ESPCH-3

The Third Annual Conference and Awards Ceremony
THE EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE

St George´s, University of London UK
29 & 30 September 2016

Delegate Brochure

PREFACE

THIRD ANNUAL CONFERENCE AND AWARDS CEREMONY EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE

Dear Conference Delegates, Speakers, Chairmen and Friends,

We are delighted that it has proved possible for you to join us in London for the Third Annual Conference and Awards Ceremony, ESPCH3, of the European Society for Person Centered Healthcare. ESPCH3 builds on the highly successful First and Second Annual Conferences held on 3 & 4 July 2014 and 18 & 19 June 2015, respectively, in Madrid. This Third Annual Conference brings together a stellar line up of distinguished speakers and chairmen from the United States of America, Canada, Australia, New Zealand, the United Kingdom, Germany, The Netherlands, Switzerland, Demark and Norway. The Society is privileged to have been able to secure the participation of such excellent colleagues and, for all those of you who have travelled to London from abroad, we welcome you to this great and historic city and wish you a very pleasant stay.

ESPCH3 – Day One

The Conference has been organized over two full days and eight individual sessions. Following the Opening Welcome by Professor Andrew Kent (London, UK), the President, Professor Sir Jonathan Asbridge (Oxford UK), will deliver the Presidential Address. The opening session, focussed on new definitions of health, approaches to illness and the BPS model, is chaired by Dr. Carmel Martin (Australia), with the first presentation of the day being delivered as a KeyNote Address by Professor Johannes Bircher (Switzerland), followed by the presentations from Professor Brian Broom (New Zealand), Dr. Lars-Petter Granan (Norway) and Dr. Thomas Frohlich (Germany). The Second Session of the Conference, concerned with professional education and ethics, is chaired by Professor Andrew Kent (London UK). Dr. Sarah Shepherd (Manchester UK) presents the opening lecture of this session, followed by presentations from Dr. Stephen Buetow (New Zealand), and Professor Brian Broom (New Zealand). Following luncheon, Dr. Thomas Frohlich (Germany) will chair Session Three of the Conference, focussing on Parkinson's Disease, frailty resistance, risk assessment and psychiatric rehabilitation. The opening presentation will be delivered by Dr. Stephen Buetow (New Zealand), followed by the presentations from Dr. Carmel Martin (Australia), Dr. Elena Rocca (Norway) and Dr. Abraham Rudnick (Canada). The final session of Day One, Session Four, focussing on human values in healthcare and building person-centered healthcare institutions, is chaired by Professor Andrew Miles (London UK) with presentations from Dr. Elizabeth Rider (USA) and Dr. Jan van Bodegom (The Netherlands).

2016 ESPCH Awards and the Conference Dinner

Following the close of the academic programme the Society will confer the 2016 awards, prior to the Conference Dinner. This year's winner of the Presidential Award is Dr. Jan van Bodegom (The Netherlands), with the Senior Vice Presidential Award being made to Professor Johannes Bircher (Switzerland). The Platinum Medal of the Society is awarded to Dr. Elizabeth Rider (USA), the Gold Medal to Dr. Abraham Rudnick (Canada), the Silver Medal to Dr. Rani Anjum (Norway) and the Bronze Medal to Dr. Sarah Shepherd (UK). The 2016 Book Prize is awarded to Dr. Stephen Buetow (New Zealand) and the Essay Prize is made jointly to Ms. Atara Messinger (Canada) and Mr. Benjamin Chin-Yee-- (Canada). The 2016 Young Teacher award is made to Dr. Elina Beleva (Bulgaria) and the Young Researcher award is made to Dr. Mette Kjer Kaltoft (Denmark). The Society will confer an Honorary Distinguished Fellowship on Colonel Marilyn Ray (USA) who will deliver a synopsis outlining the United States Air Force (USAF) Medical Service inter-professional practice model initiative and the USAF initiative related to primary care that has focussed on improved clinical and economic outcomes. At the Conference Dinner, Professor Johannes Bircher (Switzerland) will deliver a short address to guests.

