supported increased understanding and demonstrated the synergy between their personal and professional experiences.
The consultants' experiences reflected the primacy of their clinical expertise and their uncertainty as to the role of palliative care for their patient group. The requirement for prognostication and identifying the 'tipping point' from active to palliative care was especially problematic. Many identified the personal cost, the ethical and clinical dilemmas of determining the end of life. Their stories, in particular identified the difficulties in establishing and communicating an end of life prognosis reflecting their unique personal and professional responsibility as medical consultants which contradicts the perceived contemporary dominance of multi professional working.

Information disclosure and colorectal cancer sceering: Do individuals know the consequences of their decision?

Sandro Stoffel, JRC European Commission, Italy

Purpose: If individuals face cognitive limitations or biases that lead them to not attend cancer screening, health institutions could theoretically highlight relevant information that enables people to better understand the importance of cancer screening. The study examined, in a randomized field trial, whether and what type of information can be disclosed to individuals between 50 and 70 years to increase their chance to get screened for colorectal cancer.
Method: The randomized field trial was conducted with 3212 participants as part of the second Cypriot colorectal cancer screening pilot in 2013. Individuals received either a standard invitation letter or one of six different treatment letters that either made the cost of non-attendance or the benefit of attendance more salient. The treatments based on previously identified barriers to attendance and highlighted either the cost of cancer for the social environment, cost of non-attendance in terms of financial sunk costs, cost of non-attendance as missed chance of efficient early medical treatment, conditional probability of having cancer when the test detects traces of blood, the limited duration of the free screening offer or injunctive norms about participation in the first pilot. Note that all participations, except the ones in the injunctive norms treatment, had the same information as the experiment was limited to highlighting existing information from either the invitation letter or the information leaflet.
Result: Although none of the treatments increased the overall uptake rate, the experimental results showed substantial heterogeneity in the effectiveness of the different information treatments: While highlighting the social consequences of cancer increased uptake rates among women, they tended to decrease male participation. Furthermore men, who received information about limited duration of the screening programme, tended to participated less frequently. Overall, the results suggest that information disclosure may help individuals to understand the consequences of non-attendance and benefits of participating in the screening programme and increase participation of some subgroups.
Conclusion: Although the results did not find that information disclosure increased overall participation, it still proved to be effective for some groups of individuals. One limitation of this study is that the treatment may have overloaded the already crowed invitation letters. The lack of significant treatment effect could partially be explained by the chosen documentation. Future studies should therefore implement the information treatment carefully in their existing communication materials. It may be necessary to include the treatments also in the information leaflet and reminder letter to increase visibility and therefore effectiveness. Finally, combinations of treatments may be necessary to increase overall participation.

Saving the father: Ideological dilemmas of suicide

Dariusz Galasinski, University of Wolverhampton, United Kingdom
Justyna Ziolkowska, University of Social Sciences and Humanities, Poland

In this paper we are interested in family narratives of suicide. We aim to start addressing a significant paucity of research on children who are survivors of their parents' suicidal death. More specifically, in the paper we are interested in exploring the ideological dilemmas present in the stories. The data comes from a convenience sample of 10 semi-structured with adults whose fathers committed suicide. Methodologically, the paper is anchored in the critically oriented discourse analysis.
The main argument of the paper is that there is a significant conflict in the collected narratives. While, when speaking generally, the informants reject suicide and construct it only in negative terms, the constructions of the father are commonly located outside this negative picture. In other words, the stories of the father are inevitably aimed at saving him and his image from the negativity of the suicide.

Panel 7 - Auditorium, Main Building

Articulated values and skilled communication: the foundation of humanistic care

14:30-16:00

Elizabeth A. Rider, Harvard Medical School, Boston Children's Hospital, United States
Suzanne Kurtz, Washington State University, United States; University of Calgary, Canada
Myra van Zwieten, Good Worker Academy, Netherlands
Engle Angela Chan, Hong Kong Polytechnic University, Hong Kong
William T. Branch, Emory University School of Medicine, United States

Establishing beneficial patient relationships requires healthcare professionals to be continually aware of their own values and communication. Yet, these human dimensions of care are still not central to every healthcare encounter. We will examine the relationship between values and skilled communication and explore cross-culturally relevant ways to apply these dimensions more effectively in healthcare encounters.

