UNIVERSITÀ DEGLI STUDI DELL'INSUBRIA

COMET 2021

19th International and Interdisciplinary Conference on Communication, Medicine, and Ethics

28-30 June 2021

University of Insubria, Como, Italy

BOOK OF ABSTRACTS

SPONSORS & ACKNOWLEDGEMENTS

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WELCOME TO COMET2021!

On behalf of the Local Organising Committee and the Scientific Committee, we are pleased to welcome you to Como for the 19th International and Interdisciplinary COMET Conference.

The conference will be held online via Microsoft Teams. This decision was made in response to the COVID-19 situation in Italy to ensure all attendees' safety and well-being.

The conference will bring together academics, students and enthusiasts from across disciplines to share research, ideas, good practices and develop new collaborations. It will offer the opportunity to virtually reconnect with international colleagues and welcome new delegates.

Furthermore, we are delighted to inform you that all plenary lectures will be translated into Italian Sign Language (LIS) and International Sign (IS).

We will not be able to show you Como in person but we hope you will join us for the live guided virtual tour of Como "Social Theatre" and appreciate our Como Art Bites, which will be available on the website during the conference.

Please, do not forget to download the latest version of the conference programme. Participants will soon be emailed it with the access links to the conference sessions.

We would like to take this opportunity to thank the Keynote Speakers for their time and contribution to our knowledge and the members of the Scientific Committee for their hard work. Last but not least, thank you very much to Srikant Sarangi for his continuous and indispensable support.

We are looking forward to a great conference!

The COMET2021 Local Organising Committee

LOCAL ORGANISING COMMITTEE

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- Kim Grego, University of Milan
- Daniel Russo, University of Insubria
- Daniele Grechi, University of Insubria
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- Bernadette Watson, The University of Queensland
- Ray Wilkinson, University of Sheffield
- Robyn Woodward-Kron, University of Melbourne
- Rolf Wynn, University of Melbourne

MEETING VENUE

The University of Insubria was founded on 14th July 1998. It is a public, modern and dynamic university located in Como, Varese and Busto Arsizio, Northern Italy.

The Basilica of Sant'Abbondio is an 11th-century church, whose medieval monastery hosts one of the seats of the University of Insubria.

GENERAL INFORMATION

The conference will be held online via Microsoft Teams. Please make sure to use a fast and stable internet connection, and the most updated version of your browser and operating system.

The Microsoft Teams links to the live sessions will be pasted onto the programme, which will be sent via email to all registered attendees.

Access to Microsoft Teams virtual room will open 10 minutes before the session's starting time, in order to allow speakers and chairs to check their connection. Be sure to enter the virtual rooms of the sessions in which you are a presenter/chair/moderator at least 10 minutes in advance to check your PowerPoint slides and address any technical issues that may arise.

To ensure better audio quality please use headphones with a microphone.

Each session will have a technical co-chair from the Uninsubria staff in order to facilitate the running of sessions and offer technical support.

If your are a speaker, please remember to open your presentation – PowerPoint, pdf, slideshow or keynote – on your computer before the session starts.

The tutorial for using Microsoft Teams is available on the Conference website and here.

You can contact our Organising Committee if you need assistance with the Microsoft Teams platform at: comet2021@uninsubria.it

PRESENTATIONS GUIDELINES

Oral presentations are scheduled in live sessions of 90 minutes, with 30 minutes (20 minutes for presentation + 10 minutes for discussion) allocated to each individual presentation.

Presenters are encouraged to use audio-visual support elements, such as PowerPoint, Prezi, etc., to accompany their talks.

POSTERS GUIDELINES

The online posters presentation session takes place on 29th June, from 14:45 to 16:15 CEST (UTC +2). Each poster will be allocated 5-7 minutes + 5 minutes for discussion.

During your presentation you can use your poster as a visual support or break it into 3-5 PowerPoint slides.

SOCIAL PROGRAMME

Monday 28th June: Live guided virtual tour of Como 'Social Theatre' (13:00, CEST – Central European Summer Time, UTC +2)

The Social Theatre, one of the oldest and most charming theatres in Northern Italy, was inaugurated in 1813. It is also known as 'Little Scala', since it housed Milan's Teatro alla Scala after the World War 2 bombing in 1943.

A guide will take us on a virtual tour of the theatre, recounting its most fascinating historical facts and anecdotes, and showing the areas that are usually inaccessible to spectators.

Tuesday 29th June: Como Art Bites

(12:30, CEST – Central European Summer Time, UTC +2)

Since we will not be able to show you Como in person, please join us on a virtual sightseeing trip to some of Como's landmarks.

Our guide Brian Subiraghi will show you the city's main attractions in a series of short videos specifically filmed for COMET 2021 participants that will be available to watch on the conference website any time during the conference days.

You will discover Como's history, art and culture in an evocative walk along the shores of Lake Como to admire its neoclassical villas, and not only...

POST COMET MASTERCLASS

Thursday 1st July

Engaging Qualitatively with Healthcare Communication

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

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

The Masterclass comprises two lectures (focusing on conceptual/thematic areas and methodological/analytical frameworks, albeit selectively) and a forum discussion session.

Course Leader

Professor Srikant Sarangi
Cardiff University and Aalborg University

Programme

All times are given in CEST (Central European Summer Time, UTC +2)

09.00-09.15	Registration/Welcome
09.15-09.30	Introduction
09.30-11.00	Healthcare communication research: An overview of concepts and themes
11.00-11.30	Coffee/Tea break
11.30-13.00	Engaging with healthcare communication data from multiple perspectives
13.00-14.00	Lunch
14.00-15.30	Forum discussion on issues raised by participants

PROGRAMME

MONDAY 28th JUNE
All times are given in CEST (Central European Summer Time, UTC +2)

09:00-09:30	**Welcome addresses and opening remarks** **Angelo Tagliabue**, Rector (University of Insubria) **Giulio Carcano**, Head of School of Medicine (University of Insubria) **Paolo Luca Bernardini**, Head of Department of Human Sciences, Innovation and Territory (University of Insubria) **Alessandra Vicentini**, Co-ordinator, Local Organising Committee **Srikant Sarangi**, COMET Founding Advisor				
Parallel Panel and Oral Sessions: 09:30 - 11:00					
	Panel 1 (Part 1) **Discriminaging. Discourses of health discrimination based on age** Co-ordinators: **Kim Grego and Alessandra Vicentini**	**Oral Session A**	**Oral Session B**	**Oral Session C**	**Oral Session D**
9:30-10:00	**Tatiana Canziani** The double ‘face mask’ of COVID-19: A new virus for older people and a boomer remover’	**Katharine Weetman, Jeremy Dale, Emma Scott and Stephanie Schnurr** A comparison of discharge communication experiences of hospital clinicians, General Practitioners (GPs), and patients in the West Midlands, England	**Janet Davey, Jayne Krisjanous, Marlini Bakri and Robyn Maude** The role of maternity service websites: Liminality and health communication	**Claire Hooker, Emily Dunn, Karen Scott and Louise Nash** Acting like a doctor: A qualitative evaluation of theatre skills workshops for medical students and junior doctors	**Evangelia Pantelaki, Elena Maggi and Daniele Crotti** Internet and ageing: A latent class analysis
10:00-10:30	**Rosita Maglie, Claudia Marin, Tiziana D’Amico and Ignazio Grattagliano** How mental health professionals perceive old(er) adults: Findings from an ageism scale used for discourse analytical purposes	**Diana Slade and Suzanne Eggins** “You’re good to go”: A critical analysis of discharge interactions with elderly patients in an Australian hospital’s emergency department	**Jayne Krisjanous, Janet Davey, Carla Rey Vasquez and Peter Schulz** Online pregnancy nutrition information seeking	**Judit Szalai-Szolcsányi, Vilmos Warta and Kata Eklics** Empathic communication skill training in medical education	**Shu-Chuan Chen and Boyd H. Davis** Older adults’ perceptions of experiences with social robot companion: A qualitative study
10:30-11:00	**Elisabetta Lonati** Ethics, moral practices, and age-related social issues in late 18th-century medical discourse: A lexicological and textual approach	**Keiko Tsuchiya** Requesting immediate actions in emergency care simulation: A multimodal analysis of team interactions with eye-tracking glasses	**Sole Alba Zollo and Ilenia Picardi** From public fetus to digital fetus: A multimodal discourse analysis of women’s narratives on the web	**Leontina Kerničan** The ethical aspects of educative videos in training communication skills of health care practitioners	**Jessica Arentz, Nicola Sheeran, Robyn Moffit and Liz Jones** A Delphi poll examining chronic illness patients’ experience of physician behaviours critical to enacting working alliance
11:00-11:30	Coffee break / Chat				

MONDAY 28th JUNE
All times are given in CEST (Central European Summer Time, UTC +2)

Parallel Panel and Oral Sessions: 11:30 - 13:00

	Panel 1 (Part 2)	**Panel 2**	**Oral Session E**	**Oral Session F**	**Oral Session G**
	Discriminaging. Discourses of health discrimination based on age Co-ordinators: **Kim Grego and Alessandra Vicentini**	**Language development for immigrant health and care workers: a global issue, local solutions and care** Co-ordinator: **Matilde Grünhage-Monetti**			
11:30-12:00	**Anna Franca Plastina** #BoomerDoomer and #BoomerRemover: Discriminatory discursive strategies in the representation of the COVID-19 risk group on Twitter	**Kerstin Sjösvärd** Language Advocates – a Swedish integrative approach to support language at work (Sweden) **Alexander Braddell** Specifying communicative practices in a hospital ward (UK) **Silvia Miglio** Content and language integrated learning (CLILL) in state-financed language courses for migrant doctors (Germany) **Sarita Batra** Using gamification to support vocational language learning in health care (Germany) **Irina Mitarcheva** CLIL for medical students: a path to professional development or emigration? (Bulgaria)	**Laura Theys, Heidi Salaets, Lise Nuyts, Peter Pype, Willem Pype and Cornelia Wermuth** The Empathic Communication Analytical Framework (ECAF): A multimodal perspective on emotional communication in interpreter-mediated consultations	**Simone Bacchini** Whose message is it anyway? Authoritativeness and responsibility in the UK governments daily COVID press briefings	**Jekaterina Nikitina and Anna Maria Malagoni** Person-centredness: Exploring social actors representation in current and future healthcare professionals' interactions with patients/clients
12:00-12:30	**Laura Tommaso** Is it ageing or a treatable condition? A diachronic investigation of age bias in mental health research		**Emma Brooks** "Thank you for saving my life": The emotional labour of facework	**Anna Anselmo** Science-related populism, COVID-19, and the language of extremity in the UK: Two case studies	**Elise Kvalsund Bårdsgjerde, Marit Kvangarsnes, Torstein Hole, Magne Nylenna and Bodil J. Landstad** Physicians' perceptions of patient participation in the myocardial infarction pathway
12:30-13:00	**Marianna Lya Zummo** Tailoring health information to a young audience: Exploring a new, digital and cultural product		**Peter Leadbetter, Helen O'Sullivan and Iam Fletcher** Does responding to emotional cues influence medical students' clinical communication performance in qualifying exams?	**Matilde Ceron and Carlo Maria Palermo** The State of the Union in the Covid-19 outbreak, response and recovery: Does Italy shine within the EU27 constellation?	**Yvonne Tse Crepaldi, Luke Kang Kwong and Ni Eng Lim** Exploring medical consultations of patients with cataracts using Conversational Analysis

MONDAY 28th JUNE All times are given in CEST (Central European Summer Time, UTC +2)						
13:00-14:30	Lunch break / Social event: **Live guided virtual tour of Como 'Social Theatre'**					
14:30-15:30	**Plenary Lecture 1: Richard Ashcroft (City, University of London, UK)** **Talking and nudging: is persuasion ethically better than influence in health promotion?**					
15:30 - 15:45	Coffee break / Chat					
Parallel Roundtable and Oral Sessions: 15:45 - 17:15						
	Work-in-Progress Roundtable 1	**Work-in-Progress Roundtable 2**	**Oral Session H**	**Oral Session I**	**Oral Session J**	**Oral Session K**
15:45 - 16:15	**Elizabeth Lanphier** Communicating about and caring for trauma in clinical ethics consultation	**Carlotta Fiammenghi** The MMR vaccine-autism controversy in the British press: A corpus-assisted critical discourse analysis	**Sarah Bigi and Maria Grazia Rossi** What counts as a decision? A pragmatic approach to the description of decision-making in medical encounters	**Andrea Stötzer** A bilingual course for medical students on doctor-patient communication	**Taina Pitkänen and Maija Tervola** Assessing immigrant physicians' listening comprehension in medical encounters	**Sara Corrizzato, Silvia Cavalieri and Roberta Facchinetti** Communicating (un)certainty and risk management during the pandemic: Epistemic modality in interviews with international experts
16:15 - 16:45	**Valentina Martinelli and Pierluigi Politi** Online training in communication skills for second year medical students: Challenges and opportunities for reflection	**Roxana Delbene** Claiming credibility in patients' narratives of contested illness	**Charlene Pope and Boyd H. Davis** Speech act impediments to shared decision making during diabetes communication in primary care	**Roxanne Barbara Doerr** Enhancing intercultural and communication skills in medicine students: A case study and ongoing mission in higher education	**Mia Rasmussen, Jane Ege Møller, Matilde Nisbeth Brøgger and Signe Schlichting Matthiesen** Metaphors in stories of communicatively challenging resident-patient encounters	**Annalisa Zanola** "A Vague Idea of Great Evils and Great Errors": English specialised and non-specialised communication at the outburst of COVID-19 pandemic
16:45 - 17:15	**Julia Gärtner, Kristin Bührig and Sigrid Harendza** Implicit uncertainty in simulated telemedical consultations		**Lotte Evron, Stine Vedel Andersen and Margarita Semsi** Enhanced recovery after surgery and its effects on nurses' clinical decision-making: A case study in quality of care	**Carly Slater, Brooke Salzman and Rosie Frasso** Narrative medicine: A reflective writing workshop series for interprofessional healthcare students at Thomas Jefferson University	**Caitríona Cox and Zoe Fritz** Communicating diagnostic uncertainty: What is known, and how can it be studied?	**Alice Fleerackers, Michelle Riedlinger, Laura Moorhead, Rukhsana Ahmed and Juan Pablo Alperin** Communicating scientific uncertainty in an age of covid-19: An investigation into the use of preprints by digital media outlets

TUESDAY 29th JUNE
All times are given in CEST (Central European Summer Time, UTC +2)

Parallel Roundtable, Panel and Oral Sessions: 09:00 – 10:30

	Panel 3 **Title: Representations of disease: framing, interpretation, construction** Co-ordinator: **Giuliana Garzone**	**Work-in-Progress Roundtable 3 (Part 1)** **Title: Studies of decision-making in the settings of pregnancy, adoption and predictive genetic testing** Co-ordinator: **Angus Clarke**	**Oral Session L**	**Oral Session M**	**Oral Session N**
9:00-9:30	**Giuliana Garzone** Representations of TB in the contemporary world **Stefania Maci** (Re)Framing migraine in social media discourse **Paola Catenaccio** Representations of mental health in the press before and after the outbreak of the Covid-19 pandemic: An exploration **Maria Cristina Paganoni** The linguistic framing of public health policies: Boris Johnson's government during the pandemic	**Angus Clarke and Srikant Sarangi** A family affair: One prenatal decision	**Claire Hooker** Building ethical professionalism with acting skills workshops: The theoretical framework for *Grace under Pressure*	**Valentina Beretta, Maria Chiara Demartini and Francesca Meli** Hospital process orientation and its effects on key perspectives of hospital performance	**Stefano Bonometti, Luca Guerra, Alessandra Grossi, Letizia Ferri and Silvia Siano** Bioethics event: A journey from one's own inner world to the "land" of bioethical reflection
9:30-10:00		**Álvaro Mendes, Jorge Sequeirosa and Angus Clarke** Decisions about reproduction in people affected by or at risk of late-onset neurological diseases	**Polina Petrusevich** The development of future doctors' personal and professional values at the medical university	**Helen Aoife Iliff and Ilora Finlay** Co-production in public health protection	**Amir Rouhshad, Bella Ross, Catherine Flynn and Lena Turnbull** Analysing feedback and evaluating its value: The writing of CALD social work students
10:00-10:30			**Elisabetta Arisi** Longing for professional English: The struggle of Italian health professionals working in English-speaking countries: A personal perspective	**Silvana Robone, Dan Liu and Gilberto Turati** The effect of minimum wages on health in China	**Judith Turnbull** Health information in online communities
10:30-11:00	Coffee break / Chat				

TUESDAY 29th JUNE All times are given in CEST (Central European Summer Time, UTC +2)				
Parallel Oral Sessions: 11:00 - 12:30				
	Work-in-Progress Roundtable 4	**Work-in-Progress Roundtable 3 (Part 2)** **Studies of decision-making in the settings of pregnancy, adoption and predictive genetic testing (Part 2)** Co-ordinator: **Angus Clarke**	**Oral Session O**	**Oral Session P**
11:00-11:30	**Elena Pallari, Sarah Cuschieri, Juanita A Haagsma, Grant MA Wyper, Sara M Pires, Dietrich Plaß, Elena Von der Lippe, Jane Idavain, Milena S Milicevic, Ricardo Assunção, João V Santos, Ian Grant, Brecht Devleeschauwer, John N Newton and Henk BM Hilderink** Developing a roadmap for knowledge translation of burden of disease studies: A survey from the European Burden of Disease Network	**Shane Doheny** Deliberation and decision in predictive genetics	**Julie Latchem-Hastings, Jenny Kitzinger, Geraldine Lacthem-Hastings and Celia Kitzinger** Effective online learning for decisions about life sustaining treatment	**Renáta Nagy, Anikó Berta, Vilmos Warta and Kata Eklics** Assessing medical terminology on online platforms
11:30-12:00	**Kristin Bührig and Mike Mösko** Personal relationships in multilingual / interpreted medical communication	**Michael Arribas-Ayllon** Decision making and uncertainty in preadoption genetic testing	**Carol Gray** Negotiating euthanasia decisions for cats and dogs: What can we learn from veterinary health records?	**Kim Grego and Susanna Grego** 'A matter of definitions, when definitions matter': Accuracy, definition, integrity in medical terminology
12:00-12:30	**Marion Bowman and Isobel Sale** Dental professionals' gum (periodontal) disease explanations: A typology of communicative discourse styles	**Lisa Ballard** Three possible futures: Patient decision making regarding predictive genetic testing in the clinical genetics setting where there is little or deferred utility	**Anca-Cristina Sterie, Eve Rubli Truchard and Ralf J. Jox** 'Do you want us to try?': Ethical implications of how physicians elicit patient preference in regards to cardio-pulmonary resuscitation	**Chiara Prosperi Porta** The ethics of experiential narrative in medical reviews
12:30-13:30	Lunch break / Social event: **Art Bites**			
13:30-14:30	**Plenary Lecture 2: Jerome Groopman and Pamela Hartzband (Harvard Medical School, USA)** **When experts disagree: The art of medical decision making**			
14:30-14:45	Coffee break / Chat			

TUESDAY 29th JUNE
All times are given in CEST (Central European Summer Time, UTC +2)

Poster Sessions: 14:45 - 16:15

	Poster Session 1	**Poster Session 2**	**Poster Session 3**
14:45-16:15	**Eugenia Giovanna Campanella** How education can improve the quality of life for students with learning difficulties: The case of English language learning **Sachiko Takahashi, Junko Miyamoto and Sayaka Fujita** Change in nursing students' metacognitive strategy use in the COVID-19 pandemic situation **Francesca Cappellini** Healthcare and political slogans: An analysis of Chinese government communication during healthcare emergencies **Magdalena Zabielska** "COVID-19 treatment in the patient" vs. "Let's not ignore the infection of the corona": Specialised medical discourse vs. computer-mediated communication on the basis of professional publications and lay forum posts in Polish **Anthony Pak-Hin Kong** Challenges to people with aphasia during the COVID-19 pandemic: An update report **Viswanath Swamy** Portrait photography. A rehabilitative tool	**Anamaria Terrier and Pascal Singy** Coping with the guilt of putting a parent in a nursing home **Anamaria Terrier, Gilles Merminod, Orest Weber, Imane Semlali and Pascal Singy** Chronic Pain amongst the elderly: What types of communication issues? **Elwira Szehidewicz and Emilia Królak** Functions of fictive interaction in the discourse of psychotherapy **Margaux Danby** Passing for sighted in narratives of blindness **Kyra Landzelius** First do harm, then blame and defame: Sweden's private practitioners fail the ethics test **Alessandro Boccanelli, Laura Elena Pacifici Noja and Beatrice Casella** The bioethics course in medical schools: The UniCamillus experience	**Rintaro Imafuku and Yukiko Nagatani** Becoming interprofessional: Exploring Japanese dental hygienists' identity formation through interaction in healthcare **Kirk St. Amant** The psychology of care communication in cross-cultural contexts **Laura Theys, Cornelia Wermuth, Heidi Salaets, Peter Pype and Demi Krystallidou** The co-construction of verbal empathic communication in interpreter-mediated consultations: A qualitative interaction analysis **Margaret X.C Yin, Celia H.Y. Chan, Cecilia L.W. Chan and YL Fung** Uncertainty, depression and quality of life among women with polycystic ovary syndrome **Libei Du, Margaret X.C. Yin, Celia H.Y. Chan, Raymond Li** Improving quality of care among women with genital diseases – attention to patients' mental health and sexual dysfunction **Chiara Abbatantuono, Paolo Taurisano, Veronica Verri, Linda Antonucci, Stefania Stucci, Ilaria Pepe, Alessandro Taurino, Rosita Maglie, Maurizio Portaluri, Francesco Tramacere, Marco Moschetta and Maria Fara De Caro** Reframing breast cancer experience through metaphors: A new operative system to enhance patients' healing process

TUESDAY 29th JUNE
All times are given in CEST (Central European Summer Time, UTC +2)

Parallel Oral Sessions: 16:15 - 17:45

	Oral Session Q	**Oral Session R**	**Oral Session S**	**Oral Session T**	**Oral Session U**	**Oral Session V**
16:15-16:45	**Kirk St. Amant** Scripting the context of care: A script theory approach to patient-centered design in health and medical communication	**Jane Ege Møller, Anita Sørensen, Lone Sunde, Thomas Balslev, Pernille Andreassen and Bente Vigh Malling** The choreography of morning report: Forming community, professional identity and socialization into a clinical department	**Laura Pinnavaia and Barbara Klein** Choice, voice and co-production: EUROPA DONNA's gift to breast cancer patients	**Kerry Marshall and Geoffrey Maina** Plausibility of patient-centered care in high-intensity methadone maintenance treatment programs: Reflections from providers and clients	**Sarah Atkins, Laura Thompson, Jill Maben and Alison Pilnick** Storytelling and affiliation between groups of healthcare staff in Schwartz Round interactions	**Sylvie Grosjean, Jordi Farré Coma, Ota Gál, Aoife Laffan, Anna Sendra, Johanne Stuempel and Tiago Mestre** When patient's trajectories contribute to the co-design of an integrated care network for people living with Parkinson Disease
16:45-17:15	**Grace Peters** Scripting patients for communication skills training	**Penelope Lusk** Theorising anticipated shame in medical professional identity formation	**Irene Segopolo** 'This thing, this monster within me that's attacking me': Narratives of cancer patients and care-givers, a discursive approach	**Stanisław Maksymowicz, Maria Libura and Izabela Sebastyńska** Systemic and interaction barriers in the functioning of patients with Prader-Willi Syndrome and their families	**Bartłomiej Kruk** Accounts of ambiguous loss by dementia family caregivers	**Deborah Starr and Lance Weiler** Storytelling, grief, and memory

WEDNESDAY 30th JUNE
All times are given in CEST (Central European Summer Time, UTC +2)

Parallel Panel and Oral Sessions: 9:00 - 11:00

	Panel 4	**Panel 5**	**Oral Session W**	**Oral Session X**
	‘One size does not fit all’ in organ transplantation: tailoring communication and patient education for migrant and ethnic minority populations Co-ordinators: **Alessandra Agnese Grossi** Moderators**: Nichon Jansen** and **Mario Picozzi**	**Child-centred communication: Promoting child agency within (mental) health and social care interactions** Co-ordinator: **Jean Paul**		
9:00-9:30	**Gurch Randhawa** Guest speakers: **Bobby Mudhar and Amjid Ali** Targeted strategies for the promotion of organ donation: Active engagement of diverse ethnic and faith communities **Vijayanand Palaniswamy** Targeted strategies in intensive care units for migrant and ethnic minority populations **Alessandra Agnese Grossi** Targeted strategies in the transplant continuum: A conceptual model of the causal mechanisms linking immigration background with disparities in kidney transplant and potential areas for intervention **David Paredes** ‘One size does not fit all’ in organ transplantation: A European institutional perspective	**Jean Paul and Lesley Stirling** Conceptual presentation of ‘child voice’, narrative literature analysis of child-practitioner encounters **Monika Schamschula, Selcan Basli, Marianne Franz, Heidi Hamilton, Lesley Stirling, Hanna Christiansen and Lisa-Marie Dobener** Alignment in child therapy sessions: Informing research and practice **Marianna Franz** Child-centered communication in the field of school social work **Jean Paul, Marianne Franz, Heidi Hamilton, Monika Schamschula, Selcan Basli, Hanna Christiansen and Lisa-Marie Dobener** Supporting the ‘daily lives’ of children of parents with a mental illness: developing and analysing methods to enhance child agency	**Silke Creten, Priscilla Heynderickx and Sylvain Dieltjens** Dementia in Flemish blogs: A thematic discourse analysis	**Victoria Shepherd** Research involving adults lacking capacity to consent: Supporting proxies to make ethical decisions about participation
9:30-10:00			**Michelle Davis** What's culture got to do with it? How culture effects rehabilitation outcomes of people living with dementia in nursing home settings: A knowledge translation project	**Jemina Napier, Abigail Gee, Barry Wright, Victoria Ackroyd, Rachel Hayes and Helen Phillips** Brokering of communication between deaf parents and healthcare professionals: The experience of young hearing people in the UK
10:00-10:30			**Gisela van Kessel, Carolyn Murray, Shylie Mackintosh and Mandy Stanley** Lessons for educators on managing the moral distress when supporting the dignity in the face of risk for people living with acquired brain injury	**Nils Fischer, Helen Kohlen and Sabine Könninger** Translation for patients with limited language proficiency in German hospitals: Empirical findings and ethical issues
10:30-11:00	Coffee break / Chat			

WEDNESDAY 30th JUNE All times are given in CEST (Central European Summer Time, UTC +2)				
Parallel Panel and Oral Sessions: 11:00 - 12:30				
	Panel 6 **Ethics, research, and communication in times of Covid-19** Co-ordinators: **Antonietta Mira and Armando Massarenti** Moderator: **Alessandro Cecchi Paone**	**Oral Session Y**	**Oral Session Z**	**Oral Session A1**
11:00-11:30	**Marco Annoni** The bio-epics of Covid-19: Science and ethics at the time of the pandemic	**Roxanne Holly Padley and Siria Guzzo** A corpus based linguistic analysis of medical informed consent forms in plastic surgery: Adapting practice	**Miriam Bait** Exploring dyslexia in British and Italian newspapers: medical assumptions and discursive representations	**Kaoru Amino** Promoting purchase of the "Aojiru" supplement in Japan: Heuristic bias and reframing of alignment as scientific communication
11:30 12:00	**Alessandro Marenzi** The virus splashed all over the front pages	**Isabel Garcia-Izquierdo and Begoña Bellés-Fortuño** Improving clinical communication: A qualitative study on the Informed Consent	**Barbara Kondilis** Communicating 'trust' and 'freedom' in headlines during COVID19	**Barbara Pozzo** Assessing the communication strategies of medical products through the looking glass of national advertising standards authorities
12:00-12:30	**Bucci Enrico** The bad science pandemic	**Daniel Hunt, Andrew Lustig and Gavin Brookes** 'It would be crazy to believe us without evidence': A corpus analysis of online support for sufferers of gangstalking	**Mika Simonen** News on COVID-19 and the duality of social functional capacity	
12:30-13:30	Lunch break / Social event: **Art Bites**			
13:30-14:45	**Comet 2022 announcement** **Plenary Lecture 3: Lorelei Lingard (Western University, Canada)** **The checklist paradox: A cautionary tale of how qualitative communication research influenced a global patient safety initiative**			
14:45-15:00	Coffee break / Chat			

WEDNESDAY 30th JUNE
All times are given in CEST (Central European Summer Time, UTC +2)

Parallel Oral Sessions: 15:00 – 16:30

	Oral Session B1	**Oral Session C1**	**Oral Session D1**	**Oral Session E1**	**Oral Session F1**
15:00 15:30	**Maryame Ichiba, Sylvie Grosjean, Jennifer Hughes-Large, Sharon Johnston and William Hogg** Using tailored digital health communication to address COVID-19 vaccine hesitancy	**Ming-Yu Tseng and Grace Zhang** Where metonymic schemes of thought and emotive-affective meaning meet: An online medical consultation perspective	**Fiona Chew and Donqing Xu** Analyzing Twitter and Covid-19 infections in two countries: An infodemiology study	**Michael Arribas-Ayllon** Psychopower in the age contagion: A qualitative study of digital counselling and remote working	**Jacqueline Guendouzi** Social interaction and cognitive processing in dementia
15:30- 16:00	**Jack Berger, Zachary Turnbull and Rita Charon** Planning for the unknown: The role of uncertainty in U.S. health system and physician preparedness for COVID-19	**Maja Nordtug, Jane Ege Møller, Signe Matthiesen and Matilde Nisbeth Brøgger** Oralizations in e-mail consultations: A study of general practitioners' use of non-verbal cues in written doctor-patient communication	**Antoinette Fage-Butler and Loni Ledderer** WHO's communication on Twitter about the risks of COVID-19	**Małgorzata Sokół and Ewa Glapka** Narratives of self-management, transition and empowerment in YouTube accounts of living with mental health problems	**Natacha Niemants, Eleonora Bernardi and Christopher Garwood** It's not just about the interpreter: training medical students and healthcare professionals for interpreter-mediated interaction in healthcare
16:00- 16:30	**Jude Mikal and Rebecca Wurtz** Older adults' online social engagement and its impacts on mental health and compliance with social distance recommendations following the COVID-19 pandemic outbreak: a longitudinal qualitative analysis	**Mirhelen Mendes de Abreu, Branca Telles Ribeiro and Maria Eduarda G. da Veiga** Shared decision-making in telemedicine: The perspectives of three Brazilian patients	**Elizabeth Weems, Staci Defibaugh and Suzanne Gut** Unmasking public perceptions: examining medical providers' advice on Facebook during COVID-19	**Natalia Romano Spica, Lynne Mijangos, Mary Sormanti, Cindy K. Smalletz, Joseph Eveld** Narrative medicine's response to the COVID-19 pandemic: virtual group sessions	**Jo Angouri, Matthew Booker, David Lockey, Polina Mesinioti, David Rawlinson and Nigel Rees** Risk negotiation and decision making in the management of 999 calls
16:30- 17:00	**Closing remarks**				

KEYNOTE SPEAKERS

Talking and Nudging: Is Persuasion Ethically Better than Influence in Health Promotion?

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In recent years the field of behavioural economics has grown rapidly, and many researchers have investigated applications and interventions in the domain of personalised health. A variety of interventions has been designed to encourage dietary change, organ donation, regular exercise, smoking cessation and attendance at medical appointments, to name but a few. While the evidence of effectiveness is often weak or absent, these interventions have proved to be attractive to policy makers. This is because of multiplicity of factors, e.g. frustration with more traditional means of encouraging (or discouraging) these behaviours; the relatively low cost of these interventions where individuals assume responsibility and self-governmentality; and the overall climate of enthusiasm for "the new thing". There is evidence that the public is relatively willing to accept these kinds of interventions, on the pragmatic ground that the health benefits aimed at are important, the interventions are relatively harmless in their own terms, and the costs of adverse health behaviours to the individual and to the health system can be significant. Nonetheless, there remains a moral disquiet about the use of such interventions: they seem tacit and manipulative, and there is a concern about the State seeking to influence individuals in this way. While many of these methods of influencing are used frequently by the private sectors in the non-health domains, this seems to worry people less, perhaps only because individuals feel they have a choice not to use the companies and their products which they disapprove of, or just because individuals may feel relatively cynical about corporate motives anyway.

At the heart of these concerns is a moral claim: that persuasion through showing evidence and argument giving people reasons to change their behaviour is morally preferable to influence through nudges, incentives and other tacit or disguised modifications of the "choice architecture". The central idea in this moral claim is that persuading respects autonomy, while influencing does not. Yet it is not so clear that there is a hard and fast distinction between persuading and influencing: persuasion takes place in context structured by inequalities of power and social and cultural capital, which is a kind of influence. And people are often well aware of the forms of influence in play in health promotion situations and able to engage with and reason about them. In this lecture I will survey the current state of the debate, and come to an interim assessment of this central claim.

