

London Landscape

EACH (European Association for Communication in Healthcare) International Conference 2008, 2–5 September 2008, Oslo, Norway

This biannual conference is themed around education, research and policy issues related to healthcare communication. I mainly attend research conferences and by the end my mind is usually overloaded and exhausted with trying to concentrate on the detail of research methodology and findings and trying to consider links and applications to my own teaching and research. The balance of this conference was different in that the programme included a good mix of research presentations, symposia and workshops. The main topics covered were: teaching communication skills, shared decision making, analysing clinical communication behaviour, disclosure of medical errors to patients, emotion and non-verbal communication skills, communication in cancer care, communication in different clinical settings, family issues and communication with children, and cultural perspectives.

Regarding research, the best talk I went to was by Tanya Stivers who spoke about her research on communication between doctors, children and parents in a public clinic in the USA. She conducted detailed qualitative analysis of the talk between the participants in a large sample of consultations and combined this with detailed demographic data. Her analysis produced some interesting findings, notably for me, that there were marked inequalities observed in communication styles between different social groups. Although Stivers' primary interest is in communication rather than health inequalities, she raised the question at the end as to whether patient-centred interviewing with its emphasis on patients being actively engaged in the interview may disadvantage some social groups. As a medical sociologist with teaching and research interests in health inequalities on a macro-level and communication on a micro-level, I was impressed by the thoroughness of this analysis and the important questions it raises that are clearly linked to clinical care.

There were many talks, symposia and workshops on teaching communication skills. Jonathan Silverman, co-developer of the 'Calgary-Cambridge Guide', gave an excellent plenary talk on communication skills

teaching, ending with an update on the 'UK consensus statement on the content of communication curricula in undergraduate medical education'. On a more hands-on level, I attended a great workshop by two theatre academics from the USA (David Leong and Aaron Anderson) who have developed a communication skills programme with a physician. In their workshop they focused on 'active listening'. Now this is something I thought I was good at. I was trained in it when I did my 'experiential' psychiatric nursing course many years ago. I teach it in my role as a communication skills tutor. I therefore know I am good at active listening. I was somewhat shaken out of my complacency when they demonstrated how in professional situations when listening to people talking about issues they are concerned about how often we jump straight to problem-solving. I had to acknowledge that I'm guilty of this. Maybe I was a great active listener 20 years ago and maybe I am OK at teaching it (I'll need to check) but I clearly have to rethink things. I am left wondering whether my urge to problem solve has been adversely affected by CSI and House on TV in recent years. The workshop made me realise that being reflexive about practice (my own as a teacher and researcher) is an ongoing process and I need to beware of assuming that once you have learnt a skill that it remains in place for ever.

Although the conference was aimed at communication issues across healthcare, it primarily focused on doctors and medical education, with GPs being the largest group of clinicians in attendance. The feeling seemed to be that it would be good to attract a wider group of healthcare professionals in the future. The next conference is in 2010 and I would recommend this to clinicians with an interest in communication from a practice, research or teaching perspective.

I left the conference feeling surprisingly refreshed. I had received a good update on what is happening in the academic world of healthcare communication (beyond my own teaching), I had been involved in workshops and discussions, and I had listened to some

excellent research presentations. As we know communication is about more than words but on how they are used. Hearing people talk about issues and share perspectives is something that you cannot get from merely reading journal papers. In this sense I think that this conference was very good value. Right, I'm off to my GP to see if they've got any ideas about cures for CSI addiction. We'll come to a shared decision of course.

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