Title: Strengthening human values in healthcare: The International Charter

Elizabeth Rider will present the ongoing development and dissemination of the International Charter for Human Values in Healthcare4 and progress regarding translation of the Charter's universal values into education, research and practice.

Title: Human dimensions of care: Strategies for enhancing their effectiveness in healthcare interactions

Suzanne Kurtz will present the development of a conceptual framework for thinking more intentionally about the relationship between values and skilled communication and will discuss examples of communication skills needed to demonstrate values.

Title: Moral mindfulness skills for health professionals: Knowing when and how to address your own values

Myra van Zwieten will present a training method in moral mindfulness combining reflective and communication skills. Monitoring and addressing their professional and personal values throughout their daily practice will enhance the quality of care as well as professionals' own feelings of sense making.

Title: Revealing humanity through narrative pedagogy in nursing education

Engle Angela Chan will present ways nursing students construct their meanings of caring, and how they sustain caring beliefs and practices in biomedical workplaces expecting practice efficiency and effectiveness.

Title: Strengthening commitments to humanistic values

William Branch will describe an educational process combining reflective and experiential learning to effectively strengthen learners' engagement with and commitment to humanistic values.

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Room A 31, Red Building

Session XIV: Risk Communication and Issues of Public Health

14:30-16:00 Chair: Sarah Mantwill

New framework model for outbreak communication

Anat Gesser-Edelsburg, University of Haifa, Israel
Nathan Valter, University of Haifa, Israel
Yaffa Shir-Raz, University of Haifa, Israel
Emilio Mordini, Centre for Science, Society & Citizenship, Italy
Dimitris Dimitriou, Centre for Science, Society & Citizenship, Italy
Manfred S. Green, University of Haifa, Israel

Background and objectives: Progress in communication technologies and their effect on our reality have posed new challenges to outbreak communication. The relationship between healthcare authorities and the individual that once were characterized by concepts such as hierarchy, expertise and obedience have become more complex, to include notions of two way communication, uncertainty and transparency. While existing models in outbreak communication served as plans to confront with emerging threats, they also misrepresented the reality, promoting top-to-bottom oversimplified strategies. This emphasized the need for an applied communication framework model with the goal of responding to the following challenges:

- How can we narrow the gap between risk communication theory and its successful implementation during pandemics?
- How can health organizations effectively communicate with the public in real time (as the outbreak unfolds) through use of social media?
- How can stakeholders (public health workers, media professionals, various subpopulations) be engaged before and during pandemics?
- How can public sentiment be tracked during real time pandemics and responses be formulated immediately and compellingly, in order to bring about maximal public participation and cooperation with health authorities?

Methods: This paper identifies gaps and misconceptions of pandemic communication campaigns to suggest that in order to succeed we need to adopt a multilayered public health perspective that is aware of technological, cultural and social changes. Emphasis is given to the dynamical nature of public health crises, suggesting that different components in the model should be more significant during different phases of a potential pandemic. Finally, the implications of the model for different public health stakeholders are also discussed.

Findings: We propose a theory-driven framework model that incorporates seven components; (1) public sphere, (2) segmentation, (3) mass media, (4) social media, (5) opinion leaders, (6) research, and (7) stakeholders. Each component is discussed separately, and then amalgamated into one communication integrative framework, emphasizing its unique position in the dynamical nature of EID Communication.

Conclusion: The significance of the proposed risk communication framework model is that it integrates relevant concepts and theories with a practical approach. The contribution of this model is that it can be adapted to many specific risk situations through simulations in which the ideas can be developed into concrete plans. It pinpoints misconceptions, offering a new outlook on the relationship between components involved in risk communication.

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Challenges in communication of cardiovascular risk in public health

Margareta Norberg, Umea University, Sweden

We are running a project in which a carotid ultrasound examination is done in subjects who participate in an ongoing primary cardiovascular disease (CVD) prevention programme, The Västerbotten Intervention Programme, and who have recognized risk factors for CVD, e.g. smoking or hypertension. Our hypothesis is that visualization of asymptomatic atherosclerotic disease, assessed by ultrasonography, has the potential to identify individuals at high risk of CVD with higher precision than conventional risk factor-based statistical models. We also hypothesize that a clear understanding of an image of arterial disease, particularly during an asymptomatic phase, results in a patient having more accurate risk perception, higher motivation for prevention and increased compliance with clinical preventive management, which will result in better risk factor control and improved survival.