Keywords: autonomy, nudge, responsibility, public health, political legitimacy

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When Experts Disagree: The Art of Medical Decision Making

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Harvard Medical School

Clinical controversies are familiar to physicians and other health professionals, but now have become apparent to the public through the media. Patients are overwhelmed by information on all sides -- different doctor recommendations, dissenting experts, confusing statistics and testimonials on the Internet. Current debates involve both screening and treatment choices. Examples include: when to prescribe statins, treatment goals for hypertension, how often women should have mammograms, and the role of PSA testing. Dr. Jerome Groopman and Dr. Pamela Hartzband of Harvard Medical School highlight such clinical controversies and discuss why experts disagree on so many issues. Classic medical decision analysis relies on the Bernoulli formula that is widely used in economics. They will point out the flaws in this methodology. They deconstruct how information is framed pointing out the impact of data presented as "relative risk" versus "absolute risk." They point out that not only patients but also physicians are susceptible to the cognitive effects of framing. Clinical information is often presented to the public in the form of testimonials and stories; these stories become readily remembered and thus "available" in making decisions. Cognitive scientists term this "availability bias" which can alter the understanding of the true probability of an event or outcome. Drs. Groopman and Hartzband have conducted field research interviewing scores of patients with different medical conditions, from different cultural and socioeconomic backgrounds. This work led to designating different medical mindsets: Are you a maximalist or a minimalist? Do you have a technology or a naturalism orientation? Are you a believer or a doubter? These mindsets will be illustrated by conducting a thought experiment with the audience. The basis for disagreement among experts who are looking at the same clinical data will be explained in the context of the new categories of medical mindsets. Drs. Groopman and Hartzband discuss how to integrate clinical trial results with patient preferences so as to identify the treatment options that best fit the individual.

Keywords: medical decision analysis, mindsets: patients and doctors, framing, availability, patient preferences

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The Checklist Paradox: A Cautionary Tale of How Qualitative Communication Research Influenced a Global Patient Safety Initiative

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If you had surgery in the 1990s in almost any operating theatre in the world, it would have gotten underway with little or no discussion among the operating team about the patient, the diagnosis, the procedure, or the available resources. If you were to have surgery tomorrow, the operating team in any first world hospital (and many second world hospitals as well) would be required to conduct a communication protocol called the "Safe Surgery Checklist" immediately prior to the surgery in order to ensure the team's shared understanding and plan. This global patient safety initiative grew out of the systematic, qualitative study of language practices in operating teams. We might, therefore, view it as a knowledge translation success story: finally, qualitatively-oriented communication research is heard and influences health care practice and patient care!

However, it's more complicated than that. This presentation will briefly describe my series of observational studies of communication in operating room teams and the development of a rhetorically informed model of communication failure in surgery. Reviewing the uptake of that model into the WHO's Safe Surgery checklist initiative, I will tell a cautionary tale of: 1. The difficulty of altering team communication routines even when systematically studied; 2. The paradoxical effects that result when empirical research on language is brought into the service of (and simplified to support) organizational change; 3. The dangers of turning language into numbers and turning those into audit and surveillance practices; and 4. The incompatibility of complex language practices and randomized controlled trials to improve patient safety.

Keywords: team communication, qualitative research, organizational change, patient safety

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ORAL PRESENTATIONS

Promoting Purchase of the “Aojiru” Supplement in Japan: Heuristic Bias and Reframing of Alignment as Scientific Communication

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The vigorous promotion of dietary supplements such as Aojiru is visible every day in contemporary Japan. The advertising of the pharmacology or functions of dietary supplements are generally not allowed in Japan; thus, all manufacturers confront some complexities in lobbying for promotions and advertisement plans.

This investigation probed certain discourse strategies used in television commercials for Aojiru that could impair customer access to the adequate quality and quantity of information about such products.

The perspective of “heuristic bias,” signifying a mental shortcut for judgment, is used alongside related linguistic concepts such as analogy, alignment, or framing to elucidate advertising strategies.

Overall, three categories of heuristic bias were discovered from the qualitative study of three distinct television commercials that were camouflaged as true-life stories of actual users.

1. Representation: Spokespersons assert that case B has the similar mechanism to previous case A.
2. Insensitivity to pre-existing outcome prospects: The showcasing of pointless evidence ignores pre-existing probabilities of the occurrences of highlighted outcomes.
3. Inconsideration of predictability: Forecasting through favorable examples that may not be relevant to the reliability of the product.

For instance, all three commercials follow a similar problem-solution discourse structure, and this reframing of logical alignment could mislead viewers to the discursive interpretation that the personal successes and surmounting of diseases were enabled by Aojiru. Thus, an alignment that may have resulted from in previous instances is repeatedly adapted to the customer’s problems. This reframing of connectivity adopts a basis identical to the linguistic notion of analogy. Heuristic bias is thus like the metaphoric use of analogy. Conversely, probabilities based on aspects such as pharmacological results are disregarded in the offered data.

Such heuristic biases in advertisements tend to mislead customers to “wrong” purchases based on misunderstandings about the product and could cause certain difficulties for elderly senile customers.

Keywords: heuristic bias, representatively, probability, alignment, analogy

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Risk Negotiation and Decision Making in the Management of 999 Calls

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Emergency Medical Dispatch (EMD) systems must provide a rapid, efficient on-site response to medical emergencies and trauma following a 999 call. EMD is directly related to risk assessment. It is the result of a decision-making negotiation process between the caller and clinical teams, coordinated through the Clinical Contact Centre. Although the emergency call and its focal role in risk assessment for EMD is well known, there has been no systematic study of the multi-actor system behind the call that manages the decision to dispatch critical care resources. The COVID-19 pandemic has increased further the complexity of decision making in relation to critical care deployment. In this paper, we report on the design of an upcoming project that focuses on identifying the specific indicators that function as high-risk trigger points in the 999 call and the way in which they are recontextualised in the subsequent/parallel inter-/intra- team decision-making process. We seek to map the information trajectory of risk negotiation and compare against current dispatch systems and guidelines. We discuss the theoretical approach and methodology that allows the systematic analysis of the ways in which high-acuity decision making is associated with linguistic choices in the 999 call, and teams' negotiation of risk in situated interaction. We relate the cross-sectional, qualitative study design to literature and the team's past projects and argue for the need for improving the way scripted systems register risk. We close the paper with the policy implications of our work.

Keywords: risk negotiation, decision making, emergency/999 call, interactional analysis

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Science-related Populism, COVID-19, and the Language of Extremity in the UK: Two Case Studies

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This paper relies on the theoretical foundation of science-related populism, which investigates the antagonism between a corrupt scientific “elite” and a virtuous “ordinary people” (Mudde and Rovira Kaltwasser 2017, Brubaker 2017, Mazzoleni 2008) in terms of the burgeoning “popular” distrust in organised science and scientific epistemology (Mede and Schäfe 2020: 484). Such theoretical backdrop sheds light on the proliferation of COVID-19-related misinformation and conspiracy theories; in particular, the emergence of counter-cultural leaders engaged in questioning the validity of organised science and in resisting establishment recommendations and guidelines related to COVID-19 transmission and treatment.

I will focus on two well-known conspiracy theorists in the UK: Martin Geddes and Pierce Corbyn. I analyse 5 COVID-centred blogs Geddes authored between March and December 2020, which contain seemingly well-documented and (counter)science-based critiques of the management of the pandemic on the part of politics and organised science. While, in Geddes’ case, my analysis centres on blogs, in Corbyn’s case, my corpus consists of his pandemic-related tweets (March to December 2020) and a range of anti-COVID-vaccine leaflets available on his personal website. A lexical and genre-based analysis of the corpus will evidence Geddes’ intellectualistic approach and Corbyn’s less sophisticated and more conventionally “populist” style in voicing malcontent and spreading a call to resistance to what they call “health dictatorships”.

Geddes and Corbyn embrace a stance typical of conspiracy theorists, which implies both the underlying assumption of some big, horrible truth being hidden from “the people” and the claim that organised science is corrupt and should be replaced with alternative authorities. Their rhetoric and discursive style can be comfortably placed within the theoretical framework of science-related populism, while also drawing on “epistemological populism”, a set of rhetorical techniques aimed at valuing individual experience and emotion over scientific epistemology (Saurette and Gunster, 2011: 199).

Keywords: science-related populism, conspiracy theories, CDA, COVID-19, misinformation

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Sources for the Corpus

www.martingeddes.com
https://twitter.com/Piers_Corbyn
https://www.stopnewnormal.net/

A Delphi Poll Examining Chronic Illness Patients' Experience of Physician Behaviours Critical to Enacting Working Alliance

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Background: The working alliance (WA) between a patient and a physician is seen as an important element to improving adherence and health related outcomes. This study expands upon previous research that identified 65 patient-derived physician behaviours critical to enacting working alliance with patients with a chronic illness. This study aimed to consolidate previous findings and to identify the salient behaviours to enacting working alliance from the perspective of patients.

Method: Fifty-two patients with a chronic illness participated in a three-round Delphi poll in which they rated the importance of 65 patient-derived, physician behaviours deemed in prior research as critical for working alliance formation.

Results: Participants consensually reported 21 behaviours as critical in the formation of working alliance. These behaviours had high consensus (defined as an IQR ≤ 1 (on the 7-point, 0 to 6 scale)) and a rating of, 'extremely helpful' equivalent to a 5 on a 0 to 5 scale. The domain of validation and emotional support was found to be rated most important to alliance formation.

Conclusion: The current study provides examples of concrete and observable behaviours patients feel are extremely important for working alliance. For example, 62.5% of participants indicating that "my doctor does not dismiss my symptoms or concerns by saying things like "it's just…" or "it's nothing" or "it can't be that bad" was the most important variable in the domain of validation and emotional support. Such information can assist practitioners receiving training to develop and maintain strong alliances.

Keywords: physician-patient relationship, therapeutic alliance, chronic condition management, adherence, patient perceptions

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Longing for Professional English. The Struggle of Italian Health Professionals Working in English-speaking Countries: a Personal Perspective

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Since 2001, Italian students have been graduating in a wide range of Health Professions. Their Bachelor's Degrees, thanks to encouraging European Union policies, are more and more widely recognized in other Countries, thus allowing newly graduated professionals to move abroad to find a job. The current laws and the more far-sighted professional associations have thus managed to mobilize several medical competences across Europe, and to merge professional skills acquired in heterogeneous education settings.

However, the linguistic side of this blending is still a challenge: if General English is the foreign language mostly taught in the Italian school system, Professional English is typically neglected. Too many Italians who wish to work abroad strive to acquire and tackle the required, indispensable linguistic competence, let alone the ability to properly understand, or even write, medical scientific literature.

The deficiencies of Italian education in English teaching will be surveyed in this work, highlighting the responsibilities of syllabi based on Grammar and Literature for the failing communicative abilities of Italian students. Considering fluent English as a crucial aspect of an efficient communication in healthcare, this study proposes innovative approaches to be introduced in Italian university curricula for health professional courses (English for the Workplace). In particular, an informed use of specific websites, managed by English-speaking, healthcare-related professional associations or institutions, and displaying updated, flexible, live material, is suggested as a possible means to meet the needs of Italian healthcare profession students.

Keywords: healthcare, Europe, ESP, professional English, university curriculum, subject specific vocabulary

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Psychopower in the Age Contagion: A Qualitative Study of Digital Counselling and Remote Working

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Lockdown is a new term that describes one of the oldest forms of biopower – the power to limit freedom to administer and preserve biological life. However, the technical and digital landscapes that have emerged during the lockdown are perhaps better described as a form of 'psychopower' – the power to capture attention and control the mind. This provides a useful context to understand how responses to COVID-19 have accelerated the digitalisation of mental health services in the UK. The reorganization of therapy in terms of psychopower creates new tensions and possibilities for communication among these virtual relations of care. This paper presents the findings of ongoing research with counsellors and therapists working in the UK. Twenty-five participants were interviewed online about their experiences of working before and during the pandemic. Many participants were older women (30-60+yrs) working in private practice, the NHS, academia or local charities. Their accounts of digital counselling and remote working were complex and ambivalent. Some resisted psychopower by claiming that authenticity and embodiment was significantly reduced in online relational work. Others reported the unexpected productivity of remote counselling citing new forms of digital intimacy. Across these divisions, many believed that COVID-19 introduced new therapeutic possibilities but warned that it exposed the profession to powers that seek to reduce it to a technical manualized service.

Keywords: psychopower, digital therapies, attention, intimacy, materiality, resistance

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Storytelling and Affiliation between Groups of Healthcare Staff in Schwartz Round Interactions

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This paper will present the findings of a Wellcome Trust project exploring interactional storytelling and affiliation between staff members in 'Schwartz Center Rounds®' in UK hospitals, using conversation analytic methods to examine the talk. Schwartz Rounds are supportive forums for staff at healthcare organisations to talk about emotional, social and ethical complexities they encounter in their work, accomplished through facilitated group storytelling and discussion. They are now run at over 200 sites in the UK, originally face-to-face and currently through online platforms during the current covid19 crisis. Schwartz Rounds have been found to be effective in fostering wellbeing amongst healthcare staff (Maben et al 2018), but the interactional processes through which this is achieved have not been explored.

The paper gives a conversation analytic overview of interactional features in five recorded Schwartz Rounds, illustrating how key functions are achieved in micro-interactional sequences of talk. We address (a) how panellists tell their stories in a way that provides an emotional upshot and stance for the audience to respond to; (b) how facilitators transition from these stories to invite more generalised responses from the audience; (c) how audience members are able to respond affiliatively, offering endorsements, second stories, generalisations and formulations; and (d) how the interaction is managed when affiliation is challenged. The study provides analytic insights into this relatively new interactional setting in healthcare, illustrating the hybrid nature of the discourse, which displays features of casual conversation as well as similarities to more institutional settings, such as psychotherapy and help groups.

Whose Message Is it anyway? Authoritativeness and Responsibility in the UK Governments Daily COVID Press Briefings

SIMONE BACCHINI
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On January 30, 2020, the UK registered its first COVID-19 death. The UK government' response was initially characterised by a rather relaxed, wait-and-see attitude.

As the number of infections, hospitalisations, and deaths began to mount exponentially, the official response to what would be later declared a 'pandemic' changed. The government's communication strategy to the country changed too; daily broadcast press briefings were instituted.

This paper presents a multimodal analysis of the typical format of such meetings, which would give an update on the current situation, introduce and justify new measures, and conclude by taking questions from journalists and members of the public.

This paper takes a semiotic approach to communication built on the work of Kress and Van Leeuwen (1996, 2001) and Halliday (2004,) with its notion of linguistic 'metafunctions'.

The paper explores how the particular format chosen by the UK government to inform the public about COVID-19 aimed at creating a coherent, authoritative, and clear message for the population.

The paper also examines the ethical implications of the format, especially in terms of responsibility for action or – crucially inaction.

Keywords: public health, communication, ethics, multimodality, authorial stance

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Exploring Dyslexia in British and Italian Newspapers: Medical Assumptions and Discursive Representations

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For decades, dyslexia received scarce attention, but nowadays, with the number of people diagnosed with dyslexia increasing, the topic attracts the interest of researchers and practitioners alongside the media and general public.

Although the term 'dyslexia' may still carry blurred conceptualisations as there is no consensus about its definition and origin, dyslexia is a neurobiological disorder characterized by slow and inaccurate word recognition influencing the development of decoding (written word pronunciation) and encoding (spelling). Therefore, the public representation of people with dyslexia becomes crucial as it may outline dyslexia as a neurological deficiency, or an invisible disability (which only emerges when a person is asked to read, write or spell) rather than a personal difficulty which, however, might have a dramatic impact on people's self-concept and life.

This study investigates discursive representations of dyslexia-related issues by examining articles in a selection of British (The Guardian, The Times) and Italian (La Nazione, Corriere della Sera) newspapers. The dataset consists of 151 online articles totalling approximately 180,000 words, published between 1st January 2020 and 1st January 2021.The UK was selected because of the opacity of the English writing system which allows for early detection and intervention, while Italy is an example of a country where transparent spelling makes such detection difficult.

Drawing on Critical Discourse Analysis, the study investigates the relations between linguistic choices and the shaping of distinctive identities and possible stereotypes and their implications. A qualitative approach is combined with quantitative tools to identify relevant patterns of use.

The study results suggest a picture of ambivalent attitudes towards dyslexia. In all datasets, dyslexia constantly tends to be 'medicalized', i.e. to be considered as a 'condition' to be 'diagnosed', as scientific discourses have the power to determine who is "normal" and who is "diverse" and "different". Accordingly, the role played by the press has relevant ideological implications in the representation of dyslexia conveying an image of disability or fostering the culture of inclusion for a 'difference'.

Different interpretations of dyslexia pursue different purposes and can be useful in different contexts; therefore, they can co-exist, and may result advantageous both for research and for the definition of social policies.

Keywords: dyslexia, critical discourse analysis, ideology, identity, media.

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Physicians' Perceptions of Patient Participation in the Myocardial Infarction Pathway

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Background: Myocardial infarction is an acute, frightening and life-threatening condition for patients who are affected. Patient participation may lead to improved patient satisfaction, increased co-operation with healthcare professionals and better management of the disease. Physicians have a key role in facilitating patient participation in the healthcare services. This study aimed to explore physicians' perceptions of patient participation in different phases of the myocardial infarction pathway.

Method: The study has a qualitative design with a hermeneutic approach. We interviewed nine experienced physicians working within cardiac care from February to June of 2018.

Findings: Four themes illustrated patient participation in different phases of the myocardial infarction pathway. Paternalism characterised the acute phase. The physicians perceived a lack of continuity and resources during the hospitalization. At discharge the physicians prioritized necessary medical information to strengthen the patient's health literacy. In the rehabilitation phase shared decision-making was central to achieve adherence in treatment.

Conclusion: There is a need to strengthen collaboration among healthcare professionals in different phases of the MI pathway to ensure continuity in patient participation. There is a need for better facilities and a close examination of how different healthcare professionals may collaborate to ensure a relevant level of and continuity in patient information and participation in the MI pathway.

Keywords: patient participation, patient involvement, myocardial infarction, qualitative, interviews

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Hospital Process Orientation and its Effects on Key Perspectives of Hospital Performance

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The challenges the modern world is facing shed light on the huge and constant need of process evaluation and improvement. It holds especially in the healthcare context, characterized by the complexities of heterogeneity of patients and therapies, fast-increasing demand for care and numerous financial and non-financial constraints, leading to a simultaneous exigency of quality maximisation and cost minimisation.

The management approach of Business Process Organization (BPO) can raise attention to processes and efficient use of resources, supporting clinical and non-clinical functions, improving overall performances and providing benefits to all the stakeholders, ranging from patients to staff members.

Basing on data originally gathered at the IRCCS Policlinico San Matteo, Pavia, the Partial Least Square-Structural Equation Modelling (PLS-SEM) was used to determine the relationships between indicators and constructs, on the one hand, and within constructs, on the other.

Results highlighted the importance Hospital Process Orientation (HPO) does have on the performance, declined in the four parameters of “Stakeholder Satisfaction”, “Care Process”, “Research Process” and “Financial Performance”.

Moreover, since they were all analysed from both the major healthcare perspectives, the clinical and non-clinical ones, results showed the specific differences as well.

The main evidences for practice are that even though HPO may not be able to reduce the costs of care delivery, it is able to reduce the administrative and technical-related ones, improving operational efficiency and workforce conditions, in turn, increasing patient satisfaction and reducing re-hospitalisation, two main healthcare final aims.

Keywords: hospital performance, hospital process orientation, healthcare management, performance

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Planning for the Unknown: The Role of Uncertainty in U.S. Health System and Physician Preparedness for COVID-19

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At its onset, Coronavirus Disease 2019 (COVID-19) could be characterized as a relatively familiar yet unknown disease without reliable diagnostics or treatments spreading at a presumably rapid rate in a highly connected global landscape. As of April 2021, Johns Hopkins University reports that COVID-19 has infected over 150 million people globally, and resulted in over 3 million deaths. With so many opportunities to learn from past pandemics and so many modern medical capabilities, why were health systems and providers not better prepared to manage the uncertainties of COVID-19? We argue that unrealistic expectations related to unforeseen challenges and a failure to prioritize investment for unlikely events have produced gaps in pandemic preparedness. Integrating multidisciplinary perspectives across clinical medicine, health system operations, public health, economics, law, and ethics, we assess adaptability and comfort with navigating uncertainty in health care. In evaluating the pandemic response, we highlight the potential benefits of enhancing provider preparedness to contribute to public health needs, refining systems-level decision making to optimize crisis resource management, and leveraging innovative methods to mitigate potential crises. To better prepare for future pandemics, we propose increasing the adaptability of skills and resources for unexpected events, aligning health system priorities with both likely and unlikely needs, and selecting and training providers to embrace broader roles in public health. Finally, new mechanisms should be explored to sustain meaningful behavior change for crisis preparedness.

Keywords: COVID-19, uncertainty, preparedness, decision-making, behavior change

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What Counts as a Decision? A Pragmatic Approach to the Description of Decision-making in Medical Encounters

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Increasingly scholars are challenging the notion of shared decision-making in medical encounters. It is often not clear what 'sharing' means; nor is 'decision' a kind of action that is univocally understood (e.g. Wirtz, Cribb & Barber 2006; Elwyn & Miron-Shatz 2010; Ofstad et al. 2016; Scalia & Elwyn 2017; Gerwing & Gulbradsen 2019). In this paper, we would like to tackle the issue using the tools provided by pragmatics, in particular by speech act theory (Austin 1955/1962; Sbisà 2009).

In the development of Austin's theory proposed by Sbisà (2009), speech acts can be considered as a kind of action because they lead to modifications of the relationships between the parties at the level of mutual commitments and expectations. Our working hypothesis is that decisions are speech acts and our analysis is aimed at describing their conditions of validity in the specific context of medical encounters, along with the kind of effects they can have in this context. To achieve this goal, we analyze a corpus of 40 transcriptions of medical encounters in two different clinical areas: diabetes and assisted reproductive technology. For the identification of decisions, we base our analysis on the taxonomy described in Ofstad et al. (2016). We believe our pragmatic analysis can complement this taxonomy by identifying the circumstances that define a certain decision as a valid (felicitous) speech act.

The results of this analysis will be relevant towards a definition of 'quality decision making', which should ground any intervention aimed at the improvement of (shared) decision-making.

Keywords: decision making, speech acts, medical encounters, dialogue, pragmatics

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Bioethics Event: a Journey from One's Own Inner World to the "Land" of Bioethical Reflection

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The "biotechnological" society poses multiple bioethical challenges in the areas of medicine and those concerning the broader phenomenon of life (1). Yet, civil society and areas for cultural reflection may not be prepared. School settings are increasingly regarded as promising grounds for democratic debate where ethically relevant issues may be discussed, in synergy with the social context (2–6). While respecting pluralism, this may enable the search for consensus on sensitive bioethical issues (2). Based on a social constructivist perspective (7), we developed a generative didactic model of bioethical subjects to promote the competence of "bioethical citizenship". Metaphorically, the model may be associated with a "relational journey". Students, throughout interaction with peers, teachers and experts, gain awareness of their ability to express their own cognitive, emotional, and existential interpretation in a competent fashion, and to articulate solutions to bioethical challenges. Similarly, throughout interaction with all the actors of the project, teachers (re)discover the beauty of being teachers-researchers-craftsmen of knowledge. Teachers and students embark on a journey unfolding through six distinct stages required to reach the "land" of bioethical reflection: New Atlantis (educational planning); Hercules at the crossroads (choice); Know yourself (discovery); Care (workshop); Agora (building of an open society); Return to Ithaca (critical thinking for an authentic lifestyle). This journey presents the fascination and difficulties of an oceanic navigation. Similar to prior studies (4), the "characters" are requested to debate and interact so as to gain awareness of their own inner world and to fulfill their individual authentic task, enabling the development of an authentic bioethical knowledge. To illustrate the model, we will present three experiences performed in secondary school settings. Future studies to validate the model are warranted.

Keywords: bioethical citizenship, didactics, authentic tasks, local community, critical thinking

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“Thank You for Saving my Life”: The Emotional Labour of Facework

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Against the backdrop of established literature on health communication in multilingual settings, and in the specific context of antenatal care, this presentation draws on observational data taken from linguistic ethnographic research conducted in a superdiverse London hospital.

It seeks to document the ways in which midwives, who are frequently recognised for their metalinguistic and cultural sensitivities (Baraldi & Luppi, 2015) and affiliative stance (Linell & Bredmar, 1996), demonstrate acts of alignment, often in conjunction with laughter, in an apparent attempt to reduce the epistemic and communicative distance between themselves and their patients.

To illustrate how such interactional skills can also be used to redress face-threatening incidents, as well as every-day encounters, I introduce Gosha, a patient in the third trimester of pregnancy who despite having expressed a phobia of needles, nevertheless consents to receive a routine injection. When she subsequently collapses, in a possible anaphylactic response, the midwife administers adrenalin and summons colleagues to assist: although Gosha’s reaction is later diagnosed as a ‘panic attack’, she remains under observation for several hours. During this time of medical recovery, interactants seem compelled to re-establish communicative equilibrium, their orientation(s) to which are exemplified through extensive strategies and stages of repair (Locher & Watts, 2005; Bolton, 2001; Goffman, 1972).

Keywords: facework, emotional labour, alignment, politeness

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The State of the Union in the COVID-19 Outbreak, Response and Recovery: Does Italy Shine within the EU27 Constellation?

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Pre-existing health, economic and demographic contexts heavily impacted the heterogeneous trajectories in the early phases of the pandemic even within the EU leading to divergent solutions to the ethical health\economic tradeoff. Over a year into the crisis, we can assess the extent to which heterogeneity remains or convergence prevailed, together with the approaches paying off in outbreak containment, mitigation of negative socioeconomic consequences of Covid-19 and the reconstruction.

This work analyses the state of play in Italy against the benchmark of the EU27 along the key dimensions of outbreak dynamics, restriction, health measures and recovery effort. On the basis of the Oxford Covid Government Response Tracker data enriched by further in-depth qualitative analysis, we pinpoint strengths and weaknesses of the Italian response model within the broader EU framework.

Initial divisions have partially given way to (some) joint action in the health (e.g. vaccines) and economic domains (e.g. SURE, NGEU) creating, especially in relation to the vaccine strategy and roll-out a valuable case for considering persistent heterogeneity in performance against the policy and political context in the EU27. The analysis of pandemic crisis-management covers several elements of high ethical relevance, spanning from the initial public-health-freedom-economy tradeoff and, for example, choices in relation to priorities in vaccine roll-out for specific categories (e.g. frontliners) or vulnerable elderly population. In addition, the comparative analysis, while focused on Italy, contributes some considerations on the outlook and credible exit strategies from the Covid-19 crisis in the highly interdependent context of the EU.

Keywords: COVID-19, EU, Health Union, NGEU, pandemic responses

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Older Adults' Perceptions of Experiences with Social Robot Companion: A Qualitative Study

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With the world's increasing proportion of older people, emphasis on long-term care (LTC) is growing. Older adults who move into LTC find interpersonal interactions shrinking due to the lack of visits from families and friends. Social robots may be a solution, as they can provide companionship, social activities, and cognitive stimulation to deal with such isolation. This qualitative study explored older adults' perceptions and experiences after intervention using Paro, a Japanese robot seal. A semi-structured, in-depth qualitative interview elicited perspectives from 25 older Taiwanese adults living in LTC after receiving individual, non-facilitated interaction with Paro for eight weeks. Each digitally recorded interview took 30-40 minutes and was transcribed verbatim.

Adults' mean age was 81.2 years (SD = 8.5). Thematic analysis was used to obtain detailed and complex descriptions of qualitative data (Chen et al, 2020). The analysis identified four themes: 1. Enhancing interpersonal relationships; 2. Giving a sense of belonging and reassuring presence; 3. Providing mental health benefits; and 4. Challenges in Paro's use. Although Paro lacks speech, most participants expressed positive experiences and felt the interaction offered unique opportunities. Residents were not taught to interact with Paro: training is needed to increase potential interactivity and bonding between residents and Paro.

Keywords: social robot, Paro, older adult, long-term care, qualitative study

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Analyzing Twitter and COVID-19 Infections in Two Countries: An Infodemiology Study

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Background and objectives: Infodemiology is the "science of distribution and determinants of information in an electronic medium, specifically the internet, or in a population, with the ultimate aim, to inform public health and public policy." (Eysenbach, 2009). Previous infodemiological research focused on the use of internet-based sources (IBSs) to effectively track/forecast outbreaks, epidemics and pandemics including MERS, Ebola, measles and Zika (Mavragani, 2020). IBSs have been leveraged for public health surveillance, disease characterization and diagnosis prediction from examining search queries, social media, news, discussion forums, websites, and web encyclopedia (Barros, Duggan & Rebholz-Schuhmann, 2020). Google Trends has been applied to predict influenza and other diseases with Twitter less utilized. We propose to analyze the relationship between tweets and Covid-19 infections in two countries (US and UK). In addition, online news coverage is analyzed as an indicator.

Methods: We collected Covid-19 tweets, news and infection data from January 22 through March 11, 2020 before WHO's pandemic announcement. Using specific Covid-19 and symptom keywords we obtained 26,362,784 conversation tweets and 2,051,830 news tweets from a social media analytics platform. News from NY Times and BBC.com totaled 5,182 stories. Coronavirus infection cases came from the Johns Hopkins University Coronavirus Resource Center database. We ran correlational analyses between cumulative daily cases of tweets/news reports and Covid-19 infections.

Results: High positive correlations occurred for all the analyses demonstrating that social media conversations and news reports closely matched the Covid-19 infections.

Conclusion: Cumulative daily tweets and news reports may be indicators of a pandemic.

Communicating (Un)Certainty and Risk Management during the Pandemic: Epistemic Modality in Interviews with International Experts

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Modality is actualized linguistically by a variety of markers, the most common being modal auxiliaries and lexical verbs, but also nouns, adjectives, adverbs, idioms, particles, mood, and prosody in speech. The main function of modality is to convey the speaker/writer's commitment to the truth value of the proposition (Palmer 2001, Coates 2003, Alonso-Ovalle and Menendez-Benito 2015, among others) and, in epistemic contexts, it largely swings between the two discrete poles of certainty and uncertainty, encompassing also possibility, probability, and necessity in different degrees. In spoken interactions involving discussions on sensitive issues such as health, environment, or discrimination, modality is largely exploited to negotiate solutions and risk management.

Bearing this in mind, the present paper intends to focus on the use of epistemic modality in a corpus of eighty broadcast interviews where journalists question international experts on Covid-19 (InterDiplo Covid Corpus). The focus of the analysis will be on how international experts convey their (un)certainty and communicate their opinions on risk management during the COVID19 pandemic. Special attention will be dedicated to such mental state verbs like think and imagine and to modal adverbs like probably, perhaps and maybe, as well as to really, surely and certainly, but also to pauses in speech signalling doubt, uncertainty or disagreement.

The data yielded by the corpus testify to great 'creativity' of the interlocutors (both interviewers and interviewees) in signalling their epistemic stance particularly on risk management with reference to the virus (long term-)impact on people's health as well as to its socio-political and economic consequences.

Keywords: spoken corpus, epistemic modality, Covid-19, discourse markers, health communication

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Communicating Diagnostic Uncertainty: What is Known, and How Can it Be Studied?

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Diagnosis is a process – it often proceeds as a cycle of information gathering, interpretation and synthesis, with gradual progression from a list of differential diagnoses to a final diagnosis (which may be a diagnosis of exclusion). Uncertainty, which is often maximal at the beginning, is present throughout.

Uncertainty in medicine has been examined, but diagnostic uncertainty – in particular, its communication to patients – has received less attention.

We performed two systematic reviews (in primary and secondary care respectively), examining what is known about the communication of diagnostic uncertainty and the associated ethical issues.

We found a general lack of research examining the communication of diagnostic uncertainty specifically, with a particular paucity of patient-centred work. There is a lack of consensus on how diagnostic uncertainty should be defined or measured, which limits the existing evidence base. Diagnostic uncertainty does not seem to be always shared with patients (e.g. due to physician perceptions that discussing it could have a negative effect on patients), but research studying the impact of the (non) communication on patients is limited and mixed.

We will discuss our secondary ethical analysis of the included papers: we identified issues relating to maintaining patient autonomy in the face of clinical uncertainty, a gap in considering the direct effects of communicating or not communicating diagnostic uncertainty to patients, considerations regarding over-investigation in the search for certainty, and justice in terms of resource allocation, particularly in the face of socioeconomic discrepancies in information access and understanding.

Dementia in Flemish Blogs: a Thematic Discourse Analysis

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In 2020 in Flanders, there were about 135,000 people living with dementia (PWD), and due to our ageing society, this number is expected to have doubled by 2060 (Expertisecentrum Dementie Vlaanderen, 2020). Notwithstanding these increasing numbers, PWD still face a double stigma, as they encounter not only the stigma surrounding old age (i.e. ageism) but also the stigma surrounding mental illness. This stigmatisation has a negative impact on PWD, as it can lead to a low self-esteem, isolation, and depression (Evans, 2018: 264).

The way the condition is represented in various types of discourse can either reinforce or counter the stigma (Van Gorp & Vercruysse, 2011). For this study, we constructed a corpus of blogs from three different groups: caregivers, health-care professionals, and PWD. We analysed the recurrent themes in all blogs by manual coding, using a bottom-up approach. Then, we compared the coded themes within each group, as well as between the groups. Special attention was paid to the macro-structure of the blogsites and the order in which the themes emerged for each blog.

The aim of this qualitative study is threefold: to indicate (1) whether the emerging themes in our corpus are personal, group-related, or even general ones (2) in what measure the experience with dementia is consistent within a group, and (3) whether the chronological nature of blogposting leads to a fixed structure in themes, parallel to the course of the condition.

Keywords: dementia, communication, stigma, ageism, thematic discourse analysis

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The Role of Maternity Service Websites: Liminality and Health Communication

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During a liminal period, the individual is in an ambiguous state, where there are "…few or none of the characteristics of the past or coming state" (Turner, 1969, p. 80), experiencing disequilibrium before passage to a relatively stable subsequent state with new roles and new identity (Beech, 2011). The health communication and patient participation implications of liminality due to pregnancy has received limited attention. Complex decisions, many of which have scientific uncertainty, are required during a woman's pregnancy (Stevens et al., 2016). Additionally, pregnancy-induced liminality requires a shedding of old roles and yet to be developed new roles of motherhood. During this transition, distress, confusion, or disequilibrium may be experienced. Part of this experience is associated with being overwhelmed with information and the tension between expert advice, peers/family influences, and instinctive behaviours (Song et al., 2012). Midwife websites, integral to health communication, can provide critical support to help pregnant women transition through liminality.

