

Five years of EACH (European Association for Communication in Healthcare)

Sandra van Dulmen^{a,*}, Arnstein Finset^b, Wolf Langewitz^c, Christa Zimmermann^d,
Michael Peltenburg^e, Adriaan Visser^f, Jozien Bensing^a

^aNIVEL (Netherlands Institute for Health Services Research), P.O. Box 1568, 3500 BN Utrecht, The Netherlands

^bUniversity of Oslo, Oslo, Norway

^cUniversity Hospital Basel, Switzerland

^dUniversity of Verona, Verona, Italy

^eHorton Foundation for Practice Oriented Knowledge Transfer, Zurich, Switzerland

^fEuropean Editor Patient Education and Counseling, Rotterdam, The Netherlands

Received 1 June 2006; accepted 1 June 2006

Abstract

Five years after launching EACH (European Association for Communication in Healthcare) we look back at what EACH achieved so far and announce new ideas and activities EACH plans to carry out in the near future. During the past five years several scientific, educational as well as societal changes have taken place in the area of communication in healthcare that all underline the need for continued international collaboration in line with the activities employed by EACH so far. Within communication research the focus has shifted from counting communication utterances to unraveling sequences of patient cues and provider responses. In the field of teaching it is becoming more and more common to attend to the training of trainers as well. Within these developments, new areas of interest arise and need attention. To comply with these increasing demands, EACH invites new persons to become a member of one of the recently launched committees in the area of research, teaching and publishing.

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Keywords: Provider-patient communication; Communication research; Communication training; Sequence analysis; International collaboration; Cue-responding

1. Introduction

On September 4, 2001, EACH was officially launched as the first multidisciplinary organization for researchers, teachers and health professionals who all acknowledge the necessity and therapeutic value of high quality communication in healthcare. Starting off as a small group of thirteen members from eight countries, EACH soon developed into a flourishing small-scale organization with around 300 members from 31 European and non-European countries in 2006. The office of EACH, including secretary and financial affairs, is located at NIVEL (Netherlands

Institute of Health Services Research) in Utrecht, The Netherlands.

In 2001, the rationale of developing an international network [1] was the fact that “provider–patient interactions were changing from paternalistic, provider-centered approaches into more co-operative, patient-centered and relationship-centered approaches, aimed at shared responsibility and decision-making”. At that time, important new concepts such as patient autonomy and empowerment asked for another communication style focussing on dialogue and negotiation. To comply with these changing needs, the quality of healthcare was expected to benefit from a close international collaboration between educators and researchers. Such an alliance would contribute to “enhancing knowledge about effective communication, establishing best

* Corresponding author. Tel.: +31 302729703

E-mail address: s.vandulmen@nivel.nl (S. van Dulmen).

practices and improving education” [1]. In 2006, these same considerations guide our activities. What is more, worldwide, there is a growing interest in, on the one hand, the use of high-tech communication tools and e-consultations [2,3], requiring a redefinition of the conventional, face-to-face provider–patient contact and, on the other hand, a renewed interest in narratives and the patients’ voice [4–7], revealing different perspectives in healthcare necessary to construct roles and obligations. In addition, the results of communication studies published in the last 5 years indicate that the relationship between communication and outcome is more complicated than considered so far. Findings from studies by, for instance, Graugaard et al. [8], Pieterse et al. [9] and Peltenburg et al. [10] are indicative of a mediating role of patients’ emotions, needs and agenda. So, for offering good patient care it has even become more important to listen carefully to the patients.

2. Developments in communication in healthcare

The activities and publications of the members of the various committees within EACH represent the work of EACH and mirror the developments in research and training in Communication in Healthcare in general. Given the topics of EACH committee members’ most recent publications, new areas of interest include, for instance, the role of the broader context in which a problem is presented [11], unconventional outcome measures such as skin conductance and cortisol [12] and new interaction analysis systems, such as sequence analysis and cue-responding [13–18]. There also appears to be an increasing interest in the role of the nurse–patient communication [19,20] and role delineation [21,22] as well as a renewed interest in decision-making [23], breaking bad news [24,25], training effects [26–28] and somatization [29,30]. In addition, since 2001, a number of new assessment and observation instruments have been developed [31,32] and existing ones have been (re)validated [33,34] or re-evaluated [35,36]. Finally, in conformity with the international nature of EACH, several international comparative communication studies have been published [10,37–40] revealing differences as well as similarities in provider–patient communication between countries.

In addition, shifts in society in general and in healthcare policy in particular ask for even more attention for communication in healthcare than before.

