for individual academics and researchers, healthcare professionals, and practitioners.
- Individual (student): for registered research students who need to present certification of their current status.
- Institutional: for recognised research centres and university/college departments; departments of medicine and healthcare; and professional associations.
- Institutional: for publishers and other commercial organisations in the fields of the Society.

Membership fee

This will be variable to reflect the different membership categories and associated benefits.
On the Communication & Medicine journal website, click the 'Subscriptions' tab to find information and prices:
https://journal.equinoxpub.com/CAM/about/subscriptions

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