Content analysis of 70 midwife websites was based on a literature-derived thematic framework of woman-centred care. Purposefully sampled midwives (15, with websites) and women (15, early pregnancy) were interviewed. Data analysis used an iterative interpretative process.

Midwives underestimate the important support role of their website interface for women's participation, education and connection in reducing liminality-induced confusion and distress. Pregnant women use sophisticated and conscious information searching and sharing (often beyond expert, families and friends) as support through their pregnancy-induced liminality, confirming earlier research (Lima-Pereira et al., 2012). The women rely on midwife websites for: constructing self-identity and birth philosophy; functionality (midwife availability, location, schedules, appointments); and, information gathering. However, midwife websites can fail to meet women's needs through asynchronous nature of website platform, service delivery limitations, and poor information.

Our framework of health communication linking conditions, practices, and engagement platforms to help pregnant women transition through liminality can be applied outside of this specific context.

Keywords: liminality, maternity services, website communication, midwives

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What's Culture Got to Do with It? How Culture Effects Rehabilitation Outcomes of People Living with Dementia in Nursing Home Settings – A Knowledge Translation Project

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Presenting the making of three short films as part of a knowledge translation project to share a research trial's findings. The research trial involved people living with dementia in Australian residential aged care facilities, after they had a hip fracture intervention, and focus on their subsequent rehabilitation. (Residential aged care facilities can otherwise be called nursing homes or long-term care facilities for elderly people.)

Applying Knowledge Translation principles (Straus et al 2009) to guide both the development, and ultimately, the production of three short films, research learnings were tailored to benefit a specific audience. Performing on the ground analysis of discourse, conversation, and language to identify Goffman's "what is it that is going on here" (Goffman 1974, p. 153), revealed the cultures at play. These were then mapped to provide a visual representation of the many the cultures influencing meaning making in this space. Some of the cultures included were of medical professionals such as geriatricians, speech therapists, dieticians and physiotherapists; along with people who work in caring for the elderly in residential situations, those who live with dementia, and their families.

Added to this complexity was the announcement in Australia of a Royal Commission into its aged care's quality and safety. The culture maps revealed the context and discourses into which the communication would fall. These were used to inform decision making regarding which information to put in, and importantly, which to leave out.

Integral to this process was extensive stakeholder engagement. This was painstakingly applied to influence and shape the content of the films and verify the understandings throughout the process. This was needed to ensure the language, culture, and approach used was applicable for the identified potential film audiences. It was also needed to uncover the unrecognised connections and cross overs between health specialists' practices, and pinpoint which of the research's outcomes would be of interest to, and empower those, working on a daily basis with people living with dementia – the residential aged care staff themselves.

The films have had nearly 16,000 combined views as at June 2021. The films can be viewed here: https://sites.flinders.edu.au/residential-aged-care/hip-fracture-recovery/.

The funding to communicate the outcomes of this rehabilitation trial was included in a grant from the Australian National Health and Medical Research Council (NHMRC) Partnership Centre on Dealing with Cognitive and Related Functional Decline in Older People, through the Flinders University.

NOTE: This was not a study but an actual knowledge translation project.

Keywords: culture, knowledge translation, applied linguistics, dementia, communicating complexity

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Enhancing Intercultural and Communication Skills in Medicine Students: A Case Study and Ongoing Mission in Higher Education

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The medical professional practice is currently suffering from a widespread perception of physicians as communicating unclearly and unempathetically (Gartland, 2016), leading to lack of trust and compliance, medical error, and physician burnout (McCabe and Healey, 2018). The key to addressing and remedying this issue lies in enhancing practitioners' skills in communicating not only medical information and instructions, but a profound understanding of the patient's distinctive needs and fears (Pendelton et al, 2003). From a linguistic and educational standpoint, this entails shifting the center of medical ESP courses from vocabulary and grammar to a holistic and applicative view of the functional and pragmatic impact of acquired linguistic structures and strategies. More specifically, intercultural awareness and competence in relation to various patient categories (e.g. age, gender, ethnicity) and their implicit and explicit conveyance must be engendered, along with knowledge of the new channels and medical practices (e.g. telemedicine), as well as the adaptation of traditional procedures and policies (e.g. triage and emergency medical ethics), resulting from the ongoing Covid emergency. While this need to train medicine students to communicate effectively and appropriately with patients in the UK and USA (Windover et al. 2014), in Italy this dimension is still often marginally present – when it is present at all – in favor of traditional linguistic competence but its lack is increasingly perceived by heads of degree courses and senior doctors in charge of overseeing medical students' learning and training.

The present study draws from the preliminary findings of an ongoing annual undergraduate course in medical English at the University of Brescia held by the author and following this approach to and use of medical English (Kurtz et al, 2005). The course was further enriched by the multimodal educational and informative tools that are implemented by distant learning, thus making a virtue out of necessity and providing resources that may be used not only for the course and exam, but also continuing education and refining. By observing the outcome of the course, the study will draw conclusions on students' acquisition of skills on more implicit and more innovative communication skills and their application in a variety of professional contexts.

Keywords: communication skills training, intercultural communication in health, English for medicine, distance learning

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Enhanced Recovery after Surgery and Its Effects on Nurses’ Clinical Decision-making: A Case Study in Quality of Care

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Introduction: This presentation discusses the effect that enhanced recovery after surgery (ERAS) (1) has on nurses’ agency and clinical decision-making. As its starting point, it uses data collected at an emergency surgical ward; this data investigated nurses’ ability to involve patients in their treatment at the emergency ward, as opposed to the surgical ward, and overall patient satisfaction with the treatment they received.

Background: Patients’ perception of being involved in their treatment and care plan improves the quality of the former (1-3). A quality development project implemented in 2018 at the surgical and emergency wards of a Copenhagen hospital, aiming to boost patient involvement, increased overall patient satisfaction with emergency ward care. However, satisfaction with surgical ward care remained unaffected, even though the same nurses worked in both places.

Methods: Single case study of a quality development project at a surgical and emergency ward. The data included documents such as qualitative reports, operation pathway programs, governmental reports and guidelines, focus interviews with nurses, and informal conversations with the ward nurse and other head nurses.

Results: The data reveals that the nurses know how to involve patients and make appropriate clinical decisions. However, in cases where the nurses expected the patient involvement process to be time-consuming (e.g. language barrier, social complexity), they complied with administrative goals (number of patients discharged), rather than quality of care. The results highlight the double standard of quality that emerges in these two settings and ultimately question what constitutes quality care in ERAS (4-5).

Keywords: enhanced recovery, clinical decision-making, patient involvement, double standards

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WHO's Communication on Twitter about the Risks of COVID-19

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Public health authorities in the 2020 pandemic faced the challenge of communicating risk information to populations around the world to elicit behavioural changes that would minimise the spread of COVID-19. The purpose of this paper is to explore how the World Health Organization (WHO) represented the risks of COVID-19 in their Twitter communication.

The data consist of WHO's tweets (text and visual elements) containing the hashtag #COVID19 that were posted during the first week of September 2020. The period was chosen as vaccines were progressing through trials, corticosteroids were shown to help patients that were severely affected by COVID-19, and a "second wave" was expected. Tweet content representing COVID-19 risks was analysed using discourse analysis (Foucault, 1972) and multimodal social semiotic analysis (Kress & van Leeuwen, 1996).

Analysis showed that COVID-19 risks were framed positively in terms of health-preserving stay-fit tips and wellbeing messages, using emojis and colourful images. COVID-19 risks were also constructed as interwoven in a network of other risks: affected by existing risk factors such as obesity and poverty, and leading to other risks such as the unfair distribution of COVID-19 vaccines.

In conclusion, WHO constructed COVID-19 risks as moral and complex, while adapting the representation of COVID-19 risks to the medium of Twitter. The results are discussed in relation to WHO's policy statements on risk communication, sociocultural risk theories, and growing understandings of how public health risk communication can utilise the new spaces of social media.

Keywords: risk communication, public health, COVID-19, Twitter, World Health Organization

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Translation for Patients with Limited Language Proficiency in German Hospitals: Empirical Findings and Ethical Issues

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Communication is central to good care for patients in hospital. To achieve this aim for all translation is necessary for patients with limited language proficiency as well as for health care teams. However, in German hospital practice qualified translations are only possible to a limited extent. This issue is reflected in the research literature and also in the data we collected in our qualitative research project on cultural diversity in health care organisations (TONGUE).

Research literature in social sciences as well as our results show that translation is mentioned as a central topic by the hospital actors. The problems named are organisational, economic and legal ones. Interestingly, translation problems are not perceived as ethical issues even though fundamental ethical concepts are involved, e. g. care, autonomy and justice. So how it is that actors overlook ethical issues? What are the implications of not naming ethical issues for achieving practical solutions?

Our data is based on documentary analysis, expert interviews, focus groups and participant observation in three German hospitals. We applied the Qualitative Analysis Guide of Leuven for data analysis (QUAGOL). On the basis of our research results first we describe how the issue of translations manifests itself in the data and which solutions are seen, tested, practised and desired by the hospital actors. Secondly, we show which fundamental ethical issues are involved and not mentioned. Last but not least, we discuss the topic in terms of its relevance for practical solutions.

Keywords: hospital practice, organization, quality of translation, patient care, ethics

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Communicating Scientific Uncertainty in an Age of COVID-19: An Investigation into the Use of Preprints by Digital Media Outlets

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This presentation addresses the recent surge in online media coverage of COVID-19-related preprints—scholarly documents that have not been peer reviewed—by examining the circulation of this uncertain science on social media and comparing this uptake with that of peer reviewed research.

We build on our recent work tracking the online news media coverage of highly-circulated COVID-19-related preprints (Fleerackers et al., 2021), which found that only about half of media stories mentioning preprints accurately portrayed the research as uncertain or preliminary. Extending this work, the present study applies a mixed method approach to analyze the uptake and circulation of COVID-19 preprints, peer reviewed studies, and media stories mentioning these two forms of research, on Twitter and Facebook. Using data from Altmetric, a company that collects mentions of scholarly documents in online media, we use code (Python scripts) to collect tweet details and Twitter user profiles of those that engaged with the research (Riedlinger et al., 2019). On Facebook, we extract publicly available user data from profiles, groups, and pages of those who post links to research or media stories using the social media analytics tool Crowdtangle. We then conduct manual content analyses on the social media content (Lacy et al., 2015; Tsou et al., 2015) to answer such questions as: Who is posting about COVID-19-related research in the form of preprints, journal articles, or media stories? And what kind of user engagement do these posts receive?

By identifying the online audiences engaging with COVID-19-related research, this study aims to advance understanding of the influence of various digital actors in an increasingly complex, hybrid social media landscape (Bruns, 2018). We will end this presentation with a discussion of the practical, ethical, and societal implications of our findings for journalists and social media users communicating about evolving science issues such as COVID-19.

Keywords: COVID-19, preprints, Twitter, Facebook, digital journalism

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Improving Clinical Communication: A Qualitative Study on the Informed Consent

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In the context of the Patient-Centred Care paradigm (Epstein et al., 2005; Suojanen et al., 2012) and the shift towards the psychobiological model (Dean & Street, 2015, Muñoz & García-Izquierdo, 2020), there is a growing demand for the patient to be an active agent in the management of their health. In this context clinical communication should be conveyed in an accurate and empathetic manner (Bellés & García-Izquierdo, forthcoming), especially in genres that are complex as to the information conveyed and involve legal commitment that may have consequences, such as for example the Informed Consent (IC). The research carried out to date by the GENTT research group has revealed that, despite the significant and undeniable progress made by the legislative and documentary standardisation that has taken place in Spain, the current situation shows no specific monitoring of the use of IC protocols in clinical practice. In this paper we present the results of a qualitative pilot study. A group of medical professionals from the Valencian Community (Spain) participated in a focus group where we analysed and observed how communication with patients is articulated and tried to define the practical insight of the use of the IC to draw conclusions that can improve oral and written clinical communication. The actions and the indications observed unveil no evidence of improvement in the effectiveness of the IC application in our health system. Therefore, studies such as the on presented here can improve clinical genres such as the IC by enhancing comprehensibility (García-Izquierdo and Montalt, 2017) and improving the communication skills of health professionals and mediators, and the competencies of medical translators/editors as communication managers (García-Izquierdo and Montalt, 2013).

Keywords: clinical communication, patient centred paradigm, incomed consent (IC), focus group

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Negotiating Euthanasia Decisions for Cats and Dogs – What Can We Learn from Veterinary Health Records?

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End-of-life decision-making for animals happens daily in veterinary practice. During such discussions, the interests of the client (animal owner) and the veterinary professional must make decisions that maximise the welfare of the animal patient. However, access to such discussions 'as they happen' is difficult, in view of the often highly emotional content.

To investigate whether the essence of end-of-life discussions in veterinary practice can be discerned from electronic health records (EHRs), a UK veterinary surveillance database (SAVSNET 2021) was interrogated for instances of euthanasia. From a random sample of 1000 euthanasia consultations (500 involving canine patients and 500 involving feline patients), 89 consultations involving delayed euthanasia were purposively sampled for each species and subjected to detailed thematic analysis. Steps taken to maintain the patient's quality of life until the agreed date for euthanasia, together with factors that impacted on the euthanasia decision were examined. None of the consultations examined involved a carefully considered and mutually agreed end-of-life care plan, as recommended in veterinary palliative care guidelines (AAHA 2016), and few evidenced provision of emotional support for the client. Although a growing branch of veterinary medicine in the US, palliative or hospice care for animals is not yet a major branch of veterinary practice in the UK.

Reasons for delayed euthanasia included client-related factors, for example, the desire to allow other family members to say goodbye, and veterinarian-related factors, for example, the perception that the animal was treatable (Yeates and Main 2011). Less common reasons included the client's previous 'bad experience' with euthanasia of a pet, or the veterinarian's wish to trial a new treatment. These results fit with previous research into factors affecting euthanasia decisions (Christiansen et al. 2015, Spitznagel et al. 2020). The results of the analysis will be presented and discussed and the advantages and disadvantages of using EHRs for this type of analysis will be evaluated.

Keywords: veterinary practice, end-of-life communication, animal patients, shared decision-making

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‘A Matter of Definitions, When Definitions Matter’: Accuracy, Definition, Integrity in Medical Terminology?[1]

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Background: Accuracy, definition, integrity are the cornerstones of correct information in the medical field. The importance of terminological fidelity is not only a due act but, above all, it is an act of faith for those who believe in teaching life sciences as human life.

Aims and methods: This study, adopting a multidisciplinary (medical, linguistic and discursive) perspective, focuses on the relevance of accuracy in medical terminology, and on the social impact of its inaccuracy.

Material: For this purpose, three specific cases have been reviewed: a) the Mediterranean diet, b) rare diseases and c) sex and gender medicine.

Findings: In the cases examined, a flaw in the definition of the phenomena described has determined a discrepancy in the perception and, worse, in the application of the medical principles informing them. The Mediterranean diet has suffered from the ‘loss-in-translation’ of the keyword FULL-GRAIN in its description. In genetic syndromes, characterised by sets of signs that are not fixed but differ individually, their descriptions (variable) have oftentimes been mistaken for definitions (definitive). Sex-and-gender medicine, which features the concept of SEX in both its definition and understanding, having dropped it, has lost sight of its original principle.

Relevance: In a fast-changing society, where the top-down flow of specialised information is increasingly challenged by the popular use of online media, definitory flaws in medical terminology can result in serious misinformation, with life-threatening, social and ethical repercussions.

Keywords: definitions, medicine, terminology, accuracy, history of medicine

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When Patient's Trajectories Contribute to the Co-design of an Integrated Care Network for People Living with Parkinson Disease

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People living with Parkinson's disease (PwP) travel along a complex, unpredictable and fluctuating journey as the disease progresses and their medical and social needs evolve. And designing an integrated care network optimized for PwP and considering the heterogeneity of the disease necessitates a bottom-up approach leading to concrete patient-sensitive solutions. To do that, we used a co-design approach conducted in five countries. Our co-design approach is largely informed by the field of Participatory Design and Experience-Based Design where the patients' perspective is seen as a central component to the design process. Our approach consisted of four linked steps: (1) Capture patients' experiences by using narrative interviews; (2) Understand the patients' trajectory; (3) Design with patients, caregivers, and health care providers scenarios for integrated care delivery network and (4) Identify key requirements for designing an integrated care network. 93 participants were included in the phase 1 and 2 of the study. A qualitative content analysis of the narrative interviews based on the Corbin & Strauss model was done for mapping PwPs' trajectories. Three typical trajectories were identified: (a) the "unpredictable" trajectory, (b) the "situated" trajectory and (c) the "demanding" trajectory. Based on the analysis of patient trajectories, we were able to integrate the varied experiences of PwP into the design of an integrated care network. As our results reveal, bringing the experience of PwP into the co-design process is not just about being more "patient-centred", but placing the PwP's experiences goals at the heart of the design process.

Keywords: integrated care, Parkinsons' disease, co-design, narrative interviews, patient's trajectory

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Social interaction and cognitive processing in dementia

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Socio-pragmatic processing is a complex feature of human communication that is underpinned not only by social knowledge and experience, but also by underlying cognitive systems such as attention, working memory, and declarative memory. An individual's socio-pragmatic knowledge develops over the lifespan and is typically learnt through social interaction. Patterns of communication are behaviorally reinforced over the individual's lifetime such that some forms of talk become formulaic or habitual in nature (e.g., phatic communion). Given its' habitual use it is likely that formulaic language utilizes different cognitive processing mechanisms than propositional language and therefore may not represent the same interactional or cognitive processing load.

Cognitive limitations associated with dementia may affect an individual's ability to comprehend the verbal content of a conversation but more importantly these limitations impact crucial elements of an interaction (e.g. recognizing interlocutors or the purpose of the interaction). Qualitative studies published in the past decade suggest that individuals with dementia are often adept at using phatic communication resources (e.g., small-talk or politeness tokens) to sustain interactions. Due to their formulaic nature, these particular linguistic forms may present a lower cognitive processing load than propositional talk. This presentation examines the function of formulaic tokens in interactions involving individuals with dementia suggesting that a lower processing load combined with paradigmatic flexibility accounts for their frequency. Rethinking our approach to factors that are typically considered 'given' in social interactions has implications for both professionals and familial caregivers when interacting with people with dementia.

Keywords: dementia, cognitive processing, social interaction, formulaic, qualitative

Acting like a Doctor: A Qualitative Evaluation of Theatre Skills Workshops for Medical Students and Junior Doctors

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Background and Rationale: In many countries around the world, medical students and junior doctors describe workplace mistreatment ranging from teaching by humiliation to outright and sometimes extreme bullying and harassment. This negatively impacts learning and workforce retention as well as doctors' mental health and wellbeing. Theatre workshops, focused on embodiment, self awareness and skill development rather than role play or simulation, have been posited as a creative way of building professionalism and improving communication skills generalisable to a variety of interpersonal situations.

Methods: Three hospital-based *Grace under Pressure* theatre skills workshops for medical students and junior doctors were evaluated using a qualitative approach of semi-structured audio-recorded phone interviews. 12 participants were interviewed in total. The data was then analysed using inductive thematic analysis, identifying key words, phrases and themes.

Results: Three themes emerged, each exploring how participants understood what it meant to 'act as a doctor' and the value of the workshops for professional development. Firstly, participants reflected that acting like a doctor primarily meant acting within a hierarchy. Secondly, workshop activities exploring status equipped participants with tools to recognise, and improve resilience to, workplace mistreatment. Lastly, participants found such activities generalisable to a range of scenarios and for improved relationships with colleagues.

Conclusion: Theatre skills workshops provide tools for enacting medical professionalism for students and junior doctors and have a role in combating workplace mistreatment.

Keywords: professionalism, workplace mistreatment, bullying, theatre and acting, embodied learning

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Building Ethical Professionalism with Acting Skills Workshops: The Theoretical Framework for *Grace under Pressure*

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Introduction: Good collegial communication and professional workplace behaviour are both crucial for patient safety and for the wellbeing of clinicians. Yet extensive evidence in several countries has established that many clinicians experience mistreatment and poor workplace behaviour from colleagues, and that this contributes to the significant levels of mental ill-health found in clinical workforces. Existing reporting and remediation systems have not reduced the problem. Therefore, culture change in healthcare workplaces is important.

Junior staff are especially likely to both experience poor workplace behaviour - and then in time, to reproduce it. Our research question was, how could we design a novel, positive intervention that could provide junior staff with immediate tools to ameliorate this situation and prevent its eventual reproduction, without placing the responsibility for change on those with least power to effect it?

We developed one creative response to this issue, the use of designed acting skills workshops that avoided role play and used non didactic and embodied practices to strengthen participants' ethical professionalism. The workshops have been very positively evaluated by participants.

In this presentation we report on the theoretical framework that informed the design of the workshops. Its innovations were the outcome of a critical dialogical approach that enabled interdisciplinary collaboration.

Methods: Our primary method for developing an interdisciplinary, creative-arts based approach was iterative and dialogical (Farias et al, 2018). This stance enabled productive discussions from our multidisciplinary team, which included scholars from psychiatry, education, philosophy, nursing, medical humanities, critical sociology, population health and applied theatre.

Results: We developed four propositions to underpin our theoretical framework:

1. That workplace communication and interaction can be understood as micro systems, allowing for any change in input to affect the dynamics of the system
2. That the development of ethical professionalism required complex moral growth, well captured in the psychological construct of 'differentiation of self', the ability to maintain a strong sense of self in the midst of uncertain circumstances and intense emotional relationships (Beebe and Frisch, 2009)
3. That embodied practice was a key tool for increasing self awareness, reflexivity and as a result, differentiation, which we hypothesized to be of particular importance for our participants, as result of the enormous emphasis on purely cognitive performance and capacity in their training
4. That 'acting the role' of doctor could be pursued authentically and as an embodied practice.

'Enacting professionalism' is a theoretical framework that integrates these propositions. We theorized that professionalism would develop as an emergence from the embodied and interactive practices used by each individual to authentically perform being a doctor. Drawing from techniques used by professional actors to authentically develop a stage role, we hypothesized that enacting professionalism would improve reflexivity, increase capacity to communicate effectively, and support differentiation in professional development.

The workshops that we developed applied this framework through the use Boalian theatre-for-change techniques to encourage self awareness, and to facilitate insight into the dynamics of interaction.

Discussion and Conclusions: The theoretical framework of 'enacting professionalism' was the successful product of an interactive, interdisciplinary process. This rich theoretical framework provides a basis for positive training programs that can achieve improved professionalism and support culture change in healthcare workshops. Empirical evaluation (reported elsewhere) provided proof-of-concept for the *Grace under Pressure* acting skills workshops. This approach underscores the value of process-focused creative arts components to medical humanities programs in medical education, in line with findings from theatre-based approaches in the UK and India.

Keywords: theatre and acting, professionalism, communication systems, microethics, embodied practice

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‘It Would Be Crazy to Believe us without Evidence’: A Corpus Analysis of Online Support for Sufferers of Gangstalking

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Background: Gangstalking is a novel persecutory belief system in which sufferers believe they are being stalked and harassed by a large number of people. In clinical practice, sufferers are frequently diagnosed with psychotic illnesses. Gangstalking sufferers typically reject this diagnosis and seek support from like-minded others in online forums. Despite growing public interest, little is known about the nature of this condition nor the information circulated among sufferers online.

Methods: We collated a 225,000-word corpus of postings to a large online support community for gangstalking suffers, who self-identify as ‘targeted individuals’/’TIs’. The data was examined through corpus-based discourse analysis, a mixed methods approach that combines statistical and qualitative analyses of salient features in large datasets. Specifically, we combined keyword and collocation analyses with the manual examination of concordances to identify the discursive and rhetorical practices of TIs.

Analysis: The analysis reveals a discursive contest between two opposing worldviews in which gangstalking is either a widespread, coordinated system of persecution or a form of psychiatric disorder. In this paper we focus particularly on the first position, illustrating the linguistic means through which TIs represent gangstalking as a real phenomenon. We also demonstrate how TIs strategically attribute mental illness to community members whose accounts are deemed too extreme, thereby legitimising their own claims about the reality of gangstalking.

Conclusion: TIs’ linguistic practices co-construct an internally coherent persecutory belief system that explicitly rejects psychiatric intervention while offering support for sufferers. We conclude by examining the implications of this for clinical practice and the links between gangstalking and other online conspiracy theories.

Keywords: corpus linguistics, eHealth, gangstalking, online communication, schizophrenia

Using Tailored Digital Health Communication to Address COVID-19 Vaccine Hesitancy

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Vaccine hesitancy (e.g., delays in acceptance or refusal of vaccine) could be a significant factor contributing to under-vaccination during the COVID-19 pandemic. In this context, primary care providers (PCPs) could have an important role to play in addressing COVID vaccine hesitancy due to their longitudinal relationships with patients based on trust and their ability to tailor their communication to specific patients' concerns and priorities. Various studies highlight that vaccine hesitancy has numerous socio-psychological, cultural or demographic root causes and is not simply a lack of information. Therefore, the development of tailored health communication is crucial in implementing an effective communication strategy to build trust in vaccinations and encourage vaccine uptake in different populations. The purpose of the study is (a) to identify COVID-19 vaccination information needs for different groups of patients and (b) to develop tailored digital health communication that PCPs can send to their patients to address vaccine hesitancy. To do so, a system called the Canadian Primary care Information Network will be used by PCPs to send electronic messages to their patients. We will use a mixed method, involving surveys and focus groups with vaccine-hesitant patients. Based on findings from the surveys and focus groups, we will design tailored digital health communication and will send monthly electronic messages to patients followed by a short survey. Following an iterative process with patient feedback, we will monitor the performance of the messages in real-time (e.g., identifying changes in information needs and attitudes towards vaccination) and adjust subsequent messages accordingly.

Keywords: vaccine hesitancy, COVID, tailored messages, digital health communication, mixed method

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Co-production in Public Health Protection

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Official guidance and subsequent regulations on COVID-19 communicated varying messages about social distancing, with decreasing compliance amongst some groups. The initial clear ‘2 m rule’ was reduced to ‘1 m plus’ in England, causing confusion. Following our BMJ publication proposing a ‘Safer at 2 m’ lapel badge to prompt effective social distancing, an overwhelmingly positive response inspired our national social media survey around self-identification with a recognisable symbol on a badge/pin. Results of the survey were published in Anaesthesia News (October 2020 Edition).

Feedback of these results through open iterative communication with several charities led to Welsh Government engagement and support of the co-production of the Distance Aware initiative. It enables polite prompting to others to maintain social distancing wherever possible, communicated through use of repetitive accessible symbolism. Options include an individual lapel badge, a lanyard or, at an organisational level, the symbol displayed as posters.

The initiative is open to all who wish to self-identify/show support for signalling respect for other people’s protective physical space. The symbol is not an indicator of underlying illness, nor does it ask or require anyone to label themselves as “vulnerable”. By communicating a prompting message, it reflects the wider societal need to maintain social distancing measures going forward.

There has been overwhelming support from individuals and organisations, including at Government level, with uptake in access of 750,000 badges and 40,000 lanyards. Co-production in designing the symbol helped ensure clarity, consistency and engagement in public health messaging, countering the inevitable message-fatigue over time.

Keywords: co-production, COVID-19, public health

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The Ethical Aspects of Educative Videos in Training Communication Skills of Health Care Practitioners

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Multiple studies have shown a high effectiveness of educative videos in blended learning (Kay, 2012; Allen and Smith, 2012; Lloyd and Robertson, 2012; Rackaway, 2012; Hsin and Cigas, 2013). This paper will present the most common language registers used by health care practitioners with the aim to improve their professional communication. The training of communication skills was carried out at the Faculty of Pharmacy of the University of Belgrade, from February to May 2020, within the English Language Course for Specific Purposes. It implied an introductory step, where the students had to take an insight into the ethical criteria and linguistic registers used by health care practitioners in their professional communication by following the educative videos designed in particular to introduce medical students to these aspects. The next step included several joint sessions with the ESP teacher focused on several outcomes: 1) the evaluation of students' observations; 2) the identification of linguistic registers commonly used by health care practitioners; 3) an introduction to systematic approaches recommended for communication grounded in empathy and assertiveness. In the final step, the students had role-playing sessions based on the management planes for communication presented in the educative videos. After the training, the students showed improved language skills and high assertiveness in professional communication.

Keywords: professional communication, medical videos, improved assertiveness, health care, empathy

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Communicating ‘Trust’ and ‘Freedom’ in Headlines During COVID-19

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Since the beginning of the COVID-19 pandemic, serious concerns have been raised around the globe regarding ‘trust’ in authorities, scientific protocols, and issues of personal ‘freedom’ and basic human rights. Conspiracy theories, protests, against the imminent decline of local and global economies make the job of communicating risk and necessary actions such as requiring vaccination, a global challenge. Researchers and health psychologists have addressed issues of uncertainty, and risk communication (Speigelhanter, 2017; Berry, 2004) as these play a key role in appropriate health messaging during Covid-19. Siegrist and Zingg (2014) address the role of public trust in pandemics for taking preventive measures, but also in making key decisions such as getting a vaccine. A brief overview of Earle, Seigrist, and Gutscher (2012) Trust, Confidence, and Cooperation (TCC) model of cooperation will be presented. Commonalities or salient values of risk perception can include public health and economic aspects, as these relate to trust research overall. These themes in turn may help policy and planning officials better understand effective communication and increasing population health literacy (Kickbusch, Pelikan, Apfel, & Tsouros, 2013).

A bibliometric study utilizing Google Trends (Mavrogani & Ochoa, 2019) aims to identify major themes of “trust” and “freedom” associated with the COVID-19 related pandemic, by examining newspaper headlines for year 2020, in the English and Greek language. Findings showcase several challenges faced by both healthcare providers and governments in advancing necessary steps and ‘agendas’ for controlling pandemics, as population-wide messaging found in social marketing campaigns suggest. Building health literacy, rebuilding local economies in the face of these complexities related to this large-scale event termed a ‘global pandemic’ take precedence. Messaging needs to involve behaviorists, public health personnel, media experts, cooperatively with government officials in building trust as it continues to be an ongoing ‘battle’ of the perceived risk of losing personal freedoms or individual human rights.

Keywords: risk perception, COVID19 pandemic, health literacy, trust, media headline samples

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Online Pregnancy Nutrition Information Seeking

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Health information-seeking, critical in heath decision-making, has added significance for pregnant women as they make decisions related to their new life situation. Pregnancy is a time of increased nutrition awareness as women encounter complex decisions and new responsibilities for themselves and the wellbeing of the developing baby. For a majority of pregnant women the Internet is a major source of information and an integral part of their decision-making on pregnancy-related topics. While technology provides easy access to vast amounts of information for pregnant women, scholars argue that its accuracy and credibility may be difficult to judge, making it ill-designed for decision support. The limited time to make nutrition decisions during pregnancy compounds the anxiety over validity of the information. Potentially under- or mis-informed and/or anxious pregnant women are a major concern for maternity service providers since these conditions inhibit pregnant women's ability to receive maximum benefit from their maternity service encounters. Few studies have specifically studied online health information-seeking behaviours regarding nutrition-in-pregnancy. Moreover, the perception of the reliability and evaluation of nutrition-in-pregnancy internet information has been under-researched. Our research purpose is to understand how pregnant women search for, select, and assess the relevance and validity of, online information regarding nutrition-in-pregnancy. Here we report this research as work-in-progress.

While online content regarding nutrition-in-pregnancy is accessible and relatable, problems exist with information inaccuracy, contradictory advice, and lack of specific recommendations. The present study examines autonomous internet information search by pregnant women regarding nutrition-in-pregnancy, particularly regarding information management and assessing trustworthy sources.

Keywords: health information seeking, pregnancy nutrition, Internet, maternity service providers, decision making

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Accounts of Ambiguous Loss by Dementia Family Caregivers

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Caregivers for relatives with dementia often experience 'ambiguous loss' (Boss 1999), that is, uncertainty of their loved ones' psychological existence as certain types of people, which brings about their emotional distress and confuses family relationships. Although well-documented in the professional literature (e.g., Boss et al. 2017; Dupuis 2002), the concept and its actualization in moment-by-moment interaction has not yet been adequately addressed. This paper examines how a sense of ambiguous loss with the ensuing relational ambiguity caused by a relative's dementia is discursively constructed by family caregivers in a research interview.

The tools of conversation analysis (CA) and membership categorization analysis (MCA) are applied to a thirteen-hour corpus of audio-taped interviews with US-based family caregivers to explore their accounting practices. Considering the interview as a co-constructed social interaction and the local embeddedness of the produced data (Rapley 2001), the analysis illuminates the processual trajectory of ambiguous loss and its discursive encoding through an explicit or implicit use of disjunctive category sets (Jayyusi 1984) such as (1) 'stranger' and 'relative', (2) '(mentally) absent' and '(physically) present' or (3) 'dead' and 'alive' to categorize a person with dementia. The configuration of the categories in these dyads as exclusively (either/or) or inclusively (both/and) usable can point to caregivers' (in)ability to tolerate ambiguity and balance two polar categorizations of their loved ones at the same time. The analytical framework of MCA also helps to qualitatively unpack situated meanings attributed by caregivers to loss situations which destabilize certain taken-for-granted expectations regarding their relationships with ill relatives and cause their emotional turmoil.

Keywords: dementia, ambiguous loss, family relations, conversation analysis, membership categorization analysis

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Effective Online Learning for Decisions about Life Sustaining Treatment

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Introduction: Prolonged Disorders of Consciousness [PDoCs] is an umbrella term for three conditions – coma, the vegetative and the minimally conscious state. Legal and ethical questions arise about whether or not these patients would want life-sustaining treatments [LST] and what is in their Best Interests. Our research at the Coma and Disorders of Consciousness Research Centre highlighted urgent training needs for healthcare professionals – particularly in decision-making about LST (Kitzinger and Kitzinger 2016;2018 Wade and Kitzinger 2019).