3. European shifts in healthcare demand and supply

Recent societal and demographic developments in patients and healthcare have brought about changes in patients’ needs and questions which, subsequently, ask for a reconceptualization of the targets and aims of communication in healthcare. These challenging developments are of various nature, examples of which are:

- The proportional increase of the ageing population. During the last 5 years life expectancy of people living in Europe has increased by 6 months. Communication with elderly is likely to require different skills than communication with younger patients. So far only few communication studies have focused exclusively on older patients.
- The concomitant increase of chronic diseases like cancer and type 2 diabetes, management of which relies heavily on patients’ disease comprehension, attitudes and self-care skills, all amenable to effective communication with patients and/or their spouses. Subsequently, issues like patient empowerment and adherence to medication and lifestyle recommendations have come more to the fore.
- In the western world, there is a tendency to replace hospital care by home care, which increases the need for high quality patient education and an interdisciplinary communicative transfer of patient care from secondary to primary care.
- A growing number of patients are looking proactively for information on their medical conditions. Already in 2003, 23% of Europeans use Internet for health information and 41% considers the Internet a good source of information on health. *eHealth* can give patients easy access to valuable health information provided that it is of high quality and understandable. Yet, the potential exclusion of certain patient groups (e.g., elderly, low SES) and the pressure literate patients may put upon the doctor–patient relationship [41] are issues that need extra attention.
- Online healthcare services increase likewise. Compared to 2001, twice as many European GPs (more than 12%) in 2006 deliver patient care online through the provision of, for example, e-mail consultation [42]. Whether these consultations replace existing ones or offer added value is still unknown. In addition, the consequences of abandoning face-to-face contacts and the related communication of affect should be examined thoroughly.
- Biomedical innovations, e.g., in the field of human genetics and micro-arrays, increase diagnostic and treatment options and successes, but at the same time raise ethical questions and pose high demands on patients’ understanding of risks and probabilities and related health professional’s information-giving skills.
- Worldwide threats like pandemic infectious diseases (e.g., bird flu) and terrorist attacks bring about new health related concerns and questions. These threats require specific risk and healthcare communication regarding surveillance and early warning.

All these developments broaden the roles of both patient and healthcare professional, who now also have to act as a moderator for patients’ own search into (*e*)health information land. In addition, the monitoring of patients’ self-care requires from the health professional to be even more open to the possibilities, feelings and considerations of the patient.

4. EACH aims and activities since 2001

In 2001, the overall aim of EACH was to stimulate the growth of an active network of researchers and teachers [1]. Many of the objectives formulated at that time, have already been accomplished.

4.1. Biennial international conferences

The tradition of organizing 2 year communication conferences has continued since 2001, resulting in the Warwick (UK) Conference in 2002 and the Bruges (Belgium) Conference in 2004 [43]. In September 2006, the conference will be held in Basel (Switzerland). Given the increasing number of delegates and abstract submissions, the conferences clearly fulfill a need among researchers, practitioners and trainers with an interest in communication in healthcare. At the Basel Conference for the first time patients will be invited to attend a Conference Workshop in their own language.

4.2. Workshops and meetings

In 2006, the fourth workshop on sequence analysis took place in Verona [44]. This indicates that the Verona network on sequence analysis has been active since the start of EACH. Whereas the network's point of departure was a methodological question about the value of restrictively counting frequencies of communication utterances, the focus has gradually shifted towards the expression of patient cues and concerns and the conditions that facilitate or hamper such expression. In 2003 a special issue of the journal *Epidemiologia e Psichiatria Sociale* was dedicated to papers presented during the first workshop. In later years several participants published their work on sequence analysis as short paper in *Patient Education and Counseling*, e.g., [6,45,46]. In the field of education, a number of activities have been employed, e.g., the organization of courses on faculty development (train the trainer) and mentoring programs. In addition, during each conference, thematic workshops and symposia on educational and research topics are held. Another aim that EACH already accomplished to some extent was to stimulate the reciprocity of research and education by using results from intervention studies in developing and evaluating training programmes and vice versa [47].

4.3. A website

Gradually, <http://www.each.nl>, the website of EACH, is becoming a place where EACH members can exchange information on assessment instruments, datasets and courses. Given the increasing number of page views per month the EACH website clearly fulfils an information need among those interested in communication in healthcare. In 2006, the website www.each.nl changes to www.each.eu.

4.4. Links with relevant organizations

The formal link with AACH (American Academy on Communication in Healthcare, formerly known as AAPP) established in 2002, has by now resulted in an agreement about organizing international conferences in communication in healthcare in Europe and the US every other year. Conferences organized by AACH have been held in Baltimore and Chicago [48].