ESPCH3 – Day Two

Day Two of the Conference, opened by Professor Andrew Miles (London UK), commences with Session Five, chaired by Dr. Abraham Rudnick (Canada), and sees the first of two sessions with a major focus on patient and public involvement in healthcare. Following a KeyNote Address delivered by Dr. Tessa Richards (London UK), Senior Editor/Patient Partnership of the British Medical Journal, further presentations focussing on active patient participation in healthcare will be delivered by Sue Richards and Claire Murray (London UK), Mark Duman (London UK) and Professor Mary Chambers (London UK). Session Six, chaired by Professor Mary Chambers (London UK), commences with a presentation by Dr. Metter Kjer Kaltoft (Denmark), followed by presentations from Dr. Derek Mitchell (Manchester UK), Dr. Andria Hanbury (York UK) and Professor Jack Dowie (London UK). Session Seven, with its focus on arts-based approaches, physical activity in cancer and re-admission avoidance, is chaired by Professor Brian Broom (New Zealand) and opens with a presentation by Professor Bernie Carter (Lancashire UK), followed by presentations from Dr. Martyn Queen (Plymouth UK) and Dr. Carmel Martin (Australia). Session Eight, the concluding session of the Conference, with a focus on learning health systems, building bridges between research and engagement in healthcare and the ways forward for person-centered healthcare, is chaired by Dr. Elizabeth Ryder (USA) and opens with a presentation from Dr. Thomas Foley (Newcastle UK), followed by presentations from Dr. Amy Price (USA) and Professor Andrew Miles (London UK). Following the conclusion of Session Eight, the Conference will be declared closed by the President of the Society, Professor Sir Jonathan Asbridge (Oxford UK).

ESPCH3 – Resulting Publications and Society Membership

The presentations delivered at ESPCH3 will become available in due course as formal academic papers published within the European Journal for Person Centered Healthcare, the official journal of the Society. Members of the Society enjoy free online access to the EJPCH as well as access to the quarterly e-Bulletin of the European Society for Person Centered Healthcare. For those of you who are not already members of the Society, we warmly invite you to consider joining us and to take an active role in the Society's work. A Membership Application Form is provided with this brochure.

We wish you a highly enjoyable conference.

Professor Andrew Miles MSc MPhil PhD DSc [hc]
Senior Vice President and Secretary General

Professor Sir Jonathan Asbridge DSc (hc)
President and Chairman of Council

Programme
Day 1- 29/09/2016

08:00 **Registration and Refreshments**

09:00 **Welcome to St. George's, University of London UK**
Professor Andy Kent, Pro-Vice Chancellor and Dean, Joint Faculty of Health, Social Care and Education, Kingston University and St. George's, University of London, UK

09:05 **Presidential Address**
Professor Sir Jonathan Asbridge DSc (hc), President and Chairman of Council, European Society for Person Centered Healthcare, Oxford UK

Session 1, Early Morning Session
FOCUS ON PCH AND NEW DEFINITIONS OF HEALTH, APPROACHES TO ILLNESS AND THE BPS MODEL

09:10 **Early Morning Chairman**
Dr. Carmel Martin, Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

09:15 **KEYNOTE ADDRESS. A New Concept of Health that Strengthens Person Centered Healthcare**
Professor Johannes Bircher, Emeritus Professor of Medicine and Clinical Pharmacology, University of Bern, Switzerland

09:40 **Defining limits in whole person-centred healthcare approaches to physical illness**
Professor Brian Broom, Consultant Physician (Clinical Immunology), Department of Immunology, Auckland City Hospital and Adjunct Professor, Department of Psychotherapy, Auckland University of Technology, New Zealand

10:00 **As part of PCH a new framework for medicine: the somatosemiotic approach**
Dr Lars-Petter Granan, Specialist in Physical Medicine and Rehabilitation, Department of Pain Management and Research, Oslo University Hospital, Advisory Unit on Pain Management and Associate Professor, at University College of South East Norway.

10:20 **Subjectivity in Objectivity. Application of the Advanced Biopsychosocial Interaction Model in healthcare provider training**
Dr. Thomas Fröhlich, Physician, Heidelberg, Germany & Vice President (Western Europe), European Society for Person Centered Healthcare

10:40 **Panel Discussion with Audience Participation**

11:00 BREAK WITH REFRESHMENTS

Session 2, Late Morning Session
FOCUS ON PERSPECTIVES IN PROFESSIONAL EDUCATION AND ETHICS

11:25 **Late Morning Chairman**
Professor Andrew Kent, Professor of Undergraduate Education and Dean, Faculty of Health, Social Care and Education, Kingston University and St. George's, University of London, UK

11:30 **Mindfulness for preclinical medical students**
Dr. Sarah Shepherd, Lead for Communications in Year 1 and Year 2, Medical School, University of Manchester, UK

11:50 **Person-centred, postgraduate teaching and learning approaches at Queen Margaret University, Edinburgh**
Dr. Stephen Buetow, Associate Professor, Department of General Practice and Primary Health Care, University of Auckland, New Zealand and Honorary Professor, Queen Margaret University, Edinburgh, Scotland, UK & Chairman, ESPCH SIG on Research in PCH