Methods: We developed an online course combining online self-study with virtual seminars. The course covered a wide range of care issues but included modules focused on the legal and ethical components. Evaluation consisted of formal interviews with learners (n=10) and feedback forms (n=66) on completion.

Results: In total 222 people registered for access to the whole courses and 66 completed all the learning sets (a typical completion rate for a free online course, particularly gratifying given the course involved 16-32 hours of learning time and was disrupted by Covid-19). Learners who completed the entire course came away with a clear focus on the weight that should be placed on the patient's own wishes, had reflected on their own values and identified specific plans to improve practice including using decision-making flow charts, initiating regular best interests discussions and developing better protocols for patients to be referred for further assessment and Best Interests review.

Conclusion: An online course can attract an extensive range of healthcare professionals and deliver significant learning outcomes leading to planned changes to practice in this challenging area of decision-making.

Keywords: brain injury, life sustaining treatment, e-learning, continuing professional development, decision-making

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Does Responding to Emotional Cues Influence Medical Student's Clinical Communication Performance in Qualifying Exams?

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Objective: Despite evidence linking effective doctor-patient communication to positive patient outcomes, few studies have explored the relationship between medical students' clinical communication ratings in qualifying exams and how they respond to emotion in those simulated exams. Using a reliable and valid micro-coding tool, the objective of the study is to explore the relationship between medical student's responsiveness to emotional cues and their clinical communication examiner ratings.

Methods: Within the simulated exam setting, a cross-sectional study design explored the relationship between medical student's clinical communication examiner ratings and their responsiveness to simulated patient (SP) emotional cues. Students clinical communication examiner ratings were collected. Medical students were also filmed to micro-code their responsiveness to SP emotional cues with the Verona Consensus Coding Scheme (VR-CoDES).

Results: For the sample of 37 medical students, a significant positive correlation with a strong effect (r = 0.51, p =.001) was found between medical student's clinical communication examiner ratings and their responsiveness to emotional cues. Statistical analysis found that the sample of 37 medical students was representative of the larger medical school cohort (n= 518) in terms of gender and age.

Conclusion: Clinical communication examiner ratings in qualifying exams could differentiate between students who adopted patient-centred facilitative behaviours (responding to emotion) and those who did not. Future research is required to explore the relationship between medical student's clinical communication performance in qualifying exams and their responsiveness to patient emotional cues in the clinical setting.

Practical implication: Given replication of findings, medical students should be taught and assessed on clinical communication largely consistent with the current curriculum. Medical students should also be provided with training opportunities (such as video footage) to increase emotional cue-recognition and responsiveness.

Keywords: medical students, clinical communication, emotional cues

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Theorising Anticipated Shame in Medical Professional Identity Formation

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Developing a mature, internalised professional identity (PI) in physicians-in-training is a fundamental outcome of medical education, but there is limited research on the relationship between PI and the affective experience of medical training. In recent years scholars have argued for the importance of including affective experiences, especially shame, in the discourse around medical training. Shame is highly prevalent in medicine and healthcare, and the question of how shame impacts PI is critical. Shame is further critical to interpersonal communication in medicine. I posit "anticipated shame" as a potent factor implicit in the narrative of developing a medical PI.

Medical school and training narratives reflect a strong sense of projection and anticipation around both shame and professional identity. Methodologically, I analyse the phenomena of shame and anticipated shame in medical PI formation through applying literary close reading and a hermeneutical phenomenology to medical memoirs by Drs. Perri Klass, Danielle Ofri, Elizabeth Lerner, and Damon Tweedy. The narratives are contextualised by a genealogy of shame and its relevance to medicine and medical training

Student doctor narratives such as the medical memoirs analysed here reveal the impact of shame during training, and the challenge of expecting to be shamed. Shame is an affect that arises when the self is confronted by the gaze, judgment, or awareness of another person, and can have profound impacts on identity and self-concept. Shame, and the anticipation of shame in student-teacher and trainee-patient interactions, can play a role in the process of developing a professional identity. The concept of anticipated shame offers rich ground to theorise the effects of affect in medical education, and how trainees internalise medical cultural values and then enter the field of clinical practice.

Keywords: shame, medical education, phenomenology, professional identity, medical narrative

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Systemic and Interaction Barriers in the Functioning of Patients with Prader-Willi Syndrome and their Families

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Prader-Willie Syndrome (PWS) is a group of birth defects caused by chromosomal aberration. The characteristic clinical picture of this rare disease (incidence 1: 10,000-1: 25,000 live births) includes: short stature, mental retardation, underdevelopment of the genital organs (hypogonadism) and obesity (1). The latter element is the most distinctive. The disease causes a constant and unrestrained feeling of hunger (hyperphagia). For this reason, its symptomatic treatment is aimed at maintaining a proper diet (2).

The problem of patients and their families related to PWS also affects other spheres: family and social relationships, work-life balance, often leading to the stigmatization of patients and their families (3).

As shown in our study, by the experience of caregivers of patients with PWS, hyperphagia and the problems associated with it, makes it difficult to obtain support available in the public system. The use of a diet often excludes patients from the education and treatment system. Caregivers encounter barriers related to the clinical picture of the disease, resulting from a lack of understanding of the nature of the disease and the method of its treatment.

The presentation for the conference includes the results of the study we conducted with groups of caregivers of patients with PWS. The result of the study is a list of systemic and interaction barriers faced by the families of patients and proposed solutions for them, which we would like to discuss.

Keywords: rare disease, Prader-Willie Syndrome, social system, interaction barriers

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Plausibility of Patient-centered care in high-intensity methadone maintenance treatment programs: Reflections from providers and clients

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Background: Clients with opioid use disorder (OUD) often have complex health care needs. Methadone is one of the medications for opioid use disorder (MOUD) used in the management of OUDs. Highly restrictive methadone treatment - which requires client compliance with many rules of care - often results in low retention, especially if there is inadequate support. Nevertheless, health care providers (HCPs) should strive to offer patient-centred care (PCC) as it is deemed the gold standard to care. Such an approach can encourage clients to be actively involved in their care, and ultimately increase retention and yield positive treatment outcomes.

Methods: In this paper, we aimed to explore how HCPs were applying the principles of PCC in the care of clients with OUD in a highly restrictive, biomedical and paternalistic setting. We conducted in-depth, semi-structured interviews with both providers and clients and applied Mead and Bower's PCC framework in data analysis.

Results: In this secondary analysis, we present how PCC's concepts of; a) biopsychosocial perspective; b) 'patient as a person'; c) sharing power and responsibility; d) therapeutic alliance and e) 'doctor as a person' - are applied in a medication for opioid use disorder (MOUD) program. We identified both opportunities and barriers to providing PCC in these settings.

Conclusion: In a highly restrictive MOUD program, full implementation of PCC is not possible. However, the aspects of PCC that are possible to implement result in client empowerment and engagement with care, possibly leading to an increase in retention and better treatment outcomes.

Keywords: opioid use disorder; health care providers; Canada; treatment outcomes; patient-centred care

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Older Adults' Online Social Engagement and its Impacts on Mental Health and Compliance with Social Distance Recommendations Following the COVID-19 Pandemic Outbreak: a Longitudinal Qualitative Analysis

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Background: Following the COVID-19 pandemic outbreak, many Americans began to seek out social interactions online; using Internet technology more frequently to recreate networks through which to exchange advice, resources and information. Unfortunately, research suggests that plugging into social interaction online may not be so easy for older adults given low Internet and social media penetration rates among adults aged 65+, fewer social connections online, and more limited familiarity with social media platforms.

Objective: To evaluate online social engagement among adults aged 65(+) in the US following COVID-19

Methods: Using novel longitudinal qualitative data from the six weeks following shelter-in-place orders in the US, we collected weekly qualitative survey data from 22 older adult social media users. Questionnaires were designed to document fluctuations in physical health, mental health and social media use along with participants' own perspectives on the role of social media in staying informed, connected and healthy.

Results: Using general inductive qualitative analysis, our data showed that older adults may not be as resistant to online social engagement as previous research would suggest. Our results yielded three themes: (1) Older adults are actively engaged in social media use, exhibiting active and purposeful engagement that buffered against stress. (2) Older adults serve as a bridge generation, engaging comfortably online with younger generations and offline with older generations, buffering them against pitfalls of persistent passive social media engagement. (3) Older adults exhibited patterns of social engagement in online environments that were less centered on content production and consumption, prioritizing one-on-one interactions.

The Choreography of Morning Report: Forming Community, Professional Identity and Socialization into a Clinical Department

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The morning report is one of the longest surviving practices in hospital history. Most studies of the morning report focus on the effectiveness of formal medical training, while a focus on social and communicative aspects is rarer. This study explores the social interactions and communication in morning reports. How do these influence the construction of professional identity and socialization into the community of the clinical department?

We used a qualitative explorative design with video observations of morning reports. Our data material consisted of 41 video observations from four different hospital departments. These were analyzed by use of the concept of choreography and with Positioning Theory as theoretical framework.

A key finding was that each department followed its own individual pattern. This order was not articulated but played out as an implicit choreography. Two different kinds of storylines unfolded in the different choreographed elements of the morning report: 1) Being equal members of the specialty and department, and 2) Preserving the community of hierarchy and the inherent positions.

Morning report can be seen as a choreographed community making. It unfolds as a 'dance' of repeated elements in a complex collegial space. Within this complexity, the morning report is a space for different kinds of positioning one selves and others as a collegial 'we', i.e. equal members of a department and specialty, at the same time as 'having a place' in a hierarchal community. Thus, morning reports contribute to creating a professional identity and socialization into the medical community.

Assessing Medical Terminology on Online Platforms

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Assessment can unquestionably be used as a perspective in a vast array of contents. Beside the traditional ways of assessing, the slowly emerging online assessment reached its peak due to today's pandemic situation. The focus here is on online assessment as a possible form of testing, examining different online assessing methods, namely gap filling, multiple choice, single choice and other exercises.

The present study is innovative, and its main target is to uncover the intriguing questions of online testing, especially in the means of Medical Terminology. The aim of the study is to enlighten the readers about the advantages and disadvantages of certain types of online test tasks and certain online assessing platforms (Quizlet, Quizmaker, Redmenta) in theory and also by a thorough experimental process.

Material and methods include surveys and online tests written in the subject of Medical Terminology taken by international students at the Medical School of the University of Pécs. The survey has questions regarding online tests, students' and assessors' attitude towards online tests, task types, validity and other issues, which truly have a huge importance hence today's situation around the globe. Beside the principal aim of the study, other issues of online assessment will be taken into consideration to gain a relevant picture of online testing. These areas include ability, context, discourse, competence, tasks, test developing, technology and the use of Artificial Intelligence. The study hypothesized that the students of the 21st century expect instant information in their online world but are they ready for online assessment as well? The study seeks answers for how to face the possibilities and difficulties in online assessment of Medical Terminology in the means of content, language and ability; intercultural differences in the attitude towards cheating; problem of guaranteeing safe individual work; the question of time limitations and controlling processes and the methods of test preparation and evaluation.

Keywords: competence, control, evaluation, medical terminology, online assessment, test developing

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Brokering of Communication Between Deaf Parents and Healthcare Professionals: The Experience of Young Hearing People in the UK

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Child language brokering (CLB) is the 'informal interpreting' carried out by children in migrant families. CLB occurs in a wide range of contexts, which can be considered as low-stakes (for friends, neighbours or siblings); everyday (occurring very frequently); or high-stakes where the health and well-being of the family depends on the accurate interpretation of the language broker (Anguiano, 2018). Sign language brokering (SLB) has also been found to occur in a range of contexts by deaf or hearing heritage signers, including healthcare (Napier, 2017) and is considered a normal, cooperative part of everyday life in a deaf-hearing family (Napier, in press/2021).

This paper will present findings from a study with young hearing people who have deaf parents in the UK, and their experiences of brokering communication between their parents and healthcare professionals in British Sign Language. Semi-structured interviews were conducted with 12 young people aged 16-25 years old throughout the UK. The goal was to explore hearing heritage signers' attitudes, feelings and views towards SLB; the impacts they perceive that SLB has/had on them; their differences in their experiences of SLB in healthcare settings, and what factors influence any differences. We will provide an overview of findings focused around key themes: feelings of pride and pressure; insider and outsider status; conflicting roles; autonomy, dependence and independence; choice and expectation; and perceptions of high or low stakes brokering. We will conclude with recommendations for how healthcare providers can better address the needs of deaf patients and their hearing children.

Keywords: child language brokering, sign language, healthcare, deaf parents, heritage signers

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It's not just about the Interpreter: Training Medical Students (and Healthcare Professionals) for Interpreter-mediated Interaction in Healthcare

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Effective communication is central to providing safe, quality healthcare for patients and to minimise medical errors that can have an impact not only on patients, but also on healthcare professionals. Using interpreters does not guarantee effective communication as interpreter-mediated interactions are not just about the interpreter, but are co-constructed activities in which participants engage jointly in understanding and inter-act to achieve acceptable outcomes (Turner/Merrison 2016). In the context of communication in healthcare settings, interpreters' interactional moves interplay with those of both medical practitioners and patients in complex sequences of interdependent actions. Drawing upon a growing body of linguistic research on medical interpreting as a co-constructed activity (see, for example, Angelelli 2018) and in the belief that all members of this triad can promote, or hinder, effective communication, this paper focuses on the training of Italian medical students on how best to work with non-Italian-speaking patients and interpreters. After presenting international examples of separate (Baraldi/Gavioli 2019) and joint training (Kristallidou et al. 2018), the authors will introduce the Erasmus+ ReACTMe (Research & Action and Training in Medical Interpreting) project the proposal stems from and some of the project's preliminary results. The authors will then reflect on key elements and guiding criteria to design a series of training sessions for Italian medical students. The aims are threefold: to raise awareness among would-be healthcare professionals of how talk in interaction is jointly constructed and of the increased complexity of doctor-patient conversations involving additional participants (whether interpreters or patients' relatives, or even both); to improve recipient-design of medical students' talk, both when addressing non-Italian-speaking patients directly and when communicating through an interpreter; and to stimulate reflection and discussion on intercultural communication in healthcare settings and on how medical and linguistic professionals can cooperate, responsibly and ethically, to achieve the desired goals of medical encounters.

Keywords: Healthcare, medical interpreting, interpreter-mediated interaction, ReACTMe

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Person-centredness: Exploring Social Actors Representation in Current and Future Healthcare Professionals' Interactions with Patients / Clients

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Despite multiple conceptualisations of patient- or person-centred approach (Eklund et al. 2019), most studies converge on the importance of communication for patient-/person-centredness (Bensing et al. 2000) adopting sociological, psychological, linguistic and educational perspectives. This study adopts a sociolinguistic perspective and analyses social actor representation (nomination and categorization, van Leeuwen (2008)) and the role of question forms associated with different roles and interaction control (Berk-Seligson 2009: 111-112) in Professional-Patient/Client interaction.

The research goal is 1) to explore convergent and divergent social actor representation dynamics and 2) to analyze the use of different question forms a) among different healthcare professionals (nurses, midwives, physiotherapists and exercise physiologists) and b) among acting and future healthcare professionals (international students-interns). The study is informed by the ethical-philosophical concept of "personality" as inseparable from a person's proper name (#HelloMyNameIs). Research on the use of questions for professional communication (Berk-Seligson 2009) is part of the analytical toolkit, too.

The data are collected using a bilingual ad hoc questionnaire and distributed first to a small group of subjects for the pilot study, to evaluate the reliability, validity and repeatability of the questionnaire, and then to a larger population. The analysis is carried out in a quanti-qualitative way, combining methods of survey research and sociolinguistics (van Leeuwen 2008). Data are analysed for correlations, if any, between such factors as 1) the career status (acting professionals or students) and the naming strategies; 2) the specific profession and the naming strategies; 3) the career status (acting professionals or students) and the choice of questions; 4) the specific profession and choice of questions.

Since there is an inconclusive debate as to when the university curricula should introduce specific training focused on communication skills and competences for students in the health professions (Hudson et al. 2016), the project has applied value for universities offering study paths in health sciences.

Keywords: professional-patient interaction; person-centredness; question types; nomination; categorization.

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Oralizations in E-mail Consultations: A Study of General Practitioners' Use of Non-verbal Cues in Written Doctor-Patient Communication

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It is well-known that non-verbal cues are essential in doctor-patient communication. Recent digital and written forms of communication make it pivotal to explore the role of non-verbal cues. One more recent genre is the doctor-patient e-mail consultation. Research has found that while patients like e-mail consultations, they also miss facial expressions, eye contact, etc. In this study, we explored whether GPs use oralizations when writing e-mail consultations to their patients, and if so, in what way. We analysed 633 e-mail consultations written by 22 GPs. We applied the concept of oralization, which includes the use of emoticons and non-standard use of grammar and spatial arrangement. We found that the dominant types of oralizations were non-corrected spelling errors and lack of attention to capitalization. Overall, GPs used a limited number of other non-verbal cues. From our data, we argue that there is an incoherence as to whether the e-mail consultation demands a formal or an informal communication style. GPs are thus forced to rely on their own intuition when writing e-mail consultations.

Keywords: e-mail consultation, general practice, doctor-patient communication, non-verbal cues, oralization

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A Corpus Based Linguistic Analysis of Medical Informed Consent Forms in Plastic Surgery: Adapting Practice

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Pre-operative medical consent forms are “an important part of medical ethics and international human rights law” (NHS, 2020). Discursively, the main register is legal while the specialised interdisciplinary lexis (Bhatia, 2014) is a mixture of medical terminology intertwined with legal jargon. They outline potential risks and expectations while adhering to the healthcare professional’s legal obligation (Berg et al., 2001). Indeed, in light of the recent health pandemic, adapted COVID-19 consent forms have been produced.

Consent forms are distributed to patients via the expert speech community member (Sala, Maci & Gotti, 2015), i.e. the surgeon. They encompass elements of both professional and institutional discourse (Sarangi and Roberts, 1999) and can be interpreted as extremely hybrid and complex texts.

Despite studies into the dissemination of informative healthcare discourse addressed to the lay public (Sala, Maci & Gotti, 2015), decision-making and knowledge distribution modes (Sarangi & Roberts, 1999), few interdisciplinary studies exist on informed consent for surgery.

The corpus under scrutiny comprises a written corpus of 22 informed consent forms prior to plastic surgery and a spoken corpus of recorded semi-structured interviews with plastic surgeons collected from both public and private sectors in Cambridge, UK and Miami, USA.

A sociolinguistic qualitative and quantitative twofold analysis (Baker, 2010) will be carried out of the two major diatopic varieties of English employing corpus-based software in order to identify and analyse previously selected lexical and pragmatic features. The analysis aims to reveal the key features of the consenting process on both a written and spoken level.

Results are expected to reveal interesting linguistic patterns in terms of interdisciplinary ethical representation, information dissemination and implications.

Keywords: medical discourse, corpus-based linguistic analysis, informed consent, plastic surgery, interdisciplinary ethics

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Internet and Ageing: a Latent Class Analysis

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This empirical paper deals with the digital implications of healthy ageing. Yet, growing concerns about Italy (as it is the European country with the highest percentage of the over 60's) raise questions on how the life of the elderly population might be shaped under the so-called "New-Normal" in the after COVID-19 era. Little is known about the digitalization of the Italian elderly and the space it occupies in their daily life. As such, the paper explores descriptively the diffusion of Internet use as a supportive tool for healthy ageing, the devices that mostly facilitate the Internet accessibility of the over 60's, as well as what type of activities are performed digitally by the elderly population. Based on an Exploratory Factor Analysis (EFA), we identified latent dimensions of 41 online activities, and based on the results, we created five indexes of digital connectivity: (a) Economic, (b) Transport & Accommodation, (c) Communication, (d) Leisure and (e) Daily Practical. Subsequently, these indexes of online activities were used together with various sociodemographic variables in a Latent Class Analysis (LCA), in order to test for the existence of discrete groups (classes) of elderly people with similar online activity profiles and associate them with key individual characteristics. Three classes of elderly people were detected: (a) Utilitarian, (b) Familiar and (c) Enjoyment users. The findings of the paper point that in order to avoid digital exclusion, it is needed to take precious care for the Internet involvement of the disadvantaged groups of the older population.

Keywords: aging, internet use, exploratory factor analysis, latent class analysis, Italy

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Scripting Patients for Communication Skills Training

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In medical schools across the globe, future clinicians participate in formative and summative simulated consultations with simulated patients (SPs), who are persons trained by medical schools to perform as patients (Nestel and Bearman 2015). “Scripts” are documents written by medical educators and issued to SPs that describe the patient to be performed and how that patient should communicate. Using discourse analytic approaches (Tracy 2016), I examine 12 scripts used for a practice exam at a medical school in the United States. Scripts are a genre constitutive of communication skills discourse (Smith 2001) that conceptualize communication via a container paradigm– objectifying patients as vessels of clinical information and bending medical students towards an imbalance of communicative responsibility (Krippendorff 1993).

First, scripts list basic diagnostic and demographic information, in that order (i.e., Differential Diagnosis and Patient’s Name), which prioritizes medical phenomenon over humanity and further characterizes patients based on gender, age, and occupation. Patients are “types of people” that contain concerns and problems and that physicians use “effective communication skills” to extract and solve, regardless of the clinical situation at hand. Effective communication is illustrated in a two-column table with medical student’s questions on the left and patient’s answers on the right. Scripts imply how medical students ought to ask questions, prioritizing the retrieval of relevant “information” from passive patients, which cultivates an imbalance of communicative responsibility.

As such, scripts constitute orders of communicative practice that shape simulation-based learning and hold ethical implications for future medical practice. Because scripts are constitutive documents, they present an opportunity for medical educators to imbue them with rich humanity for medical students to engage in the process of becoming physicians. Scripts can also open the door for discussing the messiness of medical practice. Rather than writing scripts as “informing documents,” medical educators should consider their constitutive force as a site of possibility.

Keywords: medical education, communication skills training, ethics and communication, scripts, discourse analysis

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The Development of Future Doctors’ Personal and Professional Values at the Medical University

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To be a good doctor means, first and foremost, to be a decent person. The personality of the doctor plays a crucial role in their job performance. It is obvious that medical education cannot be limited by the development of students’ knowledge and skills, but it also should be aimed at their personal growth. One of the key aspects of doctor’s personality is their personal and professional values.

In order to enhance the influence of medical education on future doctors’ personal development, I have conducted a research that was devoted to the development of medical students’ personal and professional values. Within the framework of the research, I have developed a classification of doctor’s values, defined the approaches to students’ value development, determined necessary pedagogical conditions, selected proper methods and forms of value education. On this basis, the pedagogical technology of medical students’ value development was created and implemented in the educational process. The technology consists of five phases and is realized in value-based pedagogical conditions.

The technology was proved to be impactful and efficient through the experimental teaching that involved 230 students of Izhevsk State Medical Academy (Russia, Izhevsk). The teaching took place in 2019-2021 and was conducted in foreign language classes. Medical students expressed interest in experimental teaching and found it personally important for them. The technology was proved to be impactful and efficient through the experimental teaching that involved 230 students of Izhevsk State Medical Academy (Russia, Izhevsk). The teaching took place in 2019-2021 and was conducted in foreign language classes.

In the oral presentation, I would like to discuss theoretical basis of value education, present pedagogical technology of medical students’ value development and discuss the results of the experimental teaching.

Keywords: value-based education, medical students, professional values, pedagogical technologies, medical ethics

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Choice, Voice, and Co-production: EUROPA DONNA's Gift to Breast Cancer Patients

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The historical assumption that the patient is a supplicant in the European public sector health care systems is no longer generally true. Although it may have not completely disappeared, patients have increasingly been involved in their own health care since the idea of New Public Management swept through Europe in the late twentieth century (Dent, 2003), giving rise to organizations ready to fight for patients' "choice", "voice" and "co-production". Patient choice is the best known and probably the most widely implemented variant of patient involvement in health care across Europe (Coulter and Magee, 2003). Voice relates to the active involvement of patients on decision-making bodies related to health (e.g. Davies et al., 2006). Co-production describes how patients may individually or collectively engage in the delivery of their own treatments and services in partnership with doctors and other health professionals (Dunston et al., 2009). One such organization is EUROPA DONNA – the European Breast Cancer Coalition. Inspired by Umberto Veronesi and founded by Gloria Freilich in Milan in 1994, Europa Donna firmly established itself as Europe's first breast cancer advocacy organization. By analyzing the contents and linguistic strategies of the EUROPA DONNA Short Guide to the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis, this paper aims to highlight the way breast cancer patients have been empowered by having been given a choice, a voice and an active part in their own healthcare management.

Keywords: breast cancer, patient organizations, women, discourse analysis, corpus linguistics

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Assessing Immigrant Physicians' Listening Comprehension in Medical Encounters

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Speech production and especially fluency is often regarded as an indicator of language proficiency, whereas listening comprehension is easily overlooked. Yet, in patient–physician encounters the most important function is to convey information correctly both ways, which requires accurate listening comprehension and speech formulation from both patient and physician.

To assess listening comprehension of immigrant physicians, we analyzed patient–physician encounters from 30 physicians during their licensing procedure in Finland.

We observed situations where there seemed to be problems in the mediation of information between the patient and the physician. The problems can be described with two phenomena:

1. Misaligned word associations: physician catches one familiar word from patient's speech but can't catch the context and makes a guess based on their own lexical and medical knowledge.
2. Disregarding patients' speech turns: patient says something relevant for the diagnosis, but physician ignores it.

Both these phenomena are associated with low frequency words, colloquial or otherwise difficult expressions, and complex sentence structures in patient's speech, which leads us to believe that the underlying cause of problems is linguistic. Medical professionals tend to interpret these same phenomena indicating lack of medical knowledge. We argue that problems in listening comprehension can in fact lead the physician to ignore patient's speech, and thus many of the mistakes in patient encounter could be due to insufficient language skills, not insufficient medical knowledge.

We suggest that listening comprehension could be assessed through these two phenomena: misaligned word associations and disregard for patient's speech.

Keywords: L2, listening comprehension, medical encounters, professional language, language assessment

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Speech Act Impediments to Shared Decision Making during Diabetes Communication in Primary Care as a Client-Professional Encounter

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Though shared decision making (SDM) has been identified as a promising model for communication in health care encounters, its adoption has been limited by providers. A lack of SDM in health care encounters has been associated with decreased medication adherence, patient satisfaction and knowledge. Interventions to promote SDM in diabetes encounters have had mixed results. To change the authoritarian approach of routine diabetes encounters requires more specific identification of speech practices that obstruct SDM. A preliminary study recorded 180 Veterans speaking with Primary Care providers about their diabetes management. Using Elwyn's OPTION SDM scale and Makoul's SDM integrative model that identifies ideal components, these encounters were rated for SDM and examined closely. The OPTION scores were shown to be relatively low and qualitative analysis of the patterns of the SDM components were examined for 20 Veteran-provider dyads with lowest and 20 highest SDM scoring encounters (Define/explain problem; present options; discuss pros/cons; patient values/preferences; discuss patient ability/self-efficacy; doctor knowledge/recommendations; check/clarify understanding; make or explicitly defer decision; arrange follow-up). Patterns showed that SDM components associated with the patient's preferences, self-efficacy, understanding and engagement happened least. In a qualitative analysis, Hymes' Ethnography of Speaking framework developed to look at speaking events was used to examine specific provider speaking practices that created barriers to SDM. Findings show that ignored emotional cues, providerprominent message forms, task-driven content, act sequence, assumed rules for interaction, and unconfirmed patient interpretation shape the culture of the chronic illness medical encounter and offer specific points for intervention.

Keywords: shared decision making, communication, physician-patient relations, primary care, diabetes mellitus

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Assessing the Communication Strategies of Medical Products through the Looking Glass of National Advertising Standards Authorities

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In the various EU Member States, advertising of medical products is submitted not only to the scrutiny of legislative rules of national Parliaments, but also to self-regulatory rules set out by *advertising standards authorities,* i.e. private bodies that regulate advertisements to ensure that the information imparted to consumers is correct and that businesses compete fairly.

They are binding for agencies, consultants, media, sales houses and all of those who accept them by entering into an agreement or signing a contract for advertising. They are generally set forth in Codes and foresee special policies/guidelines in case of medicines, medical devices and health-related products.

In Italy, for example, art. 25 of the *Code of Advertising Self-Regulation* (2021) "**Medicinal Products and Curative Treatments"** states that: *"Marketing communication relating to medicinal products and curative treatments should consider the sensitivity of the matter and display the utmost sense of responsibility; it must also accurately reflect the details contained in the fact sheet summarising the product specifications. Such marketing communication should draw the consumer's attention to the need for caution in using the product, explicitly and clearly encouraging consumers to read the package warnings and advising against the improper use of the product. In particular, marketing communication relating to over-the-counter products should include the name of the medicinal product as well as the common name of the active ingredient; this latter information is not compulsory if the medicinal product contains more than one active ingredient or the communication is intended solely as a generic reminder of the product's name"*.

Moreover, the Italian Code foresees that marketing communication relating to over-the-counter medicinal products and curative treatments should not:

- suggest that the efficacy of the medicine is devoid of side effects or that its safety or efficacy profiles are due to the fact that it is a natural substance;
- claim that the efficacy of the medicine or treatment is equal to or better than others;
- suggest that a medical consultation or surgical procedure is unnecessary or lead consumers to make an incorrect self-diagnosis;
- exclusively or principally address children or lead minors to use the product without appropriate adult supervision;
- make use of recommendations by scientists, health professionals or persons well-known to the public, or refer to the fact that the medicinal product has been approved for sale, or improperly or misleadingly report certificates of recovery;
- compare the medicinal product with a foodstuff, cosmetic or other consumer product;
- suggest that the medicinal or the curative treatment can improve normal good health, or that avoiding a certain product or treatment can be harmful, unless the message refers to vaccination campaigns;
- use improper, misleading or frightening depictions of changes in the human body caused by disease or injury, or due to the effects of the medicinal product.

This contribution intends to provide a comparative law analysis that takes into consideration the various rules and initiatives developed nationally by *advertising standards authorities* in the field of medical products to assess different regulatory systems in the field of medical/pharmaceutical products advertising. Besides the Italian system, the investigation will consider the UK *Code of Non-broadcast Advertising and Direct & Promotional Marketing* (2010) (where *Chapter 12* is devoted to this particular issue), and the recently published “Guía para la publicidad de medicamentos de uso humano dirigida al público” (2019) in Spain. Sample cases will be briefly illustrated to show how self-regulatory rules set out by *advertising standards authorities* can help adopt ethical and responsible communicative strategies in the marketing of medical/pharmaceutical products.

The Ethics of Experiential Narrative in Medical Reviews

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The aim of this paper is to investigate the role played by narrative in a corpus of medical reviews published in specialised journals from 2000 to the present day.

The increasing degree of knowledge specialisation has generated the need to share discourse among experts and disseminate it universally, especially in those domains where research, discourse and ethical practice are interdependent (Garzone and Sarangi 2007), thus affecting the behaviour of a particular community and its professional education/formation. In this respect, medical discourse is an interesting example of how the acquisition of scientific knowledge among specialists creates 'shared knowledge'(Gotti et al. 2015), that may be personalised through an authoritative experiential approach reporting significant findings and clinical practice; accordingly, personal scientific experience may become a 'value' to be narrated or shared, and in some way, storytelling may be an 'ethical' resource anchored in the community of practice to achieve discursive reliability, engage cooperative scholarly participation and establish a clear research direction.

The linguistic strategies used in these texts according to the rhetorical circumstances are examined, through a corpus linguistics approach combined with discourse analysis, with a focus on narrative (Labov 2001). The reason for the analysis lies in the fact that the employment of narrative may variously personalize knowledge in the reviews, eliciting scientific acceptance and recognition through the discursive role of the texts as a repository of knowledge.

The findings may be related not only to the phraseology adopted within the scientific community which shares knowledge (Sarangi 2005); they may show the use of other communicative strategies which are quite unexpected in evidence-based discourse.

Keywords: experiential narrative, medical reviews, evidence-based discourse, knowledge personalization, communicative strategies.

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Metaphors in Stories of Communicatively Challenging Resident-Patient Encounters

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It is well-known that communication with patients can be seen as challenging by young doctors, e.g. residents. While some studies have focused on residents' experiences of communication challenges, to our knowledge, no studies have investigated the language residents use when describing such challenges. In this study, we explore the metaphors residents use when asked to share challenging communication situations. Metaphor has been the focus of research in a variety of health-related disciplines; here, we use it to gain an understanding of why these situations are seen as challenging. Methodologically, we draw on metaphor-led discourse analysis, which facilitates a systematic approach to the identification and analysis of metaphors in the empirical material. The material consists of 138 Danish residents' 259 narratives about communication challenges. We identified more than 600 metaphors used in connection with accounting for communication challenges with patients and their relatives. The metaphors are primarily driven by vehicles belonging to four different categories, namely: 'Location', 'movement', 'games and play', and '(military) battle'. We discuss the implications of these metaphors in relation to residents' conceptualizations of communication and challenges.

Keywords: residents, patients, communication challenges, linguistic metaphors, stories

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The effect of minimum wages on health in China

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The effect of minimum wages on health in China Since 2004 the employment regulations in China require that nominal minimum wages should be adjusted at least once every two years in all the provinces of this country. A minimum wage increase might have a positive impact on health through the channel of income or income distribution. However, it might also be adversely linked to health due to a worsening of working conditions (such as the request of higher productivity and/or more working hours). Thus, a priori, the net effect of minimum wages on health is uncertain. By using data from the Wave 1 of the World Health Organization (WHO) 's Study on Global Aging and Adult Health in China (2007-2010) in our study, we estimate this net effect. We use ten health and well-being domains (mobility, memory, learning, sleep, vision, pain, discomfort. depression and anxiety) as the dependent variables. Since such domains are self-reported and measured on a 5-point categorical scale, the issue of reporting heterogeneity might bias the results of our analysis (King et al., 2004). In order to address this issue, on the top of estimating standard Ordered Probit (OPROBIT) models, we exploit the "vignettes" questions which are provided in the WHO dataset, and we estimate Hierarchical Ordered Probit (HOPIT) models. We found that the real minimum wage is negatively and significantly related to several health outcomes.. These negative effects are mostly found for men, for employees in the private sectors and with a full-time contract. However, the magnitude of the effects is pretty small.