4.5. Affiliation with *Patient Education and Counseling*

Soon after launching EACH, an agreement was made with Elsevier to have *Patient Education & Counseling* (PEC) as the official journal of EACH and offer EACH members a subscription to PEC for a reduced rate. Since then, more communication papers have been published in PEC, together with EACH news on activities and academic achievements. Also special issues about the AACH and EACH conferences have been published. The impact factor of PEC has almost doubled since 2001 to 1.4 in 2004.

5. EACH Committees

Apart from these above mentioned accomplishments which we intended to achieve in 2001, EACH recently established three committees, each with its own specific focus:

5.1. Research committee

The Research Committee of EACH (R-EACH) was set up in September 2004, at the EACH Conference in Bruges 2004, together with the two other committees, on Teaching (T-EACH) and on Publishing. R-EACH comprises seven members from six countries. The aim pursued by R-EACH is to promote intra and international collaboration in research on patient–provider communication by stimulating exchange of ideas and facilitating networking and individual contacts amongst EACH researchers working throughout and beyond Europe. To attain these goals, two registers or archives were created, one to collect assessment and observation instruments developed, translated or adapted by EACH members for use in communication research, and one to collect descriptions of data sets which EACH researchers are willing to share. Having access to such records will increase the awareness amongst EACH members of other similar projects and datasets, support the development of special interest groups and stimulate collaborative projects. For this purpose R-EACH designed three forms on which the instrument and data set characteristics can be described online via the EACH website.

5.2. Teaching committee

The T-EACH Network for Teachers is the Teaching Committee of EACH whose purpose is to provide

opportunities to share resources, ideas and support among teachers of communication in healthcare. As the T-EACH mission statement indicates their purpose is to share information and experiences on different levels: through web-based information exchange; by meeting each other at conferences; through individual mentoring systems; and through communication courses. The teaching committee, comprised of nine members representing six different countries, have collaborated to develop and implement a variety of efforts to support teachers in communication in healthcare. Examples of efforts to date include networking sessions at annual meetings, experiential workshops and collaborate symposiums comparing teaching approaches used in different countries, development of an online database for sharing teaching and assessment strategies, international T-EACH communication courses (Volterra, 2005, Venice, 2007), and establishment of a mentoring program for young faculties in the field of healthcare and communication. The teaching committee encourages participation and input from all members of EACH.

5.3. Publishing committee

The Publishing committee is currently involved in the preparation of a book for trainers in communication skills training. The plan is to write and edit such a book in collaboration with AACH.

6. EACH aims and plans for the next 5 years

EACH is still a small scale organization with limited resources. If the organization will continue to grow, the activities of EACH should be further developed and extended in a number of areas:

- Through conferences and workshops and through the activities of the research committee, EACH should stimulate further research on communication in healthcare.
- Examples – among many – of under-researched areas include: communication that takes place between health professionals; patients' perception of needs as opposed to the specialists' assumption of what would best suit them [49]; doctors' flexibility of adapting their communication style to particular patients [50]; other players in the healthcare system such as physiotherapists [51]; and an investigation of non-verbal indices of communication.
- There is a strong need to provide specific training opportunities in clinical communication research for young researchers in European universities. In most doctoral programmes communication researchers will be offered doctoral courses in many fields, but few with specific emphasis on clinical communication research. EACH should be instrumental in promoting the development of research training opportunities in clinical communication research.
- Increasing the mobility of researchers across Europe. So far, researchers from Italy, Norway and The Netherlands have changed places to learn from each others' way of conducting research in communication in healthcare. EACH aims to give these exchanges a more structural and formal character by applying for a Marie Curie fund.
- Communication skill training is implemented in many European countries, both in medical schools, other settings of professional education and in after education programmes. However, few opportunities for training trainers are developed and organized. EACH should continue to promote the development of this area through T-EACH and through the planned publication of a book for trainers.
- Many clinicians and teachers who train communication skills will have a need to compare their own training programmes with similar programmes in other venues. EACH should contribute to exchange the information about communication skills training through a number of avenues, such as the webpage, conferences and workshops.
- Promotion of better communication between healthcare providers and patients is one element in the development of healthcare services. EACH should collaborate with other organizations in the public health domain to promote better practices in European health services.
- EACH should further develop its collaboration with AACH, its sister organization in the US.
- So far, most research on clinical communication in Europe takes place in a handful of countries. EACH should support the development of research and training in countries where this is not yet available.

Given the many activities employed by EACH in the five years of its existence, the flourishing international collaboration and the growing number of people who attend the EACH conferences, EACH clearly fulfils a need for many people. So far, EACH has been managed by a limited number of people. To expand our organization further we would like to invite those interested and active in the field of communication in healthcare to join us by becoming a member of one of the EACH committees and help to develop EACH further.

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