12:10 **Educating individual clinicians and multidisciplinary teams in 'whole-person'-centred clinical care of physical illness—the New Zealand experience**
Professor Brian Broom, Consultant Physician (Clinical Immunology), Department of Immunology, Auckland City Hospital and Adjunct Professor, Department of Psychotherapy, Auckland University of Technology, New Zealand and Chairman, ESPCH SIG on Personhood and The Dynamics of Healing Relationships in PCH

12:30 **Panel Discussion with Audience Participation**

12:50 LUNCHEON

Session 3, Early Afternoon Session
FOCUS ON PARKINSON'S DISEASE, FRAILTY/RESILIENCE, RISK ASSESSMENT AND PSYCHIATRIC REHABILITATION

13:35 **Early Afternoon Chairman**
Dr. Thomas Fröhlich, Physician, Heidelberg, Germany & Vice President (Western Europe), European Society for Person Centered Healthcare

13:40 **Falling upwards: Flourishing through person-centred care for Parkinson's Disease**
Dr. Stephen Buetow, Associate Professor, Department of General Practice and Primary Health Care, University of Auckland, New Zealand and Honorary Professor, Queen Margaret University, Edinburgh Scotland, UK & Chairman, ESPCH SIG on Research in PCH

14:00 **Person-centred dynamics in frailty and resilience**
Dr. Carmel Martin, Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

14:20 **Person-centered risk assessment of drugs: a missing link between scientists and clinicians**
Dr. Elena Rocca, Postdoctoral Fellow, The CauseHealth Project, Norwegian University of Life Sciences, Oslo, Norway

14:40 **Recent developments in person-centered psychiatry - the present and future of psychiatric rehabilitation**
Dr. Abraham Rudnick, Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University & Psychiatrist-in-Chief, St Joseph's Healthcare, Ontario, Canada & Chairman, ESPCH SIG on Mental Health

15:10 **Panel Discussion with Audience Participation**

15:30 BREAK WITH REFRESHMENTS

Session 4, Late Afternoon Session
FOCUS ON HUMAN VALUES IN HEALTHCARE AND BUILDING PERSON-CENTERED HEALTHCARE INSTITUTIONS

15:55 **Late Afternoon Chairman**
Professor Andrew Miles, Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, *European Journal for Person Centered Healthcare* / Editor-in-Chief, *Journal of Evaluation in Clinical Practice*

16:00 **The ongoing work of the International Charter for Human Values in Healthcare**
Dr. Elizabeth Rider, Director of Academic Programmes & Director, Faculty Education Fellowship in Medical Humanism and Professionalism, Institute for Professionalism and Ethical Practice, Boston Children's Hospital, Harvard Medical School, United States of America

16:30 **Building person-centered clinical institutions - The Alexander Monro Breast Cancer Hospital**
Dr. Jan W van Bodegom, Surgeon and Founder, The Alexander Monro Breast Cancer Hospital, Bilthoven, The Netherlands

16:50 **Panel Discussion with Audience Participation**

17:00 **Chairman's closing remarks and Close of Day 1**

18:00 **THE 2016 ANNUAL AWARDS CEREMONY OF THE EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE & CONFERENCE DINNER** *(Ticket Holders Only)*

Programme
Day 2- 30/09/2016

08:00 **Registration and Refreshments**

09:00 **Welcome to Day 2 of the Conference**
Professor Andrew Miles, Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, *European Journal for Person Centered Healthcare* / Editor-in-Chief, *Journal of Evaluation in Clinical Practice*

Session 5, Early Morning Session
FOCUS ON PCH AND PATIENT AND PUBLIC INVOLVEMENT IN HEALTHCARE - I

09:10 **Early Morning Chairman**
Dr. Abraham Rudnick, Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University and Psychiatrist-in-Chief, St Joseph's Healthcare, Ontario, Canada & Chairman, ESPCH SIG on Mental Health

09:20 **KEYNOTE ADDRESS. Partnering with patients – an innovative strategy to embed meaningful partnership with patients in clinical practice, service delivery, research, education and policy.**
Dr. Tessa Richards, Senior Editor/Patient Partnership, *British Medical Journal*, BMA House, London, UK

09:40 **The Perfect Patient Information Journey – integrating information as therapy into person-centered care**
Ms. Sue Farrington, Chair, The Patient Information Forum and Ms. Claire Murray, Joint Head of Operations, The Patient Information Forum, London UK