Keywords: minimum wage, health outcome, China, Hopit model, reporting heterogeneity

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Narrative Medicine's Response to the COVID-19 Pandemic: Virtual Group Sessions

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The COVID-19 pandemic has brought vast and unprecedented challenges. The rapid rise of patient cases has been accompanied by intense isolation, uncertainty, and grief. In an attempt to foster connections and offer opportunities for engagement and reflection, the Columbia University Department of Medical Humanities and Ethics adapted its close reading and reflective writing workshops for virtual space. In Spring 2020 the department launched a series of virtual group sessions (VGS), which were offered free of charge and accessible worldwide via Zoom. Each session, led by an interdisciplinary team of experienced narrative medicine facilitators, included the close reading of a text and a short prompted writing exercise.

This talk will discuss our experience designing and hosting VGS during the COVID-19 pandemic, including themes that emerged throughout the workshop discussions such as: addressing uncertainty, communication in spite of barriers, practices of deep listening and reflection, building community across time and space, witnessing and valuing others, personal and communal well-being, formulating one's values and mission.

Narrative Medicine began with the aim of fortifying the narrative competence of healthcare providers and quickly expanded beyond the clinical realm. Similarly, the VGS were constructed for frontline healthcare workers, yet soon became a gathering space for participants from a variety of occupations, cultural backgrounds, and timezones. To date, the initiative has offered 100+ sessions, in English and in a growing number of other languages. Each session, with an average of twenty people, includes a combination of returning and first-time participants.

Keywords: medical humanities, narrative medicine, virtual sessions, pedagogy and facilitation, community building

Analysing feedback and evaluating its value: The writing of CALD social work students

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International student numbers have increased in Australia in recent years and now account for almost a third of all university enrolments in Australia (AGDESE 2020). This trend is also observed in health care professional courses (Harrison & Felton 2013; Norton, Cherastidtham & Mackey 2018) including social work (Battaglia, Flynn & Brown 2018).

Culturally and linguistically diverse (CALD) social work students face a range of challenges including language issues and a lack of knowledge of local systems, cultural contexts and writing conventions (Ross, Ta & Grieve 2019; Ross, Ta & Oliaro 2019). Research suggests that social work student writing has declined in recent decades (Alter & Adkins 2001, 2006; Horton & Diaz 2011) with anecdotal evidence suggesting that international students' writing skills may further be lacking in the areas of embedded social work knowledge, values and ethics (Ross & Flynn 2019).

Universities are frequently blamed by the media for international students' lack of development in their communication skills (Arkoudis & Kelly 2016). One factor that could highly influence their learning is feedback (Hattie & Timperley 2007), however research suggests that students are generally dissatisfied with the quality of feedback (Quality Indicators for Learning and Teaching 2017) and there has been scant research on the quality of feedback provided to CALD students in graduate degree programs and their view of feedback.

This study examines the nature of feedback, students' experiences of that feedback and their perception of writing development throughout their two-year degree program. Participants were 11 CALD social work students at a large Australian university. Data consists of written comments provided on four submitted assignments for core units in two years and a semi-structured individual interview. This study concludes with a discussion of the theoretical, pedagogical and political implications of the findings for educators and policy makers.

Keywords: assessment feedback, perceptions of feedback, perceptions of improvement, process view of feedback, feedback literacy

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‘This Thing, This Monster within me That’s Attacking Me.’ Narratives of Cancer Patients and Care-givers, a Discursive Approach

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Reading and listening to experiences of living with cancer by cancer patients can be heart rending. Narratives of cancer patients and care givers express lived experiences of illness and taking care of the ill. Often, the experience sharing is done through the use of metaphors that label and describe the condition. These metaphors may have underlying discourses that could blur knowledge and understanding of the pain, pressures and maintenance of self- respect that those diagnosed with cancer and their care-givers have to constantly battle with. A phenomenological approach is to explore metaphors that are constantly used by those who share similar experiences: patients and care- givers for support and motivation. This study is underpinned by socio-constructionism, which views reality as being constituted through social interactions, and as a product of social discourses and practices. Drawing on Foucault’s practices of the self, through the panoptic gaze, the paper explores how cancer patients, survivors and care givers become agents of their own therapeutic regimes through a Whatssap group. It explores how group members internalize messages of risk and practice self-care, in doing so, it unpacks how self-knowledge and self-discipline may influence the self –efficacy of individuals. To this end, discourses will be examined to unpack underlain meanings attached to the disease. The ultimate aim of the paper is to motivate participatory communication approaches.

Keywords: metaphor, discourse, panoptic gaze, self-discipline, self-efficacy

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Research Involving Adults Lacking Capacity to Consent: Supporting Proxies to Make Ethical Decisions about Participation

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Informed consent is considered to be an autonomy-promoting requirement for research participation. However, adults who lack capacity to consent rely on proxy decision-makers to make decisions about enrolment on their behalf. Proxy consent raises a number of complex ethical, legal, and practical issues. The locus of proxies' moral authority, the ethical basis for their decisions, and their (in)ability to 'accurately' represent another's preferences and wishes have been challenged.

Proxies are responsible for making ethically and cognitively complex decisions and, as a result, many experience a decisional and emotional burden. These challenges contribute to the frequent exclusion of adults who lack capacity who are under-represented in research. Misplaced concerns about accuracy fail to take account of the requirement to make authentic decisions that arise out of their caring obligations. Alternative approaches are needed to ensure that proxies are supported to make decisions that are congruent with the values and wishes of person they represent.

Insights will be presented from recent research exploring the information that is communicated to family members about their role as proxy, the ethical basis for their decisions, and how families make authentic decisions that arise out of their caring obligations. A qualitative study has identified the informational and decision support needs of families acting as proxy, and a conceptual model has been developed. 'Decision aids' are increasingly being used to help patients making preference-sensitive decisions about their medical treatment. A novel decision support intervention will be presented which has been developed to support families to make informed, ethical, and authentic decisions. The intervention has undergone acceptability testing in preparation for an evaluation of its effectiveness. The intervention will be evaluated through a randomised controlled trial using 'SWAT' (Study Within a Trial) methodology where it will be nested within host trials that are recruiting adults who lack capacity.

Keywords: decisional capacity, informed consent, proxy, decision-making, decision support

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News on COVID-19 and the Duality of Social Functional Capacity

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The notion of 'social functional capacity' was introduced by the World Health Organization (WHO 1980) and it operates at two conceptual levels: 'micro' and 'macro.' The distinction was derived from Parsonsian sociology (e.g., Parsons 1951/1991) and especially from the work of Saad Nagi (1964). Nagi's individual and Parsons' society are homeostatic self-equilibrating systems. However, the underlying mechanisms between the 'micro' and 'macro' social functional capacities are still not known. Consider, one's social interactions are covered by the 'micro' (Simonen 2017) and participation in the society is represented by the 'macro.'

In this presentation, I investigate how the levels relate to each other. For that purpose, I collected news about the COVID-19 pandemic from online news sites during Spring 2020. The qualitative data (n=128) were analyzed using ethnomethodological and conversation analytic techniques (Francis & Hester 2004; Garfinkel 1984/1967).

It was found from the analysis of the data that the COVID-19 spreads between people ('micro') and that government policies ('macro') regulate and restrict social interactions ('micro'). While self-isolation and social distancing cause loneliness ('micro'), governmental authorities ('macro') encourage and promote communality that strengthen people's morale ('micro'). It was reported on March 31, 2020 that people over 70 years old cannot meet their relatives. The analysis suggests their social interactions were not hindered by their lack of physical fitness or mental capacity, but the power of governmental authorities encountered at the macro level.

Together, the duality of social functional capacity is demonstrated and discussed.

Keywords: COVID-19, social functional capacity, individual-society, news, EM/CA

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“You’re good to go”: A Critical Analysis of Discharge Interactions with Elderly Patients in an Australian Hospital’s Emergency Department

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Communication problems are a major contributor to poor outcomes for patients transferring from acute care in hospital to primary care at home, accounting for 41% of preventable hospital readmissions. As part of a three-year project in Australia on communication at hospital discharge in the emergency department (ED) of a large Australian hospital, we have used critical linguistic ethnographic methods to identify risk factors for re-admission and barriers to successful transitions of care for elderly patients, one of the high-risk patient groups. Our translational research approach involved many hours of interviews with clinicians and patients; observations of the ED discharge practices and audio and video recording of patient journeys through the ED, focusing in particular on the actual discharge consultations between the patient and the health care professionals. The recorded data were transcribed and results linguistically analysed.

In this paper we offer a critical analysis of sequences of interactions leading up to discharge recorded between patients and medical and nursing professionals in the ED. We link problematic communication practices to a culturally entrenched hospital-centred definition of discharge, focusing particularly on the implications of (1) the impermeable barrier between hospital and community; (2) the diffuse nature of discharge communication; (3) the absence of a social medicine approach to discharge. We explore whether and how linguists can contribute to improving discharge practices and, ultimately, outcomes for patients, carers and health service providers.

We will end with our recommendations on how to improve discharge communication practices in the ED and evidence-based communication strategy frameworks.

Keywords: healthcare, communication, translational, emergency, linguistics

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Narrative Medicine: A Reflective Writing Workshop Series for Interprofessional Healthcare Students at Thomas Jefferson University

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Narrative medicine (NM) teaches reflective writing and close reading to help healthcare professionals think critically about themselves and others to offer more effective and empathic healthcare [1, 2, 3, 4, 5]. NM has been successfully integrated into graduate, post-graduate, and interprofessional education. By providing a protected space for providers to voice their thoughts outside of clinical hierarchies, NM has the potential to improve interprofessional communication and relationships in clinical settings [6].

However, few reports of NM methods document the value of narrative exercises to facilitating collaboration and communication across students of different professional backgrounds. This study examines NM workshop effects on interprofessional healthcare students at Thomas Jefferson University, and the workshops' utility to achieving these aims: 1)supporting thoughtfulness, mindfulness, curiosity; 2)supporting the development and use of narrative in understanding lives and contexts of self and others; 3)improving interactions and communication with others in professional/clinical contexts; 4)supporting humanism and whole-person care (including self-care).

Analysis of data collected from a post-workshop questionnaire with several open-ended questions showed that a 3-month-long bi-weekly NM workshop series involving close reading, reflective writing, and sharing was successfully implemented in an academic setting and achieved the aims above. A qualitative data analytic coding process informed by grounded theory revealed that medical, MD/PhD, nursing, and occupational therapy students were empowered to give voice to and share with others their profound experiences with illness, trauma, and death. This empowerment, understanding of self and other, and interdisciplinary collaboration has the potential to transcend the workshop space and influence patient care and interprofessional teamwork.

Keywords: narrative medicine, interprofessional education, communication, medical humanities, reflective writing

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Narratives of Self-management, Transition and Empowerment in YouTube Accounts of Living with Mental Health Problems

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Studying how people talk online about their mental health problems ""offers a potent means of making sense of these experiences, attitudes and beliefs"" (Hunt and Brooks 2020: 2). Taking a narrative-pragmatic approach and drawing on the assumption that identity is socially and discursively constructed (Bucholtz and Hall 2005), this paper will investigate the function of narratives in Polish YouTube personal accounts of living with mental health problems. A qualitative analysis of the videos and their accompanying comments reveals the vloggers' active approach to the treatment and management of their mental health problems (Fox et al. 2005; Haldal and Tjora 2009). Sharing experience through self-disclosive and self-reflective narratives about an illness trajectory and symptoms has a therapeutic and educational value, as it promotes the sense of control and empowerment. The vloggers' narratives are often co-constructed through an intimate interaction with the audience in the comments sections.

Keywords: narrative, identity, mental health, self-management, YouTube

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Scripting the Context of Care: A Script Theory Approach to Patient-Centered Design in Health and Medical Communication

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Overview: Meeting the communication needs associated with medical environments requires an understanding of the contexts in which materials are used. Addressing this objective involves identifying and tracking the variables affecting uses of these materials in different settings. A guided application script theory can help address such situations and lead to more effective patient-centered design in health and medical communication.

Focus: Script theory views communication contexts as standard processes (i.e., scripts) humans use to move through their daily lives. These scripts contain variables that influence how individuals expect to access and use information in different settings. For these reasons, script theory has recently been applied to examine the contexts in which patients use health and medical information. These approaches note script theory can foster patient-centered health communication that reflects the contexts in which patients use materials.

Structure: This presentation would examine how script theory can facilitate patient-centered communication by:

– Overviewing script theory and how it assists with understanding contexts where individuals use materials;
– Explaining how script theory can guide the design of materials to enhance use by different audiences in health and medical settings;
– Noting how script theory can help researchers examine the contexts in which patients access and use health and medical communication materials;
– Using sample scenarios to illustrate how script theory can foster patient-centered design in different contexts.

Benefit: This presentation will introduce attendees to using script theory to design materials in ways that meet the communication needs and expectations of patients.

Keywords: context, cognition, design, script, usability

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Storytelling, Grief, and Memory

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Columbia University School of the Arts' Digital Storytelling Lab, in collaboration with Columbia's Department of Narrative Medicine, developed "Where There's Smoke," a story and grief ritual that mixes interactive documentary, immersive theatre and online collaboration to invite healthcare providers and others into resonant conversations about life, loss and memory, and to imagine how stories can be used to create empathetic healing spaces. Robert Weiler, father of storytelling pioneer Lance Weiler, was diagnosed with terminal colon cancer and the profound lack of empathy in his care and ensuing grief for the family, led Lance to realize that telling a straightforward story wasn't enough and so he created "Where There's Smoke". "Where There's Smoke" premiered at the 2019 Tribeca Film Festival where it was hailed as an "absolute can't miss" (Backstage), but when COVID-19 submerged the world in loss, uncertainty and isolation, Lance chose to reimagine the piece as an online experience. He further combined the piece with protocols of Narrative Medicine as provided by Deborah Starr, Ph.D. The piece traces a heartbreaking journey through end-of-life care and grief, fully embracing the aesthetic of grief as nonlinear and immersive; grief as an escape room with no escape. Participants sift through artwork, videos, and conversations and are provided with immersive moments for individuals, pairs/groups to have opportunities of self-revelation and unexpected shared intimacy. This is a deeply personal yet universally relevant narrative, which gradually reveals itself to be something more…the possibility of immersive storytelling to create space for empathetic healing, grieving, and connecting.

Keywords: grief, memory, digital-storytelling, healing, connecting

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‘Do you Want Us to Try?’: Ethical Implications of How Physicians Elicit Patient Preference in regards to Cardio-pulmonary Resuscitation

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Background: Making decisions regarding life-sustaining treatments in a hospital setting is a complex task. Based on a collection of 43 audio-recordings of hospital admission encounters, we employ conversation analysis to explore how physicians elicit patients’ preferences about cardio-pulmonary resuscitation (CPR), and how this impacts the delivery of autonomous and informed decisions.

Findings: Our analysis shows that when physicians refer to CPR as potentially relevant course of action (“Do you want us to resuscitate?”), they project CPR as the most valid option. This sets an expectation for patients to conform, which restricts autonomous expressions of patient preferences. On the other hand, physicians may also defer to the patient the responsibility of defining the relevant course of action, for example by using content questions (“what would you wish that we do?”), a practice which allows for more patient autonomy but benefits only patients who are already well informed. Our findings also show that explicitly referring to the relevancy of DNAR is a delicate task for physicians. Patients who are convinced of not wanting CPR overtly discuss this issue, even before physicians ask for their preference. These decisions are revealed as informed and autonomous; however, the basis on which such decisions are taken must be explored.

Conclusion: The way that physicians elicit patients’ preferences in regards to CPR has clear implications in regards to how patients are afforded with opportunities to make informed and autonomous decisions. This highlights the needs and opportunities for training as means of improving physician-patient communication on sensitive topics.

Keywords: conversation analysis, doctor-patient communication, decision making, CPR, autonomy

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A Bilingual Course for Medical Students on Doctor-Patient Communication

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The aim of this presentation is to give an insight into an innovative approach we have applied at the Faculty of General Medicine this semester. A new elective course was offered to medical students who attend our University either in the Hungarian or the English Program. We assumed that this bilingual course would create synergies, and the multicultural environment would enhance skills and abilities which go well beyond the realm of language acquisition.

The notion of bilingual education has extensively been in use for a considerable amount of time, and it is linked to other educational concepts such as Content and Language Integrated Learning (CLIL) or dual-language education. In our case, the subject matter (content) of the course is Doctor−Patient Communication, and the language of teaching, practising, and sharing information is either English (language immersion for Hungarian students) or Hungarian (language immersion for English-speaking students). Therefore, a two-way immersion (TWI) program has been created, which has already been in use in the US or Canada but is considered relatively new in Hungary.

The mixed language levels of the students, the fact that Hungarian students are outnumbered, and the present pandemic-forced remote teaching have made this pilot project both difficult and unique. Altogether, within these circumstances, I have found that peer teaching and role-playing as teaching strategies are especially effective. At the end of this semester, with the help of feedback questionnaires, we are going to assess the efficacy of this course.

Keywords: English for Specific Purposes, doctor-patient communication, bilingual course, two-way immersion, peer teaching

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Empathic Communication Skill Training in Medical Education

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Empathy plays an important role in communication between doctor and patient, which can facilitate treatment. Therefore, it is essential to develop not only communication, but also empathic skills of medical students through experiential role-playing at the Medical School. This study focuses on methods improving empathy of medical students in doctor (student) - patient (actor) simulated role-plays. The purpose of our research was to identify factors that promote the development and expression of empathy in medical encounters. We aim to investigate the language of clinical empathy: how medical students can use the language to build empathetic communication. The authentic case-based role-plays provide sociolinguistic tools for interactions (forms of greeting, formal and semi-formal introduction, ice-breaking small talk and personal disclosures) and for expressing empathy as well as reassuring the patient's emotions (identifying and acknowledging concerns and hopes). Participants are all medical students enrolling for the course 'Empathic and assertive communication in clinical practice' at the Medical School, University of Pécs. During simulation of doctor-patient situations one of the medical students plays the role of a doctor and a simulated patient (SP) plays the patient role. Other students take part as observers. Teachers of the course observe verbal and non-verbal communication of the students during doctor-patient interactions followed by the tutorial feedback helps develop students' empathetic abilities throughout the course. Our study demonstrates how empathic communication skills form more effective doctor-patient relationship, leading to greater patient satisfaction and better patient compliance.

Findings of the pilot online course will be reported.

Keywords: empathy training, language of empathetic communication, medical education, simulation, verbal and non-verbal clinical communication

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Shared Decision-making in Telemedicine: The Perspectives of Three Brazilian Patients

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Shared decision-making is an ethical principle upon which the doctor and the patient reach a joint understanding for the patient's care, assuming co-responsibilities in the patient's treatment (Mendes de Abreu 2017; Charles et al 1997). Telemedicine is defined as the use of computer mediated communication (CMC) in clinical practice (Dorsey & Topol 2016). In 2005, the WHO made telemedicine a priority for healthcare delivery. This project investigates how three rheumatologist patients assess their use of telemedicine in a private Brazilian clinic. The project examines how telemedicine can be used to facilitate the current practice of shared decision-making in clinical settings.

Initial data analysis indicates that telemedicine provides easier access to the doctor (direct access, less displacement, flexible time). However, patients state that there are disadvantages (telemedicine is more restrictive, there is no physical examination, there may be reduced attention, more errors may be committed). The study finds that it is best as a complementary assessment, and not a substitute. Also different perspectives of telemedicine may be related to patients' age, gender and profession.

The authors are an interdisciplinary group of physicians and a linguist. The research examines patients' assessments in an interview situation (Mishler, 1986) conducted over zoom. Data analysis uses an interactional sociolinguistic framework (Gumperz, 1982; Kendon, 1990; Rampton, 2017). It investigates what participants say, their topics, and how they state them, their footings or alignments (Goffman, 1981; Ribeiro, 1994) to inform an understanding about access, viability and significance of telemedicine in shared decision-making in clinical encounters.

Keywords: telemedicine, shared-decision making, rheumatology, interactional sociolinguistics

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The Empathic Communication Analytical Framework (ECAF): A Multimodal Perspective on Emotional Communication in Interpreter-mediated Consultations

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Background: Empathic communication is a crucial aspect of patient-centered care (Hojat, 2016; Mercer & Reynolds, 2002). In interpreter-mediated consultations (IMCs), interpreters and doctors' actions might compromise the co-construction of verbal emotional communication (EC) (Krystallidou et al., 2018; Theys et al., 2019). However, more research is needed to investigate participants' use of non-verbal resources which are the primary vehicle for the expression of emotions and important indicators in the perception of clinical empathy.

Objectives: To explore participants' use of gaze and body orientation (BO) when expressing, rendering or responding to emotion statements and how this might affect the co-construction of EC in IMCs.

Methods: We developed and applied the Emotional Communication Analytical Framework (ECAF) to a corpus of 3 video-recordings of real-life IMCs. The tool allows for the analysis of participants' use of speech, gaze and BO during EC in IMCs.

Findings: Doctors and interpreters used gaze and BO in coordinated actions that are in line with patient-centred communication models and benefit EC. As speakers, doctors and patients did not respond to each other's' visual cues, suggesting that their expressions of engagement might be lost and the co-construction of EC might be compromised. When interpreters introduce empathic statements on behalf of the patient, doctors and patients seem to interact more closely with each other by means of gaze and/or BO.

Conclusion: Our findings provide novel evidence that participants in IMCs co-construct EC by means of gaze and BO besides speech. Participants' non-verbal actions could help reduce the impact of interpreter's verbal adaptations on the co-construction of EC.

Keywords: Multimodal Interaction Analysis, healthcare interpreting, interpreted consultations, nonverbal communication, expressed emotions, language barriers

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Exploring Medical Consultations of Patients with Cataracts using Conversational Analysis

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Cataract surgery is one of the commonest elective surgeries performed. Surgery is usually recommended either when the visual acuity worsens below a certain level (commonly 6/12), or when it affects daily activities. This paper examines how patients diagnosed with cataracts react to doctors' recommendations for surgery and how doctors handle these encounters. The data comes from video-recordings of consultations with 98 first-visit patients (aged 55 or above) at a public, tertiary referral eye clinic in Singapore. The transcribed data was examined through the framework of Conversation Analysis. Among the 70 patients diagnosed with cataracts, 18 were recommended for cataract surgery or other treatments, while 52 of them were not recommended for surgery. In some cases, the diagnosis, recommendation, and the next course of action were pronounced in succession with little room for patient participation. Elaborations of the condition or treatment could be offered minimally or only after patients' expression of concern following the 'wait-and-see' recommendation. Some patients displayed understanding, but some appeared to be concerned - a handful of patients took the initiative to inquire about the medical rationale for no surgery, and a few expressed dissatisfaction that they would have to live with the blurry vision for an uncertain period of time. The study has implications for clinical communication and healthcare policy.

Keywords: conversation analysis, ophthalmology, cataract, doctor-patient interaction, treatment recommendation

Where Metonymic Schemes of Thought and Emotive-Affective Meaning Meet: An Online Medical Consultation Perspective

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Using a cognitive-pragmatic approach, this study investigates the link between metonymic schemes of thought and emotive-affective meaning in online medical consultation (OMC hereafter). Metonymic schemes of thought refer not to metonymic expressions but metonymic patterns of thought manifested in discourse. Little seems to be known about the metonymic-emotive connection. When emotive-affective force is considered in relation to cognition, we are in a better position to know how reception of emotion affects cognition and how cognition may contribute to emotion. In the context of health communication in general and online medical consultation in particular, the health seeker makes a medical inquiry because s/he feels uncertainty and exhibits varying degrees of anxiety. Whether and how the health professional in such a context responds to and connects to the inquirer's emotion awaits investigation. Drawing on 100 cases of high-rated OMC in Chinese, this project identifies the metonymic schemes of thought in them: PART FOR WHOLE, CAUSE FOR EFFECT, OBLIGATION FOR ACTION, POTENTIALITY FOR ACTION, CONDITIONAL FOR UNKNOWN/FUTURE, and MANNER FOR ACTION. This paper suggests two styles whereby metonymic-emotive interactions are generated: (i) explicit expressions of emotion and affection (e.g., empathy or reassurance) with mitigated speaking manner/tone supported by relevant medical information built on metonymic reasoning; (ii) the delivery of relevant medical information using metonymic patterns of thought, leading to doubt relieving and anxiety reduction, and evoking a satisfactory response. The former is referred to as emotion-integrating-into-cognition and the latter as emotion-emerging-from-cognition. This study suggests that the link is located in discourse where the health professional's response fills the health seekers' knowledge gap and where the health expert's health information lends emotional support to the health seeker.

Requesting Immediate Actions in Emergency Care Simulation: A Multimodal Analysis of Team Interactions with Eye-tracking Glasses

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Mondada (2014) identified requesting strategies by the chief surgeon as key to interacting with team members in a surgical operation room, distinguishing between remote requests (for something to be done in the future) and immediate requests (for actions to be done "here and now"), with the latter being most important. This presentation is based on our recent paper (Tsuchiya et al., in press) and focuses on how team leaders emphasize these immediate requests through language use and corresponding eye-movement patterns. Two teams were recorded undertaking separate simulated operations on a stooge patient, each comprised of a team leader wearing eye-tracking glasses (one session with a senior doctor as a leader [SD] and the other with a junior doctor [JD]), two foundation doctors, two emergency department (ED) nurses, and one ED expert. Analysis of video, audio and eye-movement data revealed that both the SD and JD made immediate requests to their members with multimodal emphasis, i.e., they gazed at the recipients and addressed them verbally, prior to making the immediate request. However, the JD was observed using an additional sequence pattern, seeking information before making immediate requests. Furthermore the JD did not always verbally address or gaze at the recipient before making the request. This occasionally caused confusion in the team regarding the target of the request, which then required the JD to repeat it. The results presented identify likely experiential differences in the way that team leaders interact with team members and raise the possibility that additional team-leadership training could overcome such communicative difficulties and improve operation room performance.

Keywords: emergency care team interaction, request, multimodal analysis, gaze, discourse frame

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Health information in online communities

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The study analyses how health information is communicated in online communities. The conventional concept of knowledge dissemination as a top-down process, from expert to layperson, is being challenged by the growth of user-generated content on the Internet that has encouraged the sharing of information, advice and opinions in social networks, blogs and forums not just among experts, or experts and non-experts, but also among non-experts. Although online communities are considered basically as support groups, posts may enter into strictly medical and technical aspects of a health condition. Certainly, lay knowledge acquired in time by experience and management of a chronic condition may be useful for fellow sufferers, but it can also lead to a blurring of the boundary between experts and lay people, and even challenge the authority of health care professionals.

The subject of this study is a diabetes forum and the focus lies specifically on how participants offer their ‘technical’ and specialized medical knowledge to other members. A qualitative approach has been followed in order to capture the cognitive and communicative strategies adopted in the transfer of this health information. The analysis of the cognitive strategies is based on the categories proposed by Calsamiglia and van Dijk (2004), which include description, definition, exemplification, analogy and paraphrase, whereas the communicative strategies are closely connected to ‘face’ work and the notion of politeness, such as hedging, use of modals, questions and humour, to mitigate the imposition of giving information, advice and recommendations. The study reveals that the members of this online community share some of the communicative and cognitive strategies found in expert-layman communication, but also notably favour the use of personal narrative.

Keywords: ealth information, diabetes, cognitive strategies, communicative strategies, (de)personalization

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Lessons for Educators on Managing the Moral Distress When Supporting the Dignity in the face of risk for people living with acquired brain injury

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Social dignity is generated, transformed, removed and rebuilt through interactions between people. Consequently, social dignity can be vulnerable to violations by therapists through their actions with clients. The risk of a dignity violation is potentially greater when the client has a cognitive or communicative impairment. This was explored by collecting qualitative data from 17 occupational therapists and physiotherapists working with people following a brain injury. Transcripts from semi-structured, in-depth interviews were analysed through line by line open coding, with emerging categories developed through research team discussions. This inductive analysis uncovered how therapists managed an ethical tension by weighing up the benefits of supporting a client's capacity to decide, with the likelihood and potential consequences of a negative outcome. The weighing up process balanced supporting client dignity against a duty to reduce the risk of outcomes which threatened public safety. This weighing up process was influenced by the therapists' appetites for risk and the importance of the decision. The findings highlighted that more experienced therapists were more comfortable with privileging the client's perspective and enabling the dignity of risk. This draws attention to the challenge that educators face in enabling students to develop the communicative skills required for weighing up. Educators can facilitate students to shift in emphasis on minimising harm to giving greater weight to privilege client's knowledge, experiences, and wishes. Students should be supported to learn the communicative skills that demonstrate a respect for dignity, enable client autonomy and promote justice for people with a brain injury.

Keywords: dignity, risk, brain injury, professional education, decision making, physical therapy, therapies

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Unmasking Public Perceptions: Examining Medical Providers’ Advice on Facebook during COVID-19

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The widespread sharing of information on social media during the COVID-19 pandemic has created an “infodemic” (Limaye et al., 2020). This was particularly heightened during the early months of the pandemic when so much was unknown. During this time, the Centers for Disease Control (2020) and the World Health Organization (2020) issued inconsistent guidelines regarding mask-wearing; this was followed by differing opinions driven by political polarization in the US (Van Kessel & Quinn, 2020). The public was desperate for medical advice and turned to social media for information (Pander et al., 2014) . Included among that information were Medical Provider’s (MP) Facebook posts concerning masks and mask-wearing. This study analyzes three US MPs’ posts about masks posted on Facebook between January 1 to July 1, 2020. A total of 40 posts were analyzed using qualitative discourse and rhetorical analysis for infodemic language (“mask-wearing”), rhetorical choices, and hedging practices. Focal themes for analysis include audience, MP’s use of implicit and explicit advice, the use of future action (advice giving) in answers and the types of sentence and word choices (imperatives and pronouns) used to construct answers about wearing masks. Our results illustrate how MPs’ Facebook posts are spaces of professional and personal interactions which include implicit disclaimers as well as medical information. MPs switch their perspectives when commenting on various issues concerning masks. Understanding how MPs and the public use Facebook posts (Ventola, 2014; Zummo, 2015) and how the language choices and messages are constructed and received has important consequences. If the public trusts the medical information found on Facebook, MPs need to consider how their expertise is utilized (Thompson et al., 2008; Clyde et al., 2014).

Keywords: masks, mask-wearing, COVID, Facebook, medical providers, discourse analysis, infodemic, advice

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A Comparison of Discharge Communication Experiences of Hospital Clinicians, General Practitioners (GPs), and Patients in the West Midlands, England

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Discharge letters sent to the patient's General Practitioner (GP) or family physician are crucial during patient care transitions from hospital to home. In the UK, patients may or may not receive their letters in practice and the reasons for this and the consequent effects remain unclear.

This mixed methods project comprised sampling discharge letters relating to recent hospital care episodes and gathering perspectives of those involved; for each sampled letter, the hospital professional who wrote the letter, GP who received the letter, and the patient to whom the letter related were invited to participate via surveys, interviews and focus groups.

There were 10 discharge letters for which all corresponding data were available (GP, hospital clinician, and patient) and a further 26 where only one perspective was missing. Experiences and viewpoints were triangulated and qualitatively compared using meta-matrices with a realist logic of interrogation. The programme theory from our previous realist review was used as the starting theory to map out how patients receiving discharge letters works (or not). Key findings were: consideration of patient choice is essential, patients generally find receiving letters useful, and that descriptions of potential harm or negative outcomes (e.g. increased anxiety) tended to occur when patients had not rather than had received a letter.

Matching and comparing clinician and patient experiences in relation to the same discharge event allowed highlighting of data convergence and divergence. The comparative analysis revealed several possible ways in which policy and practice relating to written discharge communication may be improved.

Keywords: discharge summaries, communication, discharge letters, hospital discharge, continuity of care

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A Vague Idea of Great Evils and Great Errors": English Specialised and Non-specialised Communication at the Outburst of COVID-19 Pandemic

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In chapter XXXI of Alessandro Manzoni's masterpiece 'The Betrothed Lovers' (1893: 355), set in the same location as this year's COMET, the Author wonderfully describes the human incapacity to justify the spread of the devastating seventeenth-century plague and remarks that no writer has ever been able to 'convey a distinct and connected idea' of the origins of any plague. In 2021, we are still experiencing such incapacity (Villa 2016) while looking for the right texts and contexts through the 'vague, uncertain, and confused' land of the COVID-19 pandemic.

Our contribution aims at exploring the origin of news related to the proliferation of the current pandemic in its initial phase, i.e. January 2020. Moreover, it intends to highlight the specific communicative modalities adopted when talking about something unknown: the scientific name of the virus itself anticipates awareness of the object (Castelli 2020, Fauci 2020, Hagani et al. 2020, Sala and Scaglioni 2020). A selection of 20 recorded speeches (press briefings and round tables, for a total of 43,439 words) by leading experts in public health is analysed with the tools of critical discourse analysis to highlight the ways in which medical-scientific communication fits into the folds of non-scientific disclosure and creates 'supposed' information.

Following Gasman's urgent need "to readjust our perspectives on research outlets and communication for a world that needs our voices (based on research) more than ever" (2016: 130), the contribution will focus on comparing the dissemination strategies used in scientific vs non-scientific communication and suggest the most effective ways to have a scientifically motivated impact on any public audience of non-expert users.

Keywords: COVID-19, science communication, dissemination strategies, news sharing, news credibility

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From Public Fetus to Digital Fetus: A Multimodal Discourse Analysis of Women's Narratives on the Web

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After the pioneering fetal pictures of the 1950s, when the scientist and photojournalist Lennart Nilsson set out to capture the earliest stages of human existence, the concept of public fetus (Duden 1994; Borgna 2005) has been used by feminist scholars to describe the increasing use of obstetric ultrasound and the spreading of public images of the fetus. (3/4D) ultrasound scans have opened new opportunities to examine, diagnose and treat the fetus, but they bring with them legal-ethical dilemmas and psychosocial concerns (Wadephul 2013; Howe 2013). On the one hand, they can be perceived by parents-to-be not only as a medical examination but as a social event increasing attachment to their fetus; on the other hand, these technological advances put the fetus in the position of a patient creating "ethical challenges in obstetric management, particularly with an increasing imbalance between fetal benefits and maternal harms" (Edvardsson et al. 2015: 1). Moreover, fears are also expressed that ultrasound diagnosis risks creating a society where only "perfect" children are valued (Åhman et al. 2019).

Given the growing dissemination of fetal images on the web, a corpus of pregnancy websites/blogs/social media, which range from weekly development guides to personal birth stories, will be investigated from a multimodal discourse analysis in order to explore how the discourses around new advanced diagnoses in pregnancy are verbally and visually (re)presented. In particular, the study explores how the key concepts of body, gender, normality and disability are used in the process of entangling scientific knowledge and narratives of women's pregnancies on the web within the social representation of the fetus.

Keywords: prenatal new technologies, digital fetus, women's narratives on the web

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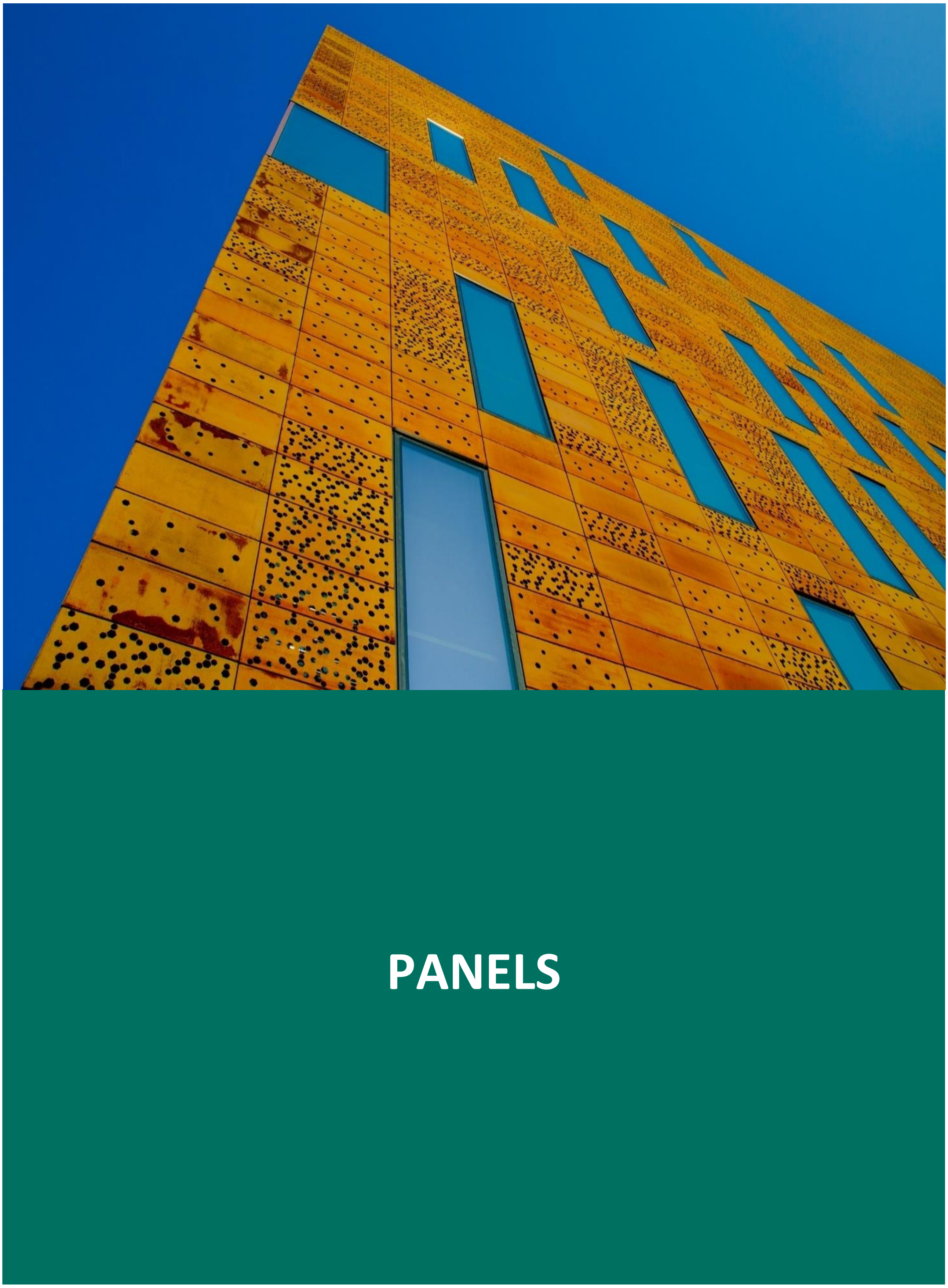

PANELS

Representations of Disease: Framing, Interpretation, Construction

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The panel intends to discuss critically the representation of disease and care in different media and genres, starting from essentially constructionist assumptions.

In communication about disease and care at all levels and in the most diverse contexts, from popularization in journalism to doctor-patient communication, the choice of linguistic resources to be used and the selection of aspects to be covered and foregrounded or played down inevitably determines a representation of the issues involved that is not neutral, but rather conditions the way recipients perceive them and reason about them. This is a framing effect resulting from the way content producers construct messages, selecting certain aspects of reality and making them salient "in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described" (Entman 1993:52; cf. also Goffman 1974). This has been amply discussed by intellectuals – sociologists, linguists, philosophers – as well as doctors with respect to various taboo diseases like TB, cancer, AIDS etc. (cf. e.g. Sontag 1968, 1989; Reisfield and Wilson 2004, Miller 2010; Hauser and Schwarz 2015, 2020; Semino et al. 2015, 2018; Hommerberg, Gustafsson and Sandgren 2020) and, most recently to COVID-19 communication, which has been an object of heated public debate (Marron et al. 2020; Isaacs and Priesz 2020; Semino 2021).

The papers included in the panel examine specific case studies with a view to identifying the linguistic devices used in the representation of disease in different communicative events and genres, and examining their deployment as a function of situation, context and register.

Keywords: disease, discursive construction, framing, discourse analysis, illness

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(1) Representations of TB in the Contemporary World

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This paper deals with the representation of tuberculosis in contemporary society, at a time when the disease is still the leading infectious cause of death in the world, killing over a million people every year, while one-third of the world’s population lives with latent TB infection, as pointed out in the 2020 edition of WHO yearly Global Tuberculosis Report (2020)

This seems in contrast with the fact that only few decades ago, on account of the gradual ebb of TB cases recorded in the course of the XX century in Western countries, there was the illusion that the disease would soon be eliminated. But already in the 1980s it became clear that it had been only an illusion as the disease was on the increase again because of a number of factors, among them the appearance of drug resistant strains, the spread of HIV and greater personal mobility.Today the hope is that WHO’s “End TB strategy” (cf. WHO 2014) will eventually result in a decline of the illness.

Like cancer, TB has always inspired an “old fashioned kind of dread” so that traditionally people have been reluctant to talk about it (cf. Sontag 1978). Hence the variety of euphemisms and metaphors used to refer to it: consumption, phthisis White Plague, and, in the Nineteenth century, mal du siècle, mal de vivre. To this very day, the stigma carried by TB, especially in certain areas of the world, has been a factor hindering its eradication, preventing people from getting tested and continuing treatment (Timmons 2020).

This paper looks at how TB is represented in institutional communication and in the media today, in order to reply to two correlated research questions: does the traditional stigmatization of the disease and of those suffering from it continue today and in which forms? Does the fact that today migrants often come from countries where TB is more common (South East Asia, Africa) and migration itself makes them more vulnerable to the disease (Dhavan et al. 2017) have any impact on how TB is framed in the media?

To answer these question the study will focus on a corpus of institutional texts and informative web materials compiled with Sketch Engine, and a corpus of news articles published in some of the most important British newspapers, and will analyse them by means of automatic computer routines as well as close reading in a discourse analytical perspective.

Keywords: tuberculosis, TB, framing, media. discursive construction

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(2) (Re)Framing Migraine in Social Media Discourse

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According to WHO (https://www.who.int/news-room/fact-sheets/detail/headache-disorders), headache is an underestimated, under-treated and under-recognized disease throughout the world, despite the fact that half of the adult world population experiences at least one headache a year. Headache is one of the painful features of primary headache disorders, which count migraine, tension headache and clusters. Amongst migraines, “migraine with aura” is the one which characterizes 2% of migraineurs. In order to illustrate a “migraine with aura”, the migraine textbook Headache in Clinical Practice gives a photo of the walled city of Palmanova, Italy (O’Shea 2020). Such a neurological disorder, literally represented as a fortress, reframes the patients’ description of the zigzag lightening they perceive (but not see) before the migraine attack. If clinical practitioners reframe (Entman 1993) “migraine with aura” as a fortress - with the WAR metaphor implications it brings with itself -, how do patients frame migraine with aura when they freely speak about it on social media? By combining quantitative and qualitative approaches of investigation, this paper will assess in what way the process of information is affected by issues of frame inclusion and exclusion in textual construction. This will help to understand why migraine in general is regarded as an invisible disease, how it can be made linguistically visible so that people can notice it, and professionals can better evaluate it and choose to treat the disorder.

Keywords: frame, conceptual metaphor, Cognitive theory framework, medical discourse, popularization

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(3) Representations of Mental Health in the Press Before and After the Outbreak of the COVID-19 pandemic. An Exploration.

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Mental health disorders have increased steadily during the past decade, with statistics showing that one in four people in the developed world suffer from mental health issues (WHO 2016). This notwithstanding, mental health has remained for a long time an under-discussed issue, not only in public policy, but also in public discourse, where overcoming the stigma often associated with it has proven difficult. During the Covid-19 pandemic, the provision of mental health services was disrupted, and mental health issues increased not only among healthcare professionals (where it might have been expected), but also among the general population. The mental health consequences of pandemics are not new in scholarly research (Maunder 2009; Huremović 2019), but the sheer scale of the novel Coronavirus outbreak made them visible on a magnified scale, giving rise to a growing body of research dealing with a plethora of aspects (see, amongst others, Brooks et al. 2020, Choi et al. 2020, Pfefferbaum and North 2020, Xiang et al. 2020). As mental health concerns started to percolate into public discourse, and as expressions of psychological distress came to be voiced more and more frequently on social media, attention for this aspect started to rise in the media. This study aims to provide a longitudinal investigation of the representation of mental health in the British press in the period running up to the outbreak of the pandemic and its evolution over the last year. In particular, the research aims to identify the salient features of existing and emerging discourses of mental health, both pandemic-related and pandemic-independent, with a view to verifying of and to what extent the heightened attention for the issue has resulted in changes in discursive representations. The research relies on both quantitative (corpus linguistics) and qualitative (discourse analytical) methodologies for the retrieval and interpretation of salient discursive and rhetorical features.

Keywords: mental illness, media, children, framing, discourse analysis

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(4) The Linguistic Framing of Public Health Policies: Boris Johnson’s Government during the Pandemic

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This paper analyses how, in their communication to the news media over the last year, Prime Minister Boris Johnson and his team have been framing the UK Government’s response to the pandemic, with the aim to support the draconian measures enacted to contain the spread of the coronavirus (Semino 2021). From the early stages of “taking the virus on the chin” to reach “herd immunity” and “squashing the sombrero” of the curve to the current implementation of the vaccination campaign with inevitable “bumps in the road”, Boris Johnson’s rhetoric has been interspersed with a variety of metaphors - military, natural, spatial, just to name a few (Flusberg et al. 2018; Demianyk 2020; Landler 2020; Rawlinson 2020). The fragmented storytelling that emerges from such instances of linguistic framing and that will be discussed with the tools of conceptual metaphor theory and Critical Discourse Studies (CharterisBlack 2019) sheds light on two inextricable aspects of the UK Government’s communication during the pandemic: the shifting representations of the disease – as a war, a tide, a fire, an invisible mugger etc. – and, correspondingly, the foregrounding of public health policies, discursively constructed as adequate to face an unprecedented health crisis. What will be questioned is to what extent, after “getting Brexit done” and almost being undone by Covid-19, Boris Johnson’s “illness has become a symptom of his broader political decline” (Lander 2020) and his new vocabulary just a way to disguise his government’s failings (Adams 2021).

Keywords: Boris Johnson, Covid-19 metaphor, linguistic framing, political communication, public health, critical discourse studies

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Discriminaging. Discourses of Health Discrimination Based on Age

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This panel brings together research on how people can and are discriminated in the health and medical fields based on their age, and how such discrimination emerges linguistically from the discourse(s) expressing or surrounding it. Ages which see frequent and common singling out, for both objective and subjective reasons, are the old and the younger (children, adolescents) periods in life. However, the so-called middle age, the adult age and other not differently defined ages are also included, which are not normally considered socially weak moments in a person's life but which, as such, are ignored and therefore automatically suffer from exclusion from consideration. The research perspectives, topics and themes are linguistic or mixing linguistics with other disciplines, and takes into account both synchronic and diachronic viewpoints. Special focus is placed on multidisciplinary, innovative and critical approaches.

Keywords: discrimination, ages, ageism, critical discourse studies, health communication

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(1) The Double 'Face Mask' of COVID-19: 'A New Virus for Older People and a Boomer Remover'

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COVID-19 pandemic has had a huge social impact on people over 70 who are at major risk of mortality. However, besides undermining the health of older people, COVID-19 has also increased the negative manifestations of ageism. In fact, the COVID-19 public and government discourse, in order to protect older people, have increased age discrimination suggesting that older people should isolate themselves using age-related and anxiety-inducing dichotomies such as older people are 'frail', vulnerable', 'helpless', and should be 'kept isolated'. With the growing impact of the pandemics, this sense of vulnerability and segregation has been reinforced by hearing the reports from various countries where anaesthesiologists were forced to use age as a criterion for the access to intensive care. In addition, these messages have exacerbated the division between generations portraying COVID-19 as an older people's problem, stressing the sense of immunity in younger people and producing new ageist terms such as 'boomer remover' or 'senior deleter' for defining the new coronavirus. These hashtags first appeared on the net in March 2020 in the USA and reflect

a lack of empathy of the younger towards the older, the former blaming the latter for their 'economic and social' woes trying to cope through avoidance with the fear of mortality. In this paper a representative sample of posts from social media posted between March 2020 and January 2021 will be analysed to identify the potential offensive ageist content strictly correlated to the intergenerational conflict in relation to the characteristic economic and social aspects.

Keywords: COVID-19, boomer remover, ageist hashtags, stigma, baby boomers

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(2) How Mental Health Professionals Perceive Old(er) Adults: Findings from an Ageism Scale Used for Discourse Analytical Purposes

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This multidisciplinary work mainly uses a discourse analytical approach (Fairclough 1995, Sarangi 2010) and fine tools i.e., corpora and text analysis software (Baker 2010) in order to identify the possible presence of ageism (Coupland 2009) from responses provided by psychologists who completed the Fraboni Scale of Ageism (Fraboni, Saltstone & Hughes 1990) used in the Italian validation (Donizzetti 2010) and further adapted to achieve the objective of this study. In fact, for each item (Tot=19) distributed along this 3-dimensional model (*separation and avoidance*; *stereotypes and antilocution*; *affective attitudes and discrimination*), about 200 respondents – the

collection of questionnaires is still ongoing – were asked to express their (dis)agreement, not with numbers, as in the traditional scale, but with a text (D'Amico, Maglie, Grattagliano 2020). With reference to the three dimensions, some results unveiled the psychologists' recurring belief system as follows: 42% of respondents believed that old people complain much more than other people, thus confirming their idea of a *separate* group from theirs; 40.5% thought that the elderly should be entrusted with the care of infants only when supervised, thus fitting the *stereotype* of the fixed age-identity category; and 74.7% declared that they were unwilling to reciprocate if an old person initiated a conversation for external and/or context/personality-dependent reasons, thus justifying their discriminatory *attitudes*. Limited but not negligible results demonstrate a need for mental health education and training to be monitored in order to better understand the professionals' belief system that emerges from their discourse on old age, because the reiteration of the same belief system, if cemented in social memory, has the strong effect of conferring an aura of objectivity to prevailing attitudes towards old(er) adults, and of inevitably affecting standard professional inter/actions with them.

Keywords: older adults, mental health professionals, italian adaptation of the Fraboni scale of ageism, discourse analysis, corpus linguistics

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(3) Ethics, Moral Practices, and Age-related Social Issues in Late 18th-century Medical Discourse: a Lexicological and Textual Approach

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The second half of the eighteenth-century is particularly interesting for the study of medicine, and medical practice. The professional role of physicians, their social function, and their moral duties necessarily became a key issue for the period under scrutiny, and for the decades to come. Medical ethics and moral practices, as well as philanthropic attitudes, constituted a relevant topic in medical writing: J. Gregory (1724-1773; Edinburgh University), T. Percival (1740-1804; Manchester Infirmary). They established the principles and the regulations which should determine both the physician's activity, and the patient's behaviour, and suggested the expansion of healthcare services at local and/or national levels. In this context, the aim of this study is to investigate the lexis of medical ethics and moral practices (e.g. philanthropy, duty /- ies, moral precepts, method of cure, regulations, etc.), and its impact at textual and discourse levels. In other words, how the 160exicalization of values and principles shapes and frames the discourse on medical ethics (healthcare system/s as care and welfare, medical aid and treatment, etc.), and on the social identity of the target people-patients of all ages (old, young, middle-aged, children, infants) as well as of potentially age-related discriminatory practices between the 1770s and the 1800s. The analysis is carried out on a selection of works written by J. Gregory and T. Percival, the last thirty years of the 18th-century: this was a period of dramatic change for the establishment of the modern state, and for a series of fundamental social reforms. The analysis was first carried out through a software for corpus-based lexical analysis (AntConc 2019) to identify the lexis of medical ethics (frequent and relevant expressions, collocates, lexical clusters). Secondly, the investigation moved to the textual environment (concordance and co-text) to analyse the relationship between the lexis of medical ethics/moral practices and those 160exicalization processes in context (i.e. longer extracts). The introduction of ethical principles and moral practices in medical writing is an indisputable issue in the social history of medicine. This stimulated the development of public healthcare services as a fundamental right. However, the works under scrutiny also demonstrate that the lexis of 18th-century medical ethics, in highlighting positive values, ultimately frames and fixes some age-related social categories in their marginality.

Keywords: medical ethics, 18th-century medical discourse, physician's duties and offices, healthcare services, age-related issues.

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(4) #BoomerDoomer and #BoomerRemover: Discriminatory Discursive Strategies in the Representation of the COVID-19 Risk Group on Twitter

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The higher risk of serious illness and mortality from COVID-19 is closely associated with "older age", despite age alone is an independent risk factor. Singling out a "risk group" based merely on chronological age reinforces ageism; it categorizes all older adults as vulnerable, regardless of the heterogeneity of their health conditions and social circumstances (Rahman & Jahan 2020). COVID-

19 age-related risks have particularly exacerbated ageism on social media, fuelling discourses driven by intergenerational tension as a peculiar kind of response to the pandemic (Meisner 2020). While the categorization of the COVID-19 risk group does not presuppose discrimination in itself, it is a precondition for discursive discrimination. The derogatory hashtags #BoomerDoomer and #BoomerRemover on Twitter are a case in point. At the onset of the pandemic, these hashtags were virally used by "millennial" tweeters to construe discriminaging discourses of the "baby boomer" generation as the primary COVID-19 risk group. This trending practice has, however, been largely overlooked, especially as research on ageism in social media is still scarce (Makita et al. 2021).
This paper attempts to fill this void by exploring how discriminatory discourses driven by the COVID-19 construct of "risk group" are mediated through the two hashtags. The study is informed by research in Critical Discourse Analysis which has shown interest in discriminatory discourse in the media (e.g. van Dijk 2000). Its aim is to disclose the discriminatory discursive strategies underlying ageist content in a representative sample of original tweets by drawing on Chen and Flowerdew's (2019) taxonomy. Findings highlight how hashtags perpetuate ageism through different discriminatory discursive strategies used for the linguistic representations of the risk group, thus suggesting its resurgence in the COVID-19 era.

Keywords: discriminatory discursive strategies, discriminaging hashtags, COVID-19 Risk Group, ageism, intergenerational tension

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(5) Is it Ageing or a Treatable Condition? A Diachronic Investigation of Age Bias in Mental Health Research

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The present study takes a modern-diachronic corpus-assisted discourse studies approach (Partington et al., 2013; Baker 2006) to examine the patterns of change and continuity in discourse about older patients in a corpus of research articles from internationally recognized journals in the fields of psychology and psychiatry published between 1950-2020. The analysis concentrates on repetitive lexicogrammatical patterns in research articles that refer to depression and older people affected by depression. It addresses 'non-obvious meaning' (Partington, 2012:11), i.e. meanings that are only visible when examining how lexicogrammatical patterns converge around broader semantic and evaluative structures in large repositories of texts. Particular attention is devoted to how older patients are linguistically constructed in mental health literature with explicit mention of age-related terms such as ‘ageing/aging’, ‘senile’, ‘geriatric’, ‘elderly’, ‘senior’, ‘mature’, and ‘old’. The present investigation aims at disclosing the underlying meanings and assumptions about mental health and well-being in old age that have been constructed within the academic discourse community. It also reflects on how these representations may contribute to discrimination and negatively impact the health or wellbeing of older people diagnosed with mental disorders. Preliminary findings indicate a variety of linguistic patterns and discursive strategies across different periods of time with regard to age-related experience and expression of mental health problems, modes of coping, pathways to care and the effectiveness of treatment and prevention, as well as the processes of resilience and recovery. In particular, evidence was found that the ageist themes of loss, rigidity, biological decline, and senility are still prevailing in mental health research, requiring attention to care provision to older adults with mental problems. These results, as well as their pedagogical implications, are discussed in the present paper.

Keywords: older patients, representation, age bias, CADS, discourse analysis

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(6) Tailoring Health Information to a Young Audience: Exploring a New, Digital and Cultural Product

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As a form of public discourse about health, social media (one-to-many and multi-party) interactions are characterised by different voices, different language uses and different ways of representing the world. The narratives about health are dominated by opinionated tones, influenced by a mystified vision of scientific activity (Cunha and Garcia 2019), related to “I-pistemology” (Van Zoonen, 2012), that is the circulation of conflicting uncertainties and discourses around spectacularized aspects of health topics.

It is against this backdrop that medical experts and other health professionals have turned to digital stages (e.g. TikTok) to share educational content about timely/touchy topics, and to spread awareness specifically among the young(est) users employing communicative practices and channels that are accessible under the hashtags #DoctorsOfTikTok or #TikTokDocs (among the others). In these fast, musical (i.e. creative and engaging) videos, doctors perform their talks/facts, which humanises health professionals and raises awareness through humorous, and yet educational, contents.

This presentation aims at exploring these digital products where people discuss, negotiate and spread health information specifically tailored for a young audience, who often both exclude themselves (as uninterested) and are excluded (by parents and tutors) from receiving accurate health information. It attempts to contribute to research in the current practices of digital products and knowledge dissemination by exploring creative shifts in the process of accommodating the final product to a target audience that is protected on the one hand, since they are underage, but could prove to be discriminated against in their right to medical knowledge, especially if it regards their own condition. Following a social media-critical discourse perspective (KhosranoviNik 2018), this study explores the communicative representation of health discourse and, more particularly, it reports results on the micro analysis of the language choices and discourse constructions concerning 'fragile', on an age-related basis, health subjects. Results are then discussed on the macro level, taking into account how these age-specific discourses benefit from the "magnitude, penetrability and formal aspects" (KosranoviNik 2018b, 585) conveyed by the medium.

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‘One Size Does not Fit All’ in Organ Transplantation: Tailoring Communication and Patient Education for Migrant and Ethnic Minority Populations

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Communication is a critical element across the entire process of organ transplantation, from the promotion of organ donation, through to acquisition of family consent in intensive care units (ICU), and pre- and post-transplant patient education. For instance, communication is the means by which institutional actors and healthcare professionals (HCP) interact with potential donors and/or their families first, whereas it serves HCPs to relate with and educate transplant candidates/recipients afterwards. The increasing immigration phenomenon in the European Union (EU) has resulted in gradual increments of migrants and ethnic minorities (MEM) with end stage organ failure – particularly end stage kidney disease (ESKD). MEMs are important minority populations in the EU, the majority of whom are regular residents who benefit from healthcare coverage in publicly funded health systems. Yet, while these subjects are increasingly represented on transplant waiting lists, they remain underrepresented within the deceased and living donor pools. Further, studies report inferior knowledge and/or understanding of transplant among these vulnerable populations, with the potential for detrimental impacts on accessibility, quality of care, and outcomes of transplant. The need for targeted strategies considering the multiple sociocultural, socioeconomic, and relational factors which may negatively affect the effectiveness of ‘one-size-fits-all’ approaches in this group of people has been put forward by scholars and institutions in the EU. Additionally, from a scientific, policy and ethical viewpoint, the inclusion of MEM groups is increasingly regarded as an important aspect in research on these populations. Based on a socioecological perspective, this panel aims to address the ethical and practical implications of tailoring interventions for MEM populations in the organ transplantation continuum. First, the panel will focus on effective strategies for promoting organ donation in MEM groups. Second, it will address the specific considerations for successfully relating with bereaved MEM families in ICU settings. Third, it will illustrate the causal mechanisms linking immigration background with disparities in the process of kidney transplant (KT) along with gaps in knowledge and potential areas for targeted interventions. Finally, it will provide an institutional perspective on the issue. The panel will be further enriched by inclusion of a donor’s family and a KT recipient from MEM communities.

Keywords: communication, tailoring, ethics, organ transplantation, migrants and ethnic minorities

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(1) Targeted Strategies for the Promotion of Organ Donation: Active Engagement of Diverse Ethnic and Faith Communities

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At national policy level, the UK is at the forefront of recognising the role of ethnicity, culture faith and its impact upon organ donation. This is demonstrated by the recommendations of the Organ Donation Taskforce, NICE Guidelines on Organ Donation, All Party Parliamentary Kidney Group and National BAME Taskforce Alliance (NBTA). Evidence-to-date shows that further thought is required to ensure the active engagement of the diverse ethnic and faith communities with organ donation in the UK. The ‘Taking Organ Transplantation to 2020’ Strategy was launched in July 2013 by NHS Blood and Transplant in collaboration with the Department of Health, Welsh, Scottish and Northern Ireland Governments and seeks to increase the number of people, from all sections of the UK’s multi-ethnic and multi-faith population, who consent to and authorise organ donation in their life. NHS Blood and Transplant seeks to work in partnership with faith leaders and this culminated in a Faith & Organ Donation Summit. Faith and community leaders highlight that there is a need for engagement at both national and local levels in relation to organ donation, but also in relation to diagnosis and definition of death.

Keywords: communication, engagement, religion, ethnicity, cultural competence

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(2) Targeted Strategies in Intensive Care Units for Migrant and Ethnic Minority Populations

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Australia is a diverse society with fifty percent of Australians born overseas and over 300 languages spoken. The many new arrivals to Australian shores have little or no exposure about organ and tissue donation. They are challenged due to diversity, English language skills, literacy level, community structures, health, cultural and religious beliefs and donation program in the country they migrated from to Australia. In 2009, the Federal Government established the Organ and Tissue Authority AND Donate Life network who initiated the establishment of strategies to address low consent rates in MEM populations. The strategies include developing resources in a variety of languages and having these brochures available in ICU waiting rooms. They run videos in different languages as loops for awareness for this cohort of MEM populations. The statement of support from different multicultural organisations are played as media with displayed posters in ICU. The life-giving stories of MEM are displayed in the ICU area and advertised in the local media. The hospital and ICU team run projects in different MEM communities to improve knowledge of organ and tissue donation. The community and religious leaders of MEM are invited in the family conversation on organ donation and to support the cause and family in the process. Donation champions from MEM are identified within the ICU community of practice to help MEM patients and family in the processes of decision-making and consent. ICU facilitates the cultural and religious rituals necessary for specific cultural MEM communities by involving support groups within the hospital.

Keywords: ethnic minority, migrant, multicultural, organ donation, intensive care unit

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(3) Targeted Strategies in the Transplant Continuum: A Conceptual Model of the Causal Mechanisms Linking Immigration Background with Disparities in Kidney Transplant and Potential Areas for Intervention

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Immigration from non-EU countries is a recent phenomenon in the EU, especially in Southern European countries. In January 2019, there were 21.8 million individuals from outside the EU living in EU member states. This has resulted in an increment of migrants with ESKD, accounting for more than 20% of patients on renal replacement therapy by dialysis or in KT programs. Quality of care, patient safety, and equity are major principles in organ transplantation and migrant health. Yet, while evidence is heterogeneous, disparities in KT outcomes are documented among non-European-born patients relative to their European-born referents. As in other disease settings, complex associations make it difficult to determine the direct effect of immigration on KT outcomes. Being a migrant does not represent itself a risk to poor health. Rather, it is the combination of the multiple conditions associated frequently with immigrant status and the entire migration process that have the potential to lead to diminished health outcomes. We will deliver a review of existing evidence and propose a conceptual framework named *Immigration Background and Disparities in Kidney Transplant* (IBDKT) describing some of the major mechanisms at the level of patient/donor, individual provider, clinical encounter and healthcare system which are likely to contribute to disparities in the KT continuum in MEM populations. In the process, we will present potential areas for targeted interventions along with the gaps in our understanding of the determinants linking non-European immigration background with disparities in KT.

Keywords: communication, targeting, ethics, kidney transplant, migrants and ethnic minorities

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(4) 'One Size does not Fit All' in Organ Transplantation: A European Institutional Perspective

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MEMs are important minority populations in the EU, the majority of whom are regular residents with consolidated healthcare coverage. 'One-size-fits-all' approaches may prove ineffective in these populations. Therefore, there is growing awareness of the need for targeted strategies considering the specificities of MEM communities. Based on these considerations, we discuss three main initiatives in the EU: (1) The European Kidney Health Alliance nomination by the European Commission to lead a Thematic Network on improving Organ Donation and Transplantation in the EU, which culminated in a multi-stakeholder Joint Statement with policy calls and recommendations, including the need to consider MEM-specific issues regarding the need to adapt strategies for the promotion of organ donation along with the need to consider the barriers to transplant services for MEM populations. (2) The ESOT initiative to include patients within the European Society of Organ Transplantation which led to points for further development: i.e. an alliance and a forum to facilitate discussions among patients and patient organizations and patient empowerment with a holistic, person-centered approach. (3) The EUDONORGAN project aimed at promoting Training and Social Awareness for Increasing Organ Donation in the EU and Neighboring Countries. A service contract awarded by the European Commission and developed by an international consortium made up of leading European countries in organ donation and transplantation management.

Keywords: communication, targeting; ethics, person-centered care, migrants and ethnic minorities

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Language Support for Migrant Health and Social Care Workers

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Population aging has greatly increased demand for health and social care across Europe, placing significant pressures on health and social care systems, and their workforce. Increasingly systems rely on migrant workers to fill professional and support roles. This has raised the issue of how to equip foreign workers with work-related language and communication skills needed in their new environment (L2).

This panel addresses that issue, drawing on research conducted by its members who belong to the Language for Work Network, a network of professionals of work-related L2 learning by adult migrants and ethnic minorities, supported by the European Centre for Modern Languages, Council of Europe. They bring expertise in L2 development in health and social care, and present findings from innovative approaches to support work-related L2 development by migrant doctors, nurses and support workers, including approaches that involve non-migrant colleagues within the health and social care system, alongside other social partners.

The panel aims to raise awareness of the value of support for language development by migrants working within health and social care systems; to share results and experiences; and to initiate an exchange by researchers and practitioners that improves L2 support to the benefit of the migrant workers, their colleagues and the system overall, including its end-users (i.e. people who use health and social care services).

Our commitment to the issue does not make us blind to its critical aspects, for example rich(er) countries attracting health and care workforce from their country of origin, where they are badly needed.

The introduction sets the scene, explaining the rationale for the panel and introducing its themes: Integrating formal, non-formal and informal learning in elderly care, Sweden, Making communicative practices visible to migrant staff, UK; Digital support for home-based elderly carers, Italy; CLILL for doctors, Germany; Language development in medical studies, Bulgaria.

Keywords: migration, health and care workforce, Language of the host country (L2), work-related L2 development, language for work network

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(1) Language Advocates – a Swedish Integrative Approach to Support Language at Work (Sweden)

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Elderly care in Sweden, as in many other European countries, relies heavily on migrant care workers. This has raised up the issue of their work-related proficiency in Swedish, since communication is central to care work, good language skills are important.

Over the last fifteen years researchers and practitioners in the field of gerontology and Swedish as second language (SFI) together with managers of elderly care centers have developed an innovative approach to improve the work-related SFI communication skills of care workers, focusing on language awareness and shared responsibility.

The approach includes

- formal learning: Workplace opportunities to achieve national vocational qualifications with Swedish language support
- non-formal learning: New structures and roles to reinforce learning via management systems (i.e. supervision, team meetings etc.)
- informal learning: Systems to connect formal and non-formal learning with everyday work activity and interactions with colleagues acting as mentors.