10:10 **The Internet of Things – promoting continuous patient education as therapy**
Mr. Mark Duman, Director of Market Development, INTELESANT UK

10:30 **Patient and Public Engagement in Healthcare - the work of the Centre for Public Engagement**
Professor Mary Chambers, Director, Centre for Public Engagement and Professor of Mental Health Nursing, Joint Faculty of Health, Social Care and Education, Kingston University and St George's, University of London & Associate Editor, *Health Expectations*

10:50 **Panel Discussion with Audience Participation**

11:10 BREAK WITH REFRESHMENTS

Session 6, Late Morning Session
FOCUS ON PCH AND PATIENT AND PUBLIC INVOLVEMENT IN HEALTHCARE - II

11:35 **Late Morning Chairman**
Professor Mary Chambers, Director, Centre for Public Engagement and Professor of Mental Health Nursing, Joint Faculty of Health, Social Care and Education, Kingston University and St George's, University of London & Associate Editor, *Health Expectations*

11:40 **Integrating the principle-based and case-based approaches to ethical decision making in person-centred health care**
Dr. Mette Kjer Kaltoft, Research Unit of General Practice, Institute of Public Health, University of Southern Denmark, & Odense University Hospital Svendborg Sygehus, Denmark

12:00 **MyStoma - Putting Phenomenology into Practice**
Dr. Derek Mitchell, Senior Researcher, Manchester Metropolitan University UK [& Winner, ESPCH 2015 Postgraduate Research Studentship in the Philosophy of Medicine]

12:20 **Patient Reported Outcome Measures: giving patients a voice, provided they are implemented**
Dr. Andria Hanbury, Senior Research Consultant, York Health Economics Consortium, University of York, England, UK

12:40 **In person-centred healthcare we need dually-personalised PerROMs (Person-Reported Outcome Measures), not just singly-personalised PROMs (Patient-Reported Outcome Measures)**
Professor Jack Dowie, Emeritus Professor of Health Impact Analysis, Department of Social and Environmental Health Research, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK and Chairman, ESPCH SIG on Health Impact Analysis

13:00 **Panel Discussion with Audience Participation**

13:20 LUNCHEON

Session 7, Early Afternoon Session
FOCUS ON PCH AND ARTS-BASED APPROACHES, PCH IN PHYSICAL ACTIVITY IN CANCER AND PCH IN AVOIDING HOSPITAL READMISSIONS

14:05 **Early Afternoon Chairman**
Professor Brian Broom, Consultant Physician (Clinical Immunology), Department of Immunology, Auckland City Hospital and Adjunct Professor, Department of Psychotherapy, Auckland University of Technology, New Zealand and Chairman, ESPCH SIG on Personhood and The Dynamics of Healing Relationships in PCH

14:10 **Arts-based approaches as a creative way of being person-centered**
Professor Bernie Carter, Professor of Children's Nursing, Faculty of Health and Social Care, Edge Hill University UK, Director, Children's Nursing Research Unit, Alder Hey Children's NHS Foundation Trust UK and Editor, *Journal of Child Health Care* [& Winner, ESPCH 2015 Presidential Medal for Excellence in PCH]

14:30 **The impact of physical activity for recovering cancer patients**
Dr. Martyn Queen, Doctor of Physical Activity & Health, Faculty of Health Sciences, University of St Mark and St John, Plymouth, England, UK

14:50 **Avoiding readmissions – a complex problem with a person-centered solution?**
Dr. Carmel Martin, Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

15:10 **Panel Discussion with Audience Participation**

15:30 BREAK WITH REFRESHMENTS

Session 8, Late Afternoon Session
FOCUS ON PCH AND LEARNING HEALTH SYSTEMS AND METHODOLOGY AND ENGAGEMENT IN PCH RESEARCH

15:55 **Late Afternoon Chairman**
Dr. Elizabeth Rider, Director of Academic Programmes & Director, Faculty Education Fellowship in Medical Humanism and Professionalism, Institute for Professionalism and Ethical Practice, Boston Children's Hospital, Harvard Medical School, United States of America

16:00 **Learning Health Systems – the implications for patients, professionals and their organisations**
Dr. Thomas Foley, Principal Investigator, Learning Healthcare Project, University of Newcastle & Specialist Registrar, Child and Adolescent Psychiatry, Northumberland, Tyne and Wear NHS Foundation Trust

16:20 **Building bridges between methodology and engagement in person-centered research**
Dr. Amy Price, Chief Executive Officer, Empower2Go, Florida, United States of America & Research Fellow, *British Medical Journal*, Centre for Evidence Based Medicine, University of Oxford, UK