The developed approach focuses on reflective learning and inclusive language development for all staff, migrant and non-migrant. Results from the implementation of the approach were transferred and further developed by other partners in Sweden and across Europe within the project Transfer and Development of ArbetSam Results (TDAR) as well as within the Language for Work Network.

Particularly successful has proved the new role of Språkombud (mentors/language advocates) supporting language development at and through work. Role and training for Språkombud have been evaluated and are now implemented across Sweden and in other branches such as health care, childcare, employment services, schools, recycling etc. Beyond Sweden, the approach is also being used in Germany, the Netherlands and Norway.

High quality resources including support material for managers are available in English.

This panel's contribution illustrates the approach, presents results and insights gained, focusing on the structural conditions needed by employers and language providers to turn the workplace into a (L2) learning space.

Keywords: communication skills, language awareness, health and care workforce, labour market integration, workplace learning

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(2) Making communicative practices visible in a hospital ward (UK)

ALEXANDER BRADDELL
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This contribution outlines a materials-based coaching approach to support effective communication on a UK hospital ward by nurses and auxiliary nurses ('healthcare assistants'), many of whom were migrant workers from non-English speaking backgrounds.

After receiving complaints from patients and relatives regarding the communicative behaviours of ward staff, quality managers in the hospital asked a learning provider for guidance on ways to improve the communication skills of ward staff.

Consultation between learning provider and hospital quality managers established that:

- Pressure of work made it impractical to release staff for classroom training.
- Nursing supervisors on the ward were in a position to coach staff, but found it difficult to address communication skills constructively, reporting that when they attempted to help staff improve communicative practices, staff often reacted defensively, causing the interaction between supervisor and staff member to become adversarial.
- The communicative practices themselves had not been codified in any useful detail.

The learning provider then worked with nursing supervisors to:

1. Identify key communicative practices and the performance problems typically associated with them
2. Specify in detail what was wanted from staff
3. Create bite-size learning materials to explain and exemplify the target practices
4. Show supervisors how to use materials to
    - Make target practices visible to staff
    - Coach staff in structured, systematic way, avoiding adversarial interactions
    - Enable peer learning and self-directed individual learning

Evaluation found that this approach addressed the issues that hospital managers had wanted to address and the approach was extended to other wards in the hospital.

Keywords: healthcare workforce, communication skills, language learning, workplace learning, language coaching materials

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(3) Content and Language Integrated Learning (CLILL) in state-financed language courses for migrant doctors (Germany)

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FRESKO, Fresko e.V. IQ Netzwerk, Wiesbaden Germany, Member of the LfW Network

With Germany facing a shortage of doctors, hospitals have been increasingly recruiting physicians from abroad (Bundesärztekammer 2019). Since the medical profession in Germany is strictly regulated, international doctors must provide evidence of medical qualifications as well as relevant communication skills in German (87. Gesundheitsministerkonferenz 2014).

Therefore they are required to pass a specialist language examination called „Fachsprachprüfung“, which tests their ability to communicate effectively in spoken and written German across a range of healthcare contexts. This aims at avoiding potentially life-threatening miscommunication in healthcare. Of particular concern are doctor-patient encounters. In Germany, the relationship between doctor and patient is central and requires that diagnoses are communicated in a comprehensible and sensitive way.

The Fachsprachprüfung is scenario-based and focuses on:

- doctor-patient-conversation
- communication with family members
- documentation
- communication with colleagues and other healthcare staff

Through the Federal Office for Migration (BAMF), the German government has been supporting L2 healthcare development by developing the above-mentioned exam, a related detailed teaching concept, and offering free language tuition for doctors according to the Residence Law (BMJV 2004). The courses are based on a specific approach − developed by medical and language specialists together − in which professional and language skills are taught in an integrated manner. Role plays and scenarios are used to practise realistic language and communication skills in everyday clinical practice. To that end, communication situations are prepared and/or taught by teachers and doctors together. Sociolinguistic, intercultural, strategic competence, and the ability to express oneself professionally according to the context are part of the program.

This contribution examines the implications of this approach for language teachers and healthcare professionals and asks how far this approach can be useful for other countries to support the professional development of migrant doctors and their teachers.

Keywords: migrant doctors in Germany, free L2 courses for health professionals, specialist language examination, communication skills and healthcare, teacher training

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(4) Using gamification to support vocational language learning in health care (Germany)

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This presentation examines the use of gamification – that is, incorporating aspects of game-design – in a digital learning tool designed to support language development by migrants working in healthcare in Germany.

Developed by the IQ (Integration through Qualification) network and funded by the Federal Ministry of Labour and Social Affairs, Ein Tag Deutsch In der Pflege is a language learning game delivered through an app and designed for use on smartphones. It takes the learner through a series of healthcare scenarios arising during a work day. The scenarios present the learner with communicative challenges related to patient care and the team-work that supports it. The learner engages with a cast of characters, including patient Torben Teller, his concerned wife, and senior physician Dr. Thewes. Through authentic conversations characteristic of everyday healthcare work, the game helps the learner practise relevant communication skills, while internalizing the main linguistic aspects of the setting. The app supplements these gamified activities with further exercises, as well as a lexicon and information on working in healthcare in Germany.

A pilot version of the game was evaluated by experts from healthcare and second language training. Before launching the app in October 2017, an amended version was tested by the target group (healthcare trainees learning German as a second language). Additional settings in healthcare science and practice were added. Feedback from experts and users is being evaluated to further improve the app.

By the end of 2020, Ein Tag Deutsch in der Pflege had been downloaded over 70,000 times. Users come mainly from Germany, but also the Philippines, Albania, USA, Vietnam, Austria, Spain, Croatia and 12 other countries.

Keywords: vocational language training, healthcare, digital training, gamification, labour market integration

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(5) CLIL for medical students: a path to professional development or emigration? (Bulgaria)

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Knowledge of English, German, and/or French is an important enabler of professional development in healthcare. In Bulgaria, most medical students have good entry level skills in at least one of these languages, mainly because most secondary schools in Bulgaria provide intensive instruction in these languages. Medical students then need to develop language skills specific to healthcare in their chosen additional language. Because healthcare-specific language courses are extremely rare in Bulgaria, the Medical University of Plovdiv (Bulgaria) includes healthcare-specific English, German, and/or French in its curriculum for students of medicine, dentistry, pharmacy, and public health, using the instructional approach of CLIL (Content and language integrated learning). CLIL tasks are designed to allow students to use the foreign language as they learn the new subject content.

This provision − intended to enhance the professional development of medical students − has had two unforeseen consequences.

Firstly, it has attracted to Plovdiv students from Great Britain, Germany, Italy, Turkey, Greece, and North Macedonia. These students learn Bulgarian as a second language, but after graduation they return to their countries of origin or seek employment in another EU country.

Secondly, it has enabled Bulgarian healthcare professionals to gain the language skills they need to take their expertise abroad. This, following Bulgaria's 2007 entry into the EU, has led to a rapid outflow of Bulgarian healthcare professionals, especially physicians.

Informed by research from the Bulgarian National Statistical Institute, the European Commission and the World Health Organisation, this contribution considers the dilemma that dominant languages pose for healthcare systems in countries such as Bulgaria.

Keywords: CLIL, healthcare-specific language courses, emigration, labour market mobility, inequalities

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Ethics, Research, Communication in Times of COVID-19

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ALESSANDRO CECCHI PAONE
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In the time of the coronavirus, issues related to the ethics of communication and research have become even more central and at the forefront of the international debate in terms of duration and intensity. This is a positive element, which was partially weakened by the inexperience of many of the experts involved in the dissemination of information, thus calling for the urgency of training new mediators between the public and research, even beyond the emergency.

Never before newspaper readers and radio and television viewers have been swamped with data invading their lives on a daily basis as they have since the outbreak of the Covid-19 pandemic. In these circumstances rarely have the media provided the necessary tools to question the problematic nature of this data. For example, during the first wave, there was a misperception of the number of infected people and thus a gross overestimation of coronavirus related lethality. The mass media would appear to be inherently inadequate for the correct transmission of these elements, which requires considerable intellectual balance, but in fact some good practices show that much can, could and must be done. A renewed awareness of the methods of collecting and organising data and of the scientific method itself are becoming increasingly necessary, together with reflection on issues of research ethics, fake news and the difficulties of evaluation by journals and the scientific community itself. In an age of pandemics, mass communication cannot disregard a set of interdisciplinary skills.

We will start from the Italian experience placing it inside the international context and discuss the above issues with the aim of capitalising on the experience of these months and understanding how best to deal with similar emergencies in the future. The panelist have an interdisciplinary experience and complementary skills: Cinzia Caporale (cinzia.caporale@cnr.it), president of the single national committee for experimentation on Covid-19 and coordinator of the Commission for Ethics and Integrity in Research of the CNR; Alessandro Marenzi (alessandro.marenzi@skytv.it), Deputy director of SkyTG24 in charge of the Economy and special investigations, science communicator engaged almost daily, on an Italian national television, in providing and discussing the numbers of the pandemic; Enrico Bucci (enrico.bucci@resis-srl.com), Adjunct professor at Temple University and expert in the field of data manipulation and fraud detection, devoted to the promotion of research integrity in academic and private environments. The discussion will be led and coordinated by Alessandro Cecchi Paone (alexpaone@hotmail.com), radio, television and print media journalist, scientific and cultural communicator, university lecturer, communication expert and writer.

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(1) The Bio-Epics of COVID-19: Science and Ethics at the Time of the Pandemic

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Ethics is a language that brings scientists and ordinary people together, it is a tool for guaranteeing the quality of clinical trials and a powerful element of the public communication of science. The pandemic represented an unprecedented challenge for science, communication and ethics, which it was possible to observe in their making. This has shed light on the uncertainties of the process and uncovered many errors, but it has been and still is an incredible opportunity to understand how these three worlds work.

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(2) The virus Splashed All Over the Front Pages

ALESSANDRO MARENZI
SkyTG24

The pandemic presents an extraordinary challenge to the media. A challenge that has often found them wholly unprepared. High levels of data culture and scientific expertise do not always abound in many newsrooms. The very quality of the data being published daily in the media in many cases is often alarmingly poor. The infodemic that has exploded on social networks more often than not totally obscures quality information. The lack of certainty surrounding the emergence of this unknown virus has led to worrying short cuts in trying to find simple and unambiguous formulas to convey vital information. The Italian public's scientific literacy is among the lowest in Europe.

This combination of factors has generated an often chaotic, contradictory and confusing coverage of the pandemic.

The account of over a year's worth of relations between journalists, communicators, scientists and public opinion bears witness, however, not only to these difficulties but also to the encouraging advances made. And the slow but steady affirmation of a greater 'scientific' awareness among both those whose job is to inform us well and all of us who need to be informed well. A clearer understanding of the virus is so vitally necessary to defeat this pandemic and the inevitable pandemics of the future.

References

Press coverage of the pandemic from January 2020 to date. Examples of best practices, recurrent errors, unsolvable dilemmas.

(3) The Bad Science Pandemic

ENRICO BUCCI
Temple University, Philadelphia

During the health emergency that has hit us, there has been an abundant production of scientific papers on the disease, the virus and the various related aspects. This production rapidly saturated the capacity of scientific journals for peer review, while at the same time there was competition among editorial boards to ensure that they were the first to publish potentially high-impact articles in order to improve their bibliometric statistics.

The combination of these two phenomena has led to a considerable lowering of the standards of the review of submitted manuscripts, so that the overall scientific quality of the articles, precisely on a crucial issue such as the pandemic, has dropped considerably. For this reason, it is especially necessary today to consider scientific publication as the beginning of the discussion, that takes place within the scientific community, on data and their consistency, a discussion that will in any case only take place on the articles of greatest interest; compared to the past, no scientific paper - not even the ones published in the most prestigious journals - can be considered reliable for informing public policies or educating society on the best way to deal with the virus. Instead, both the public and policy-makers need to rely on an independent post-publication evaluation to separate the wheat from the chaff that has recently accumulated much more abundantly than in the past.

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Child-centred Communication: Promoting Child Agency Within (Mental) Health and Social Care Interactions

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MARIANNE FRANZ
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Despite the international rise of research into healthcare communication, and the increased policy focus on ‘consumer-centred care’, there is still a lack of deeper research on child-centred communication in client-professional encounters. Interacting with children in health and social care produces a range of communicative features that should be considered by the health and social care professionals. Professionals are not only faced with managing asymmetrical knowledge states and power distribution, but also differences in language development.

This panel focuses on analysing the nature and possibilities of children’s interactive participation in social- and healthcare conversations. We will importantly address knowledge gaps in the area of child-professional communication, supporting child agency (Bradbury-Jones, Isham & Taylor, 2018), and drive practice change. Therefore, in the four sessions of the panel we work on the following questions and communicative tasks:

1. What is child-centred communication in health- and social-care interactions? What is child voice within health- and social-care interactions?
2. By which linguistic devices do/can social and healthcare professionals promote child agency in communication? How do they encourage children to express their needs and concerns and to participate actively in the conversation?
3. By which linguistic devices is interactive cooperation between clients (children) and professionals achieved? – How do the professionals construct affiliation and build relationship and trust with their clients? How do the professionals ensure alignment in form of shared understanding and a common agenda for the consultation? (Stivers, Mondada & Steensig, 2011)

Sessions draw from three domains and different data: psychotherapy (video-recordings of therapy sessions with children), social work (audio recorded qualitative interviews with professionals), child social support meetings with ‘family coordinators’ (audio- and video-recordings of interactional activities between children and practitioners). This communicative work can have important ramifications for client satisfaction with consultations and with the ongoing relationship, as well as for compliance with follow-up measures and treatments.

(1) Conceptual Presentation of ‘Child Voice’, Narrative Literature Analysis of Child-Practitioner Encounters

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LESLEY STIRLING
The University of Melbourne

The importance of ‘assent’ and supporting children to develop their own ‘voice’ in healthcare is increasingly recognised within child health research. One aspect of growing interest is supporting children to develop their own voice in consultations concerning their healthcare (Tates & Meeuwesen, 2001, Tannen, & Wallat, 1983, Silverman, 1987). This follows the United Nations Convention on the Rights of the Child, acknowledging the ethical imperative and rights for children to be provided with their own health information.

Child health and wellbeing can be seen as relational and constructed between different actors in everyday life. Child participation requires professionals and researchers to address the importance of child consent and assent, the process of involving children in decisions to participate in research studies, especially in healthcare, in partnership with their parent(s) or guardian(s). Listening to the child's voice means giving, or accounting for, children's and young peoples' opportunities to describe their needs and wishes from their perspective. This demonstrates a moral imperative that recognizes children's understandings, and meaningful consent with research and health procedures (Navin & Wasserman, 2019). Children's decision to participate in research and contribute to healthcare decisions is an important vehicle for them to exercise their agency or 'voice' (Bradbury-Jones, Isham & Taylor, 2018).

This session will introduce the panel sessions and a conceptual presentation of child-centred communication and 'child voice', further exemplified in subsequent sessions. We contend that child voice or agency is observable in different empirical settings. We present the current state of literature on (primarily) dyadic interactions between children and adult healthcare providers. A narrative analysis of literature will identify interactional features of child-health professional encounters which might contribute to enhancing child agency.

(2) Alignment in Child Therapy Sessions: Informing Research and Practice

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HANNA CHRISTIANSEN
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LISA-MARIE DOBENER
Philipps University Marburg

Background: This session is part of a larger research project, 'The Village Project', which aims to enhance sensitive identification and strengthen support networks around children with parents with a mental illness. This work specifically aims to understand the concept of 'child voice', including the nature and possibilities of children's interactive participation in conversations about their needs and concerns and to identify communicative strategies of the therapists in order to facilitate child voice and child agency..

Methods: Through close consultation with the clinical team and 'experts by experience' (young adults with a parent with a mental illness), an approach was designed capitalising on investigators' expertise in linguistics, child development, psychopathology, and sociology. This involves a series of sociological and linguistic micro-analyses (Conversation Analysis) across approximately 30 consultations between therapists and children in Marburg, Germany. Video-recordings were transcribed and translated into English, however German speakers are engaged in analysis to identify cultural nuances and support translations.

Results: Initial analysis identified the topic of alignment (Stivers) as an indicator of child-centredness and a focus for further investigation. Specific linguistic devices were identified which support child-therapist alignment and address potential power differences within the interaction. These included: creating an ongoing and negotiated agenda, the use of non-verbal communication, rephrasing and checking for understanding, and alignment of terminology within sessions.

Conclusions: Approaches developed, and findings identified during this project, informed the Village Project within the field of child mental health. An analytical focus was developed through consultation with child therapists, linguists, and young adults who had grown up with mental illness in their family. Findings demonstrate the importance of child-centred alignment and developing a common agenda to address epistemological and power differences.

(3) Child-centered Communication in the Field of School Social Work

MARIANNE FRANZ
Medical University Innsbruck

Background: Social- and healthcare both aim at improving the wellbeing of their clients. A good professional-client relationship, just as an appropriate manner of talk, supports an effective collaboration. In this context, communication with children is characterized by particular requirements, due to the inequality of the conversational partners and the often-difficult purposes of the consultations (O'Reilly & Dolan, 2015).

Aim: This presentation explores the characteristics of child-centred communication in the context of school social work and brings them in context to what is known about child voice in child-doctor interactions. The study explores the professional experiences of the social worker and identifies which communication challenges they perceive and how they describe child-appropriate language.

Methods: This paper builds on a qualitative study based on an audio-recorded expert interview and a group discussion with Austrian social workers, analyzed by means of content and discourse analysis.

Results: The data show a high awareness of language on the part of the social workers. Identified challenges reach from children not willing to talk to discrepancies in knowledge or language skills. The described communication strategies to build relationship, to promote child participation in conversation, and to ensure mutual understanding are manifold and can be ranked to diverse linguistic theories as recipient design (Sacks, Schegloff & Jefferson, 1974; Schmitt & Deppermann, 2009) or alignment (Stivers, Mondada & Steensig, 2011). Apart from apparently successfully applied strategies the findings point out some remaining obstacles and difficulties for which the social workers are still looking for solutions to overcome them.

(4) Supporting the 'Daily Lives' of Children of Parents with a Mental Illness: Developing and Analysing Methods to Enhance Child Agency

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Children of parents with a mental illness (COPMI) often need additional supports to lead the happy and healthy lives they desire. In some cases, those supports are either not available or not found by families, resulting in negative long-term outcomes for these children. They may also not have the support of their parents in healthcare interactions. Consequently, supporting professional-child communication could be argued to be even more important to ensure children's concerns, needs, and wishes are discussed. This work is part of the larger 'Village Project', to increase identification and strengthen formal and informal supports around children when their parents have a mental illness, in Western Austria.

A methodology was developed for practitioners, family workers, to support child agency and understand the everyday needs and wishes of children of parents with a mental illness. The activity covered children's relationships (strength, quality, and quantity), situations, and places, to better understand their support network. A sample of activities were video recorded, transcribed, and analysed using discourse analytical methods focused on addressing the thematic topic of 'child voice'.

Data examples from these recordings are presented and discussed, illustrating particular challenges for professionals. Specific contextual factors influence the communication, including perceived stigma of mental illness, children as the focus while not 'patients' or presently unwell, and children's fear of discussing home life. The session will involve a broader discussion with impressions to data presented. Finally, a summary of the panel will be discussed, comparing different domains and situations for children.

POSTERS

Reframing Breast Cancer Experience through Metaphors: A New Operative System to Enhance Patients' Healing Process

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Adapting healthcare to patients' metaphor use is key in understanding the association between language and patient's emotional and cognitive processes, thus influencing their healing trajectories (Hommerberg, Gustafsson & Sandgren, 2020). Inspired by Sontag's work (1978), several studies criticized the use of bellicose metaphors for cancer, as they provide stereotypical narratives that negatively frame illness experience, with the risk of engendering fatalism or self-blame in patients who are likely to 'lose' their 'battle' (Semino et al., 2018). Comparing cancer to an 'enemy to be fought' may even compromise adherence, unfolding the need for cross-disciplinary research aimed at bridging the gap between cognition and discourse by empowering health communication (Putignano et al., 2020; Semino et al., 2018).

To meet this need, this work aims to describe a systematic protocol to be implemented in the near future within the Breast Care Unit of the Bari University Hospital. Driven by patients' demand for personalized communication while coping with breast cancer (Putignano et al., 2020), this protocol aims to embrace an individualized perspective on patients' manifold illness experiences. Hence, protocol procedures involve the administration of psychological screening inventories, together with visual-verbal cards retrieved from Semino's Metaphor Menu (2019), in an effort to: 1.build a novel corpus of patients' metaphors; 2.establish a patient-centered protocol made up of a brief interview regarding metaphors, in addition to psychometric questionnaires; 3.detect potential relationships between self-reported illness representation, emotional status, and psychological-discursive strategies.

Keywords: breast cancer, cancer metaphors, coping strategies, illness experience, patient-centered approach

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The Bioethics Course in Medical Schools: The UniCamillus Experience

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Objectives: From the first year, students of the new UniCamillus University are encouraged to develop the mindset of a strongly patient-centred vision and human interaction. The course is intended to deepen the role of the exchange of information through narrative medicine.

Methodology: 120 students were divided into 17 working groups: each group had to manage a subject. The group work consisted in accomplishing research on the subject and to prepare their presentations in a lecture theatre. Each group had to discuss its work with their peers and with an invited expert. Students had to prepare a paper on the subject, to give their contribution to the final version of a book 'Health and Ethics'. Students did not have to pass a final exam, but instead were evaluated on the quality of the materials they produced and on their presentation in the theatre.

Results: Students in fact were engaged in a "quality competition" thus producing high standard didactic material. The results of these teaching methods were coherent in several crucial aspects of the medical profession: team-working, research, didactic material preparation, presentation and discussion of the work, writing a paper.

Commentary: Our Universities, normally, do not consider the patient-doctor relationship in their teaching programmes. In this way, the risk is to progressively lose the ability to build an empathetic approach under the influence of technology and over-specialisation. It is important, through the "Moral Philosophy" course to give future doctors a human vision of medicine as a background of biological and technological knowledge.

Keywords: moral philosophy, empathy, team working, health and ethics, narrative medicine

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How Education Can Improve the Quality of Life for Students with Learning Difficulties: the Case of English Language Learning

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The European Union identifies education as one of the nine life quality indicators. According to literature (Lyon et al. 2003, Klassen et al. 2005, Penney 2018), students with learning difficulties may show poor academic performances, despite their average intelligence. Many scholars (Alesi et al. 2014, Pearce 2017, Huang et al. 2020) claim that negative education experiences may cause damage to wellbeing and students with learning difficulties are more likely to experience anxiety, stress and school refusal than their peers. The problems Italian students may encounter when learning their native language tend to become more serious when learning English, an opaque language with a less direct spelling-sound correspondence than Italian. However, the importance of learning English is clear, as it is used as a lingua franca around the world and its command can improve students' future opportunities, both in their personal and professional life. Therefore, teachers and educators play a key role as they have the responsibility to build a learning environment as inclusive as possible and guarantee the right to education.

The purpose of the current study is to share preliminary results of a research project aimed at collecting evaluations and suggestions from high school students with learning difficulties about teaching/learning strategies and methods. Understanding in depth students' needs and interests will help educators use actual student-centred teaching strategies, strengthen their relationship with students and tailor suitable interventions to motivate students to use English in their everyday activities.

Keywords: dyslexia, learning difficulties, inclusion, EFL learning, primary education

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Healthcare and Political Slogans: An Analysis of Chinese Government Communication during Healthcare Emergencies

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When talking about the Chinese Communist Party (CCP), its long history of issuing slogans, kouhao 口号, has always been associated with the intent of mobilizing the people (Xia 2009: 109). Along with other forms of official communication, red banners have been a stable presence in Chinese cities for decades, as part of government campaigns of various nature, among which there is healthcare ⍰ especially in the event of epidemics and other healthcare crises (Wishnick 2010). More specifically, said slogans are composed of simple and concise statements with the aim of creating precise shared civic values and actions (Kim 2011).

Taking into account the nature of those kouhao 口号within the framework of official CCP-issued healthcare communication, this study will examine a corpus of Chinese red banner slogans released during major healthcare crises that have hit the country over the past decades, namely, avian influenza, SARS, and COVID-19. As data-collection has been severely limited, all corpus entries have been gathered through the Internet, i.e. popular Chinese websites. A first part of the project will encompass a description of the main rhetoric and textual characteristics of those slogans by means of word frequency and collocation analysis, both synchronically and diachronically. This will be followed by a more in-depth study of the functions of healthcare-related slogans in China, especially during disease outbreaks.

Here, it is important to consider Chinese official communication in a way that takes into account its specific context and features (Huang 2010), as well as the language used to convey certain messages. For this purpose, it will be vital to employ the tools of Critical Discourse Analysis (Fairclough and Fairclough 2012), with the specific aim of extrapolating a case-specific theory that can be used to explain the social and political phenomenon of red banner slogans during times of healthcare crisis. This is especially poignant as Chinese official communication tends to be rater ideologically charged, and CDA would be the ideal medium to expose those communication strategies that appear neutral but may actually seek to shape the representation of events in specific ways (Machin and Mayr 2012).

Keywords: Chinese slogans, Chinese Communist Party, healthcare, healthcare communication, critical discourse analysis.

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Passing for Sighted in Narratives of Blindness

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While the concept of passing has traditionally been evoked in the context of race or sexuality, the phenomenon also applies to identities of disability such as blindness. Passing emerges as a major typology of blindness narratives, including the memoirs Planet of the Blind by Stephen Kuusisto and Now I See You by Nicole C. Kear. These narratives explore the realities of passing, the liberation that accompanies passing or follows its surrender, the culturally influenced desire to pass, and the prerequisites of the ability to pass – namely partial vision, the lack of visible markers of difference, and familial influence. However, passing remains noticeably absent from representations of blindness experience in fictional narratives, even those which depict complex and dynamic visually impaired characters. Novels such as Madeleine L'Engle's The Young Unicorns, Anthony Doerr's All the Light We Cannot See, and John Green's The Fault in Our Stars successfully avoid stereotypical and reductive motifs of blindness to portray dynamic, multifaceted visually impaired characters, but do not successfully represent the diversity of the visual impairments themselves. Fictional accounts tend to rely on total blindness, which carries more narrative significance and utility, rather than partial vision, which enables passing and subverts the use of blindness as a narrative prosthesis – a plot device, narrative impetus, or metaphorical signifier. While themes of passing and liberation have not yet pervaded in fictional narratives of blindness and vision loss, depictions of fictional passing may narrow the gap between the representation and reality of disability experience.

Keywords: passing, disability, illness narratives, representation, blindness

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Improving Quality of Care among Women with Genital Diseases – Attention to Patients' Mental Health and Sexual Dysfunction

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Women with genital disease might be stigmatized due to difficulties in fertility. Desire for procreation makes them anxious, depressed and experience a low level of health-related quality of life. They may also be tortured by sexual dysfunction. Yet previous medical treatment for women with genital diseases have only focused on the medicine or surgery process. Some studies have shown that having gynecological disease can lead to anxiety, depression and sexual dysfunction. However, the mental health of females suffering from genital diseases has been little focused and studied. Therefore, this study aimed to examine anxiety, depression and sexual dysfunction of women with genital diseases. 116 women diagnosed with ovarian, uterine or fallopian tube disease, recruited in the Hong Kong University-Shenzhen Hospital, located in Shenzhen, China, voluntarily joined the survey from March to November, 2020. They were asked to fill in a questionnaire containing the Female Sexual Function Index-6 Items (FSFI-6) and the Hospital Anxiety and Depression Scale (HADS). Results showed that 25% of the participants reported anxiety symptoms; 9.5% of the women reported depressive symptoms; while 37.3% reported sexual dysfunction problems. Anxiety ($p<0.001$) was significantly associated with depression. Depressive symptom can significantly predict sexual dysfunction ($p<0.05$) while anxiety was not associated with sexual dysfunction ($p>0.05$). This investigation highlighted the importance to intervene on the mental health and sexual function of women with genital disease, which are essential for the improvement of patients' health-related quality of life.

Keywords: female sexual dysfunction, depression, anxiety, genital diseases

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Becoming Interprofessional: Exploring Japanese Dental Hygienists' Identity Formation through Interaction in Healthcare

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Background: In a super-aging society, medical-dental collaboration has been increasingly important for providing comprehensive patient care. Particularly, in dysphagia rehabilitation and perioperative oral functional management, active contribution of dental hygienists is pivotal to interprofessional collaborative practice. Despite this increasing societal expectation, dental hygienists' experience and perceptions of interprofessional collaboration have not been fully explored. The focus of this study is on investigating dental hygienists' (inter-)professional identity formation and perceptions of interprofessional collaboration.

Methods: Semi-structured interviews were conducted with 11 dental hygiene students who experienced interprofessional collaboration in their clinical placement and five dental hygienists who engage with interprofessional oral healthcare. Thematic analysis was used to explore the verbatim comments.

Findings and Implications: Dental hygiene students found several barriers to the collaboration, including power relationship and hierarchy, professional culture, and differences in language and jargon. They viewed themselves as being a position inferior in the interprofessional team. This resulted from their limited knowledge about general health and less responsibility for problems directly related to patient life and death. However, dental hygienists did not have such negative perceptions as the students did. Rather, they focused on fulfilling their roles/responsibilities as dental professionals in interprofessional team from a holistic viewpoint of patient care. Their identities were formed through actively involving, coordinating their activity, and creating new images of the world and self in inter-professional communities of practice. Developing professional identities as collaborators is mutually related to effective interprofessional communication. Therefore, continuously promoting their (inter-)professional identity formation is key for effective communication across professionals.

Keywords: professional identity, interprofessional communication, interprofessional education, community of practice, dental hygienist

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Challenges to People with Aphasia during the COVID-19 Pandemic: An Update Report

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Aphasia is an acquired language disorder that adversely affects one's ability to understand, speak, read, and write. It is commonly caused by a stroke, but can also be found in individuals with dementia, traumatic brain injury, or other related neurological conditions. According to the National Aphasia Association, about two million Americans are currently affected by aphasia. The COVID-19 pandemic has had devastating effects on many communities globally, but people with aphasia (PWA) may face particularly more challenges because of their inherent difficulties in communication, cognitive and physical functions, as well as social engagement (Kong, 2021). In this presentation, the results of a recent survey study that examined the communication and psycho-social impacts of COVID-19 on PWA and their caregivers (Kong, Lau, & Chai, in press) will be shared. Specifically, this investigation focused on aphasia service receivers in Hong Kong, a city first affected by COVID-19 before World Health Organization subsequently declared a pandemic in March 2020, and investigated the following: Participants' (1) knowledge about COVID-19, (2) communication and community engagement before and after the COVID-19 outbreak, (3) psychological well-being, and (4) self-ratings on perceived degree of anxiety, depression, and stress. Our findings, in connection with major conclusions of other recent reports on COVID-19, will be discussed to (a) summarize the adverse effects of this evolving COVID-19 pandemic on PWA, such as limited access to intervention, reliance on less desirable online platforms for therapy, or mental health issues secondary to homebound social distancing measures that may impede recovery (e.g., Kong et al., 2020; Pisano et al., 2020); (b) offer recommendations to potentially mitigate the psychosocial and rehabilitation implications to PWA (e.g., Ellis & Jacobs, 2021); and (c) to highlight resources and remote support initiatives that may benefit PWA and their caregivers (e.g., Kong, 2021).

Keywords: aphasia, COVID-19, survey study, psychosocial problems, community engagement

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First Do Harm, Then Blame and Defame: Sweden’s Private Practitioners Fail the Ethics Test

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Patients and physicians are bound together by a shared search for meaning (Groopman 2004)—at least, when the healing relationship works as it should. In his examination of “the anatomy of hope,” Groopman considers alternative frames of reference that reach beyond science, yet nonetheless inform patient morale and impact patient status. Such “moral particularisms” (Brock 1991) transact alongside and along with biomedicine’s exceptional moral consensus (Kaldjian 2013).

But what happens to morale, meaning and mutuality when commitments to biomedicine’s frameworks are upended, betrayed even, by the very authorities entrusted to safeguard care? A recent malpractice case in Sweden provides a rare glimpse of the “moral particulars” that govern Sweden (and its healthcare). Truth relativism, loose accountability, a “Jante” us/them judgmentalism (Sandemose 1936), and strident taboos against criticism of the system (Pred 2000) are entrenched values, yet they problematize Sweden’s rhetorical embrace of “imported” absolutes like transparency, evidence-based, patient-centered and the like. In the present case, a private dentist whose procedure doctors pinpointed as the cause of a potentially-deadly infection deployed the discursive space of medicine to send a coded “insider” message: It first “outs” the patient as a non-native with autistic (read: “damaged”) children; then slanders the patient’s heritage, history, character, and more; and closes with accusations of criminality (Collin 2020). Despite being the dentist’s formal professional statement in response to an official inquiry, this document was twice erased from the public records (by Sweden’s Health Inspectorate Agency, and by Sweden’s Association for Private Dental Care Providers). Government authorities not only ditched ethics, but dumped science and defied their own experts to initially suggest the factual impossibility that the patient’s toothbrush might have caused a 1-in-a-million-infection. When medicine’s guiding principles and methods are emptied of meaning and the agents charged to protect patients instead “greenlight” defamation and impose new traumas, patients are left with an anatomy of hopelessness. Chillingly, there’s every reason to believe this case is not an isolated incident.

Sweden’s “no fault” policies—designed to smooth reporting in a conformist and conflict-avoidance society (Åkerman 2016)—have long risked a “no accountability” landscape (Swedberg 2016), but incentives to professionalism have (presumably) been shored-up by supervisory measures that undergird public-sector care. By contrast, for-profit care operates with zero independent oversight or re-licensing requirements, despite recent vast expansion. Sweden is unique in rationalizing silence as “neutrality” (even deeming it a superior moral good); but this dominant framework is not without its prisoners. Immediate costs for society are measurable in: a deficit of respect across healthcare, an “expensive mediocrity” that permeates the system, an increasing “talent drain” and out-migration of non-natives with education and means to flee “institutional discriminations” linked to Jante (Turausky 2011). A foremost longterm cost is the lost opportunity to broaden trust across Sweden’s expanding moral pluralism by enlisting the moral universals of science and democracy—the best bets for true impartiality.

Keywords: health governance, patient harm, ethics of care, censorship, Sweden

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The Psychology of Care Communication in Cross-Cultural Contexts

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In health and medical contexts, effective materials are those individuals can use easily and successfully. The process of designing materials to facilitate their use is known as "usability." Achieving it involves addressing a range of psychological processes related to whom will use materials, when, where, and how. The mind recognizes and processes these factors in different ways depending on the culture of the individual. Such complexities can be difficult to identify, but they are essential to creating different health and medical products and associated communications materials that meet audience expectations and needs.

This proposed presentation will examine the cognitive dynamics affecting what usability entails in health and medical settings based on the cultural background of a given audience. It will also explore how identifying and addressing such dynamics can enhance the design of communication materials for different audience – from patients to physicians – used in health and medical contexts. The presenter will also review how such factors can affect usability and design factors in different cultural and national health and medical contexts around the world. In covering these topics, the presenter will discuss strategies for researching the cognitive factors affecting the usability-related expectations of different cultural audiences in order to design effective (i.e., usable) materials for them.

Attendees will learn how to apply cognitive concepts to create communication materials designed to meet the expectations for use in international health and medical settings. Attendees will also learn foundational cognitive research and design practices for revising or creating usable health and medical materials for different cultural audiences. The objective is to provide participants with the knowledge needed to identify and address cognitive expectations associated with usability by different cultural audiences seeking health and medical information.

Keywords: cognition, context, culture, prototypes, scripts

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Portrait Photography – A Rehabilitative Tool?

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Medicine is an increasingly image-driven field. Conventional forms of images have been used for diagnostic, teaching, and progress purposes, such as those acquired from radiology or pathology. Although images have taken a foundational use by physicians, the potential use of imagery for patients as a means for medical therapy has largely been unexplored. At the Maison des Femmes in Saint-Denis, France, portrait photography is a supplemental activity that is offered for women recovering from rape or forced genital mutilation to assist them in reclaiming their bodies and identities. A portrait photographer captures the women's countenances and bodies over a period of time, allowing the women to directly engage in their recovery process. A central question, therefore, is whether the act of being photographed or the engagement with photographic images can act as a tool for listening and bear witness to a patient in various clinical settings. In other terms, can engagement with photography enhance mental and physiological rehabilitation beyond traditional medicine for patients recovering from life-debilitating illnesses, sustained trauma, mental illness, or physical disabilities? This poster presentation intends to examine the use of portrait photography as a supplementary tool for healing in clinical settings. In particular, this presentation will postulate if patients who engage with portraits of themselves over a longitudinal time-frame can enhance the rate and outcomes of recovery by increasing levels of self-awareness, body reclamation, personal identity formation, and emotional restitution.

Keywords: photography in medicine, portrait photography, photo art therapy, phototherapy, therapeutic photography, photography as healing

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Functions of Fictive Interaction in the Discourse of Psychotherapy

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The presentation will be devoted to the analysis of the functions of fictive interaction present in the discourse of psychotherapy (Królak 2016, Szehidewicz 2017).

Fictive interaction is used in order to categorise concepts in a simple, humorous or economical fashion. The direct reported speech constituent is not used as a direct literal quotation, but to set up “a type of communicative occurrence in order to demonstrate – rather than describe – a particular kind of attitude” (Pascual 2006:246).

When juxtaposed with the functions of the discourse of psychotherapy such as transparency of conceptual meaning or communicating emotions, fictive interaction may prove to be an efficient way of satisfying psychotherapeutic goals.

The examples of fictive interaction to be discussed will be taken from one of the cognitive-behavioural books for psychotherapy practitioners (Beck *et al*. 2005) as well as from the recordings of individual psychotherapy sessions (Szehidewicz 2017).

Some examples illustrating the phenomenon in question are given below:

A patient or significant other reports, “Oh, he (she) has always done that since he (she) was a little boy (girl),” or the patient may report, “I’ve always been this way.” (Beck *et al*. 2005: 26)

When asked what should be done in treatment she was rather vague, giving answers such as “I have to feel at home with myself” (Beck *et al*. 2005: 128).

Underlying beliefs are: “My basic rights are deprived”; “Other people are evil and mean”; “I have to fight, or just take what I need, to survive” (Beck *et al*. 2005: 200).

Keywords: fictive interaction, discourse in psychotherapy, cognitive-behavioural therapy

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Change in Nursing Students’ Metacognitive Strategy Use in the COVID-19 Pandemic Situation

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In the context of nursing education, there is a higher expectation of independent learning from university students during the COVID-19 pandemic, as they might not be able to receive the same level of support as they did during face-to-face learning on campus. With nursing classes being conducted remotely, except those involving practicum and certain experiments, this questionnaire-based study aimed to clarify the changes in metacognitive knowledge among nursing freshmen of 2020 from a single university in western Japan.

Ninety-one first-year nursing students (9 male and 82 female) aged 18–19 years were surveyed. Data were collected twice, in April 2020 and May 2021. The participants were asked about their knowledge and perceptions around metacognition. In 2021, they were also asked about the aspect of the online learning they considered the most difficult.

The results of the 2020 survey show that the students responded positively to items regarding “effectiveness of strategy use,” “knowing oneself,” “human mentality,” and “problem-solving ability,” implying that they were capable of learning independently. The 2021 survey (response rate was 71%) has been completed and the changes in metacognitive knowledge are now being analyzed using a matched t-test.

The changes observed in the participants’ perceptions during this crisis may help point to new directions in learning styles. Post-COVID-19 learning will depend largely on the foundation teachers and administrators established during the pandemic and how they foster environments that encourage students to nurture their self-learning ability. Although it is not known how long the pandemic will last, further studies are necessary to document and analyze changes in nursing students’ use of metacognitive strategies in their remaining time at the university.

Keywords: nursing student, metacognitive strategy use, COVID-19, online class, university

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Coping with the Guilt of Putting a Parent in a Nursing Home

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Background: One of the major changes in our society (since the 1980s) has been the institutionalization of nursing homes for elderly people. Sons and daughters often have to place their parent in a retirement home. The guilt they feel has been investigated very rarely. The aim of this study is to provide a description of this feeling which is unique and intimate for each participant.

Methods: The phenomeno-pragmatic method was chosen for this qualitative research because it offers a rigorous and dense process of categorization leading to a theorization or to a general proposition. About ten semi-structured interviews are analysed according to Pierce's semiotics ("everything is sign"), i.e. indexical elements, linguistic analysis, connectors, verb tenses, etc.

Preliminary results: All the people interviewed affirm that they feel guilty to different degrees depending on the family, social and cultural context. Within a sibling group, each member does not have the same degree of guilt, nor the same intensity. Within a sibling group, each member does not feel the same degree of guilt, nor the same intensity. Guilt of not feeling guilty is also experienced and reported.

Discussion: The present research appears to be an original contribution to the understanding of guilt as a personal and unique event in the context of parental placement. It provides answers in terms of exploration of the experience of guilt, communicational needs of adult children facing placement and recommendations to doctors and staff of the Institutions on a subject that is rarely or not at all approached.

Keywords: guilt, adult children, nursing home

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Talking about Chronic Pain in Later Life

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Background: Chronic pain is a crucial issue in aging population, where the management relies upon everyday communication. We carried out a study aiming to better understand the elders' communicative practices relating to chronic pain: Is chronic pain a topic within elders' social networks? If so, when, how and why?

Methods: Within an applied linguistic perspective, we interviewed 50 elders from French speaking Switzerland, over 75 years old, suffering from chronic pain and without major cognitive troubles. We then carried out a qualitative analysis in order to map the elders' personal network and to identify their communication practices and needs.

Findings: Elders' social networks include between 1 and more than 30 persons of importance. These networks are in the most part family-oriented and feature a specialization of relationships. The primary interlocutors in the communication of chronic pain are health practitioners and friends of the same age. Family members are those with whom the elderly tend to avoid talking about pain.

Elders generally tend to express few communicative needs. Barriers to chronic pain communication relate to elders' self-restraints (banalisation of pain, fear of threatening social relations) as well as their interlocutors' features (different age, gender and experience of pain) and behaviours (showing no interest, lacking of communicative abilities or health literacy).

Discussion: Our findings evidence a series of fine-grained grids that allow the elderly to adjust their communicative practices about pain to the audience with whom they are talking. Health professionals and other caregivers should better know these communicative resources and ideologies.

Keywords: chronic pain, aging, network, communication

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The Co-construction of Verbal Empathic Communication in Interpreter-mediated Consultations: a Qualitative Interaction Analysis

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Background: Empathic communication (EC) is a crucial part of patient-centered care and associated with positive health outcomes (Hojat et al., 2020). In interpreter-mediated consultations (IMCs), EC might be compromised by interpreters and doctors' actions (Krystallidou et al., 2019; Krystallidou et al., 2018). However, more research is needed to understand how doctors, patients and professional interpreters work together on a communicative level to create EC (Theys et al., 2019).

Objectives: To investigate how empathic communication (EC) is verbally co-constructed in interpreter-mediated consultations (IMCs) and the interpreter's effect on it.

Methods: We video-recorded and coded participants' verbal interaction in 7 real-life video recorded IMCs using the Empathic Communication Coding System (ECCS), as developed by Bylund and Makoul (2002) and as adapted for IMCs (Krystallidou et al., 2018). We identified empathic opportunities (EOs) and responses (ERs) as expressed by patients/doctors and as rendered by interpreters. We categorized shifts in intensity/meaning between the versions of EOs and changes in the level of empathy between the versions of ERs.

Findings: Interpreters introduced EOs that were not expressed by patients, but still prompted an ER from the doctor. This challenges the idea that EC always starts with patients' EOs. Interpreters struggled with relaying empathic statements (most of the EOs and ERS were omitted/marked by shifts or changes). This could compromise the co-construction of EC and patient-centered care in IMCs. Doctors responded implicitly to most expressed EOs which raises the concern that they might fail to meet patients' need for emotional support. Patients expressed a small number of emotion EOs in comparison to progress or challenge EOs, suggesting that they might feel less comfortable expressing their emotions in IMCs.

Conclusion: EC in IMCs can be initiated by patients and interpreters. We found further evidence that EC might be compromised by the interpreters and doctors' actions.

Keywords: empathic communication, medical interpreting, health communication, communication barriers, translation

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Uncertainty, Depression and Quality of Life Among Women with Polycystic Ovary Syndrome

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Women with Polycystic Ovary (PCOS) may experience infertility and are under high risks of cardiovascular diseases. They reported higher levels of depression and lower levels of quality of life than healthy women. In Mishel's Uncertainty in Illness Theory, positive communication with doctors can relieve patients' anxiety and worries on illness uncertainty. Therefore, this study aimed to examine the influence of uncertainty in treatment on the depression and quality of life of women with PCOS. 40 women aged 21-35 year-old, diagnosed with PCOS, voluntarily filled a questionnaire containing the Mishel Uncertainty in Illness Scale (Adult) (MUIS-A), the Beck's Depression Inventory (BDI) and the Polycystic Ovary Syndrome Questionnaire (PCOSQ). Another 15 women with PCOS, aged 25-35 years old, joined a semi-structured interview lasted 25-75 minutes. Questions relating to their medical treatment experience and evaluation on doctors and nurses, as well as their moods change after each treatment were asked. Both quantitative and qualitative results indicated that positive and more communication with doctors and nurses would significantly reduce PCOS women's feelings of uncertainty, thereby decrease their depressive symptoms and enhance health-related quality of life. Doctor-patient conversation at the time of diagnosis is crucial. Emanuel's Informative Model in doctor-patient relationship is advocated when women were first diagnosed with PCOS; the Deliberative Model is suggested to be used in the following treatment, especially for infertility treatment.

Keywords: uncertainty, depression, health-related quality of life, polycystic ovary syndrome

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“COVID-19 Treatment in the patient” vs. “Let’s not Ignore the Infection of the corona” – Specialised Medical Discourse vs. Computer-mediated Communication on the Basis of Professional Publications and Lay Forum Posts in Polish

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The aim of the current proposal is to determine the character of the specialised medical discourse of case reporting as well as of computer-mediated discourse about COVID-19 on the basis Polish language professional publications and entries on Internet forums. The intention here is to examine and then juxtapose the two discourses as used by medical professionals and lay people respectively about the same disease event in particular cases described. The proposed research will focus on the linguistic construction of the concept of the disease as well as of the patient and the consequences of particular linguistic choices as mediating illness experience with respect to different contexts, channels as well as authorship and readership. While particular novel language items or metaphors related to COVID-19 have received researchers’ attention both in English (Buuren et al. 2020; Chaiuk and Dunaievska 2020; Semino 2021; Wicke and Bolognesi 2020) and Polish (Cierpich-Kozieł 2020), the present author knows of no study in which the discourse about COVID-19 in Poland would be analysed and compared in both professional and lay contexts.

The data for the current proposal constitute scientific articles related to COVID-19 derived from Polish medical journals for professionals as well as the entries from Internet forums on which the issues connected with COVID-19 are discussed. The analysis was conducted following the principles of qualitative social linguistic analysis with elements of the quantitative one, and refers to cognitively and functionally based grammar of discourse (Duszak 1987; Smith 2003; Gardner and Alsop 2016), paying attention to such linguistic resources as patient references, passive and active constructions, thematic-rhematic structure, etc. which may vary in the contexts from which the texts analysed are derived. The results demonstrate that the two groups of texts use different communicative accents as well linguistic resources chosen (e.g. vocabulary, sentence structure, etc.), which, consequently, produce different effects.

Keywords: COVID-19, specialised medical discourse, computer-mediated discourse, discussion forum, Polish

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WORK-IN-PROGRESS ROUNDTABLES

Dental Professionals' Gum (Periodontal) Disease Explanations: a Typology of Communicative Discourse Styles

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In order to stabilize gum (periodontal) disease, patients and dental professionals must work in close partnership to address plaque build-up on the gum line. Good communication between provider and patient, with clear explanations about this hidden condition, is key. Clear explanations alone are not sufficient, however, as discussions need to avoid blame, and should support patients' motivation towards lifestyle change. In this qualitative study, 16 in-depth semi-structured interviews with dental professionals were conducted in order to gain insight into their lived experience of explaining gum disease to patients. A thematic discourse analysis (after Roberts and Sarangi, 2005) was conducted to identify language patterns used by interviewees. The identified discourses illustrated how participants subconsciously emphasized aspects of their perceived professional identity roles, e.g. clinician, educator, collaborator, and these perceptions pervaded the way they approached their gum disease discussions with patients. Six 6 perceived roles/communication styles were inductively identified in this way, with the nomenclature of these being influenced by some of the CanMed (2015) competency role definitions. An obvious limitation of a framework of styles like this one, is that it is a simplification of communicative complexity. However, a strength is that this provides an economical way to characterise a style, and so may be useful in health communications training for stimulating reflection. A further strength is that communications styles can be used in correlation studies to identify which styles, and associated linguistic features, are most likely to be linked to patients' intentions towards health behaviour change.

Keywords: dental communication, gum (periodontal) disease, discourse analysis, communications typology

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Personal relationships in multilingual/ interpreted medical communication

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Previous research on multilingual communication in health care services show that patients with low language proficiency in the host country's language have difficulties in accessing medical care (Mösko et al. 2017, Bührig & Meyer 2015). We aim to investigate this finding further by asking to what extent multilingual communication influences the diagnostics and treatment process. With the focus on the psychotherapeutic treatment process we are interested in the influence of multilingualism in the constitution and realization of the 'therapeutic relationship'. Since the establishment and shaping of a personal relationship between medical personnel, interpreters and patients also plays an essential role in other areas of medical communication, we also invite interested parties from other areas of medical communication to this round table.

The questions we would like to pursue are:

- How is the quality of relationships established in groups of three?
- To what extent do verbal and kinetic forms of expression interact?
- What are the requirements for interpreting communication?
- What are the specifics of video-based use of interpreters?

These questions are an open list, and we would be very pleased to receive more additions to it.

Keywords: psychotherapeutical relationship, interpreting, story telling, discourse analysis, balancing triadic communication

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Studies of Decision-making in the Settings of Pregnancy, Adoption and Predictive Genetic Testing.
Two round-table panels of work-in-progress papers

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These two panels present work-in-progress that examines multi-party decisions about genetic testing or the continuation of a pregnancy. The papers to be discussed address several aspects of these decisions across different settings and from a variety of methodological perspectives.

What is apparent in all these settings is that there is a tension between the logic of a narrowly medical approach and a more encompassing framework for making decisions grounded in the lifeworld of the patient, the child or the family. For adults making a decision about predictive genetic testing for themselves there are potential benefits of finding out whether or not they have inherited a serious condition that affects others in their family as well as possible disadvantages (or even harms) to this knowledge. The genetic counsellor's role is intended to help each individual at risk make the best decision for themselves, enhancing their autonomy. This inevitably brings the world of medicine up against the patient's life-world and this is our focus. Similarly, in a pregnancy, medical information about the fetus has implications for the likely future health and quality of life of the child, if the fetus is born alive and survives. Professionals provide an expert assessment of the evidence to the parents, who must make decisions about continuing or terminating the pregnancy in the light of their assessment of what the medical information will mean for their life-world. The way in which decisions are offered to the pregnant woman and then made in relation to the care of the fetus as distinct from the mother is delicate and important. In the setting of adoption, social workers and prospective parents must make comparable decisions about whether or not to obtain additional genetic information about a child being considered for adoption: will this be helpful for making decisions about the child's future placement and for her future quality of life?

In the first set of papers, we focus on reproduction – on antenatal screening, on prenatal genetics and on decisions about whether to risk having a child affected by the same condition as one of the parents. These decisions raise difficult and sensitive issues, including both stigma and – potentially - the termination of pregnancy for fetal abnormality. The second set of papers addresses predictive genetic testing and genetic testing in the context of adoption.

(1.1) A Family Affair: One Prenatal Decision

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We use multiple methods to track the decision process of a family in one pregnancy in which the fetus has both Down syndrome and a complex congenital cardiac defect. We collected four types of data: audio recordings of clinic discussions, a conventional diary, one recording of a family discussion and an interview after the birth of the infant. We contrast the information made available to the study through the different routes.

We report our findings with a focus on two themes that emerged from the work on prenatal decisions more generally: (i) the role of judgements about quality of life in these decisions and (ii)

the ‘reading’ (i.e. interpretation of the intentions) of professionals by the patient and family. The assessment of the quality of life of a future child – and of other family members – are often considered by participants in the project. Furthermore, many of the longstanding concerns of professionals about ‘directiveness’ are mirrored in discussions among the family about what message the professionals meant to convey in what they have said.

This multisource approach presents a very full, rich perspective on a process of arriving at a decision. This case study has been drawn from a larger project that examines the decisions made by patients over time, in both predictive genetics clinics and prenatal clinics. This study is focusing on what is happening for patients outwith the clinical sphere, in the ‘life-world’, and aims to fill out the picture of the context within which patients make decisions, when what happens within clinic is all that is readily accessible by the professionals involved.

Keywords: pregnancy, prenatal genetics, diary, Down syndrome, decision

(1.2) Decisions about Reproduction in People Affected by or at Risk of Late-onset Neurological Diseases.

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People with a family history of hereditary disease commonly face a number of difficult questions about reproduction. These may entail decisions about whether or not to have children who may later be affected, and about engagement with reproductive testing technologies. Such decisions involve weighing the risk of passing on a genetic condition to offspring alongside responsibilities to self and others, including those not yet born. While the wish to mitigate genetic risks is often strong and may be seen as “acting responsibly” from some perspectives, there are other more situated logics and perspectives from which this would be contested. In this paper, we use qualitative data from individual and family interviews to report accounts given by individuals at risk of or affected by the incurable, late-onset neurological diseases, familial amyloid polyneuropathy and Machado-Joseph disease, about their reproductive decisions. We consider the concept of genetic responsibility, with reference to a broad psychosocial framework and to ideas about the social accountability of accounts, to explore the reasoning set out in the accounts of participants in relation to their past decisions to reject or accept reproductive risks, and the ambivalences these choices entailed. Our findings highlight the context of participants’ negotiation between reproductive risk and their sense of responsibility towards themselves and others, and conclude that ‘genetic responsibility’ is present not only in the accounts of those who chose not to have children, but also in those who informedly decided to have at-risk children.

Keywords: decision, genetics, reproduction, responsibility, risk

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(2.1) Deliberation and Decision in Predictive Genetics

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Saying ‘yes’ to an offer of a genetic test implies not saying ‘no’. That is to say, yes and no are not simple binary opposites, but involve a double negation. By accepting the offer of a test, a patient not only rejects a decision not to take the test, but also the validity of arguments against taking the test. In the context of a genetics clinic, decisions rarely appear with clarity of purpose, with patients more often navigating a path towards a decision. Nevertheless, in the end, these movements in the direction of a ‘yes’ or a ‘no’ are interpreted and acted upon as determinations by all participants. In this paper, I explore the decision to accept or reject an offer of a genetic test for Huntington’s Disease or for the BRCA 1/2 genes in terms of the transformation of decision trajectories and deliberations on decisions into yes/no answers to an offer. Using ethnographic and diary data, I explore this transformation of decision trajectory into a decision using ideas about the interconnection of lifeworld and system with the aim of adding to our understanding of the nature of genetic decisions.

(2.2) Decision Making and Uncertainty in Preadoption Genetic Testing

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The adoption process is a complex bureaucratic world comprising many different actors, authorities and professional groups. Here, making decisions about whether to test a child for a suspected genetic condition involves ethical questions of whether it is appropriate to test minors as well as managing expectations of genetic testing. Tensions occur when testing is requested to resolve future uncertainty rather than determining the immediate healthcare needs of the child. For instance, adoption teams and prospective adopters may see genetic testing as a means of reducing uncertainty and therefore assisting adoption, while medical advisors may view testing as creating new uncertainties and thus hindering adoption. In this paper, I explore the accounts of social workers and medical advisors describing cases in which decisions to test or not test children are set against a background of institutional struggles to resolve uncertainty prior to adoption. These accounts reveal not only asymmetries of knowledge about genetic technologies but also competing interests and values of those involved in the adoption process.

(2.3) Three Possible Futures: Patient Decision Making Regarding Predictive Genetic Testing in the Clinical Genetics Setting Where there is Little or Deferred Utility

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Some patients appear to 'know' that they wish to have a test or not, whilst others deliberate the decision at length. Little is understood regarding how patients deliberate their decision to undergo genetic testing. When making these complex decisions, patients are aiming to resolve ambivalence by weighing in the balance three possible futures – 1) not to have the test and to live with the uncertainty of not knowing their status, 2) having the test and receiving a positive result, and 3) having the test and receiving a negative result. Our aim was to explore how these three futures are constructed. We gathered qualitative data from clinical consultations, patient's reflective diaries and patient interviews from patients considering testing for conditions such as, Huntington's Disease, BRCA1/2 and Motor Neurone Disease. Our findings explore how consultations, discussions with others, misconceptions, and information seeking influence the shaping of these three possible futures. We compare health conditions and data sources to further compare deliberation in clinic and outside the clinical appointment. We discuss our findings in relation to resolving ambivalence through imagining possible futures as a central technique in Motivational Interviewing used in the field of behaviour change. Finally, we make recommendations regarding the development of decision support tools for use in clinical practice.

Keywords: decision, deliberation, ambivalence, predictive genetic testing, imagined futures, uncertainty

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Claiming Credibility in Patient’s Narratives of Contested Illness

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A discursive pattern observed in memoirs of contested illness (e.g., fibromyalgia, post Lyme disease, CFS) is that narrators typically report having their stories of illness treated as psychosomatic or hysteric, and not given credence (e.g., Dusembery 2018). I argue that one of the main communicative intentions of these types of memoirs is to legitimize their narrators’ stories as real rather than imagined (e.g., Hawkins 1999). By doing a discourse analysis, I shall analyze how narrators construct reliability and credibility by examining the “orientation” (Labov 1997) sections of two memoirs concerning post-Lyme disease: The Widening Circle (Murray 1996) and Bite Me (Hilfiger 2017). First, I elaborate on why credibility, that is, the extent to which listeners believe the events happened as the narrators have described them, may constitute a narrative problem for these patients, given the reportability paradox. Second, I discuss the discursive strategies narrators use to overcome the reportability paradox that may render them as unreliable narrators. It is suggested that unreliability and credibility do not necessarily oppose. A narrator of a contested illness could be unreliable, but her narrative credible. Whereas reliability could be associated with the factual realm of historicity and logic, credibility could be associated with the existential realm of narrative truth. Finally, managing credibility in memoirs may be different than in face-to-face interactions. Writing memoirs may not be a perfect solution to the problem of credibility in doctors’ offices; however, narrators can contribute to rising health movements, which may end up having social impact on nosological categories.

Keywords: contested illness, reportability paradox, credibility, memoirs

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The MMR Vaccine-Autism Controversy in the Post-truth Era: a CDA of Newspaper Discourse

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The present paper presents the methodology and preliminary results of my PhD research, a critical discourse analysis of the UK newspaper coverage of the MMR vaccine-autism “controversy”. This “controversy” concerns the alleged link between the triple MMR vaccine and the onset of autism, that was first suggested in 1998 by Andrew Wakefield and colleagues in a paper published in The Lancet. Despite having been subsequently discredited and retracted, the paper has arguably contributed greatly to the negative perception of vaccines by the British public: it fostered a climate of scepticism towards experts and authorities, and it effectively created a public debate, (re)presented in the mass media, where objective facts and evidence were pitted against emotions and personal beliefs (Boyce 2007). In this sense, the MMR vaccine-autism “controversy” may also be interpreted considering more recent discussions about a “post-truth” epistemology and the spreading of “fake” news. In order to explore the discursive characteristics of this debate, a corpus of news articles from major UK newspapers was built and analysed using corpus-assisted CDA (Baker 2006). The analysis aimed at exploring the way in which proponents and opponents of vaccination used language and evaluation (Bednarek 2006) to legitimize their views and delegitimize their opponents’. To this end, special attention was paid to editorials and readers’ letters, that were largely ignored by previous studies (Clarke 2008), but are here seen as argumentative texts (Richardson 2007) where public understanding of medical facts is often mediated through appeals to emotion and personal narratives. The second part of the research is devoted to the analysis of a corpus of online posts and comments taken from the newspapers’ websites and social media pages, and to a comparison between online and offline debates about the MMR vaccine. Such a comparison is proposed as one possible way to explore the role played by the internet and social media in (re)presenting medical debates and in shaping the so-called “post-truth” society.

Keywords: MMR vaccine, autism, post-truth, critical discourse analysis, evaluation

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Implicit Uncertainty in Simulated Telemedical Consultations

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Due to the COVID-19 pandemic related challenges for social interaction in general (digital communication) and in the health sector (telemedicine) in particular, irritations and uncertainties can arise in the process of understanding between physician and patient, which find linguistic expression. In general, uncertainty is a constant companion in everyday medical practice. Part of dealing with uncertainty in a professional manner includes its communication, both to colleagues (e.g., handoffs) as well as to patients (medical history taking/consultation). However, for medical students, the disclosure of uncertainty also seems to be linked to the concern of appearing incompetent, which can lead to strategies of concealment. Therefore, we are particularly interested in verbal implicit expressions of uncertainty. Based on the data of a simulated first day of residency (including a consultation hour, a patient management phase and a handoff) as a training for medical students in their final year, we qualitatively analyzed handoff conversations and developed a framework for the linguistic expressions of implicit uncertainty. This framework describes expressions in categories that can be interpreted as modifiers in either an information-attenuating or information-strengthening function, thus indicating either increased or decreased uncertainty. Using this framework, we intend to analyze telemedical consultations with simulated patients as part of the described training for medical students. The purpose of this study is to explore linguistic phenomena of implicit uncertainty in the context of irritations that can occur in the course of unfamiliar situation with telemedical conversations.

Keywords: implicit uncertainty, communication, telemedicine, medical students, consultation

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Communicating about and Caring for Trauma in Clinical Ethics Consultation

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Trauma Informed Care (TIC) is only beginning to receive attention in clinical ethics consultation (CEC) practice, in part through a justificatory framework that I as a clinical ethics consultant have been developing along with a pediatric provider. Our work suggests that CEC routinely confronts, and at times arises due to, personal, historical, or intergenerational trauma related to prior healthcare experiences, social and political context, and intersectional oppression and exclusion. In situations where a person seems to react with aggression and anger or withdrawal and avoidance, which may often be the case during ethics consultation, we often wonder "what is wrong" with the person. Yet trauma informed care shifts the question from "what is wrong" with someone to "what happened" to them – a shift of perspective that is effective for clinical ethics consultation. In this workshop I briefly present the framework for trauma informed ethics consultation developed through my collaborative scholarship, which arises out of the pediatric setting, illustrating how this trauma informed approach enhances existing models for clinical ethics consultation by attending to patient, family, and provider trauma, and why it is necessary. I then move to the active part of the workshop during which I seek feedback from multidisciplinary conference participants about how to grow and refine training programs to communicate TIC principles and practices to clinical ethics consultants, and how clinical ethics consultants can and should change their communication practices with patients, families, and medical teams, to provide concrete TIC interventions in clinical ethics.

Keywords: trauma-informed care, clinical ethics, ethics consultation

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Online Training in Communication Skills for Second Year Medical Students: Challenges and Opportunities for Reflection

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Communication skills are essential for medical practice. Nevertheless, Italian medical schools still display substantial heterogeneity in terms of methods, placement during the medical training, assessment. The present cross sectional study is part of a longitudinal protocol investigating attitude towards healthcare communication among medical students. Eighty seven students attending the second year "Harvey" medical course (taught in English) received 8 hours online interactive training in communication skills based on the Calgary–Cambridge guide integrated with self reflective questions. Students were asked to complete the Communication Skills Attitude Scale (CSAS). The main issues raised by the students concerned motivation to become a doctor, telling the truth, dealing with family members, privacy, sharing or not one personal experience with the patient. Students asked to discuss real life clinical situations. Participants genuinely discussed highly emotional themes. The placement of this module into the ethics course allows to contextualize a list of skills that otherwise could remain mainly technical. The online format was a challenge for the specific topic. Participants, coming from different countries, had to adapt to different languages and communication tools, e.g. the distance and proximity introduced by the screen, and the recording of the session. Of interest, no one mentioned the COVID-19 emergency during the lectures. The prosecution of the longitudinal study, with re-administration of the CSAS at different times, will help to clarify the trajectory of students' involvement in communication training.

Keywords: communication skills training, patient-doctor relationship, online teaching, communication skills attitude scale, clinical communication

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Developing a Roadmap for Knowledge Translation of Burden of Disease Studies: A Survey from the European Burden of Disease Network

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Background: We have previously identified the need for the development of a knowledge translation (KT) toolkit for burden of disease (BoD). BoD can be seen as an essential element in health information communication. However, guidance, such as a KT framework about the use of BoD statistics, e.g. in European countries, is lacking. Insight into how BoD evidence are being used, or what would stimulate their use, might provide valuable information about the next steps for developing a BoD KT toolkit.

Methods: We developed a web-based survey of twenty-eight (n=29) questions, sent out via email in December 2020 to 248 participants within the Cost Action CA18218 European Burden of Disease Network [burden-eu]. The aim was to gain an overview of how morbidity (disability-adjusted life years and years lived with disability) or mortality data (years of life lost) are used in the different European countries. We received only between 6 to 50 responses for each question. The questions focused on non-communicable diseases (NCDs), injuries, infectious diseases including Covid-19.

Results: The survey participants, are members of the [burden-eu], all working professionals and academics from Europe and beyond, with evident research interests and/or experience in the field of BoD methodology and KT. Most participants indicated that they consider calculating Covid-19 BoD (60%) and its indirect effects on NCDs (62%), but not on injuries (14%). Also, 84% indicated that they consider quite or very important a BoD KT toolkit. Participants specified methodological challenges such as accessing resources and interpreting long-term impact data. Participants indicated support on the discussion and interpretation of results as well as sharing suggestions on results' communication as beneficial.

Conclusion: These preliminary findings provide a starting point for the development of a step-by-step application toolkit to estimate BoD. The goal is to provide KT guidance to support researchers and policy makers in using such evidence.

Keywords: knowledge translation, toolkit, survey, burden of disease (BoD), policy

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Weetman, Katharine
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Wermuth, Cornelia
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Yin, Margaret X.C.

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Zabielska, Magdalena
Zanola, Annalisa
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COMET 2022

20th International and Interdisciplinary Conference

Communication, Medicine and Ethics

13–15 July 2022

Hosted by

The Hong Kong Polytechnic University

Hong Kong, China

The COMET conference aims to bring together scholars from different disciplinary backgrounds, involving various healthcare specialities and the human and social sciences. A special emphasis will be on the dissemination of ongoing research in language/discourse/communication studies in relation to healthcare education, patient participation and professional ethics.

Plenary Speakers (to be announced)

The Pre-COMET Masterclass is scheduled for 12 July 2022

The Call for Papers with the Deadline for submission of proposals will follow soon.

Local Organising Committee: Sal Consoli, Catherine Law, Margo Turnbull, Bernadette Watson and Amos Yung

COMET Founding Advisor: Srikant Sarangi

Contact: comet2022.conf@polyu.edu.hk

https://www.polyu.edu.hk/engl/event/COMET2022

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