16:40 **Panel Discussion with Audience Participation**

17:00 **Closing Remarks and Close of the Third Annual Conference**
Professor Sir Jonathan Asbridge DSc (hc), President and Chairman of Council, European Society for Person Centered Healthcare, Oxford UK

18:00 – 19:00 MEETING OF COUNCIL OF THE EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE (Council Members and invited observers only)

Abstracts for Presentations Day 1- 29/09/2016

09:15 KEYNOTE ADDRESS. A New Concept of Health that Strengthens Person Centered Healthcare

Professor Johannes Bircher, Emeritus Professor of Medicine and Clinical Pharmacology, University of Bern, Switzerland

Deliberations about the nature of health have led to a new definition of health that explains health as a complex adaptive system (CAS). The purpose of this presentation is to explore the diagnostic and therapeutic potentials of these new concepts and of their significance for person centered healthcare. As a condition for life humans - like all biological creatures - must satisfactorily respond to the demands of life. For this purpose two types of resources are needed and since these are required also in the future they are called potentials. One of them is biologically given at birth and the other personally acquired during life. All exchanges between the demands of life and the potentials are embedded within the social and the environmental determinants of health. Among these five components of health there are ten complex interactions that justify health to be viewed as a CAS. In each patient the current state of his CAS evolved from the past, will by itself move forward to a new future, and has to be treated as an autonomous whole. In order to understand the CAS of a patient the diagnostic procedures are as follows: As part of the medical history the physician enters in a careful dialogue with the patient about all of his five components and all of his ten complex interactions and how they became what they are now. This inventory may already help the patient to better understand his situation and to recognize possible next steps that may be helpful for him to autonomously evolve toward more health. In this process a psychologically adequate and indirect leadership by the physician and mutual trust in the patient-physician interaction are of critical importance. These aspects urgently need scientific investigation. The described method offers new possibilities for helping patients to improve their health. They ares fully in line with person-centered healthcare and may even give the latter a new theoretical background.

09:40 Defining limits in whole person-centred healthcare approaches to physical illness

Professor Brian Broom, Consultant Physician (Clinical Immunology), Department of Immunology, Auckland City Hospital and Adjunct Professor, Department of Psychotherapy, Auckland University of Technology, New Zealand

Many people assert that the biomedical model of healthcare profoundly limits a clinician's awareness of the patient as a person. But even if one is intent on expanding such limits there are always inherent restraints on both 'gaze' and 'seeing', based on assumptions about the fundamental nature of personhood and reality.

In New Zealand the whole person-centred approach developed over the last thirty years assumes: that patients are persons; that persons are indivisible 'wholes'; that physicality and subjectivity co-emerge from the beginning of life and therefore should not be seen as separate; that in treating patients we need to hold physicality and subjectivity together; that access to the 'whole' can be gained by story-gathering; that stories (with their meanings, affective nuances, and patterning) emerge in the context of a warm, richly relational clinical encounter; that addressing individual stories in conjunction with normative healthcare approaches is extremely helpful in clinical care; and that experienced clinicians can be trained to work in this way.

But opening up to this whole person work challenges a clinician's capacity for listening, emotional engagement, and ability to make sense of the story and its disease-relatedness. A loss of mastery may be experienced initially when adopting this expanded paradigm. A common defense is to limit what is asked for, seen, or responded to, in the cause of managing one's own sense of coherence and comfort, but at the expense of patient care.

Utilizing four provocative clinical stories, this paper aims to stimulate general reflection upon the inevitable and universal tendencies to limit gaze and clinical functioning, and, hopefully, individual and personal self-reflection on why, how, and where each of us 'draws the line'.

10:00 As part of PCH a new framework for medicine: the somatosemiotic approach

Dr Lars-Petter Granan, Specialist in Physical Medicine and Rehabilitation, Department of Pain Management and Research, Oslo University Hospital, Advisory Unit on Pain Management and Associate Professor, at University College of South East Norway.

Even though the biopsychosocial model is the prevailing framework in modern medicine, it should be abolished due to insufficient explanation of the patients' reality. The aim of this presentation is to explore a new and improved framework in medicine. The presentation will revolve around various clinical examples. First, the prevailing medical framework are deconstructed. Second, an outline of a new framework through abductive reasoning will be outlined. This new framework is called the somatosemiotic model. This framework takes into account the immense complexity of humans, both as individuals and as interacting agents in a society. Consequently, the understanding, assessment and addressing of a unique individual's condition(s) must shift.

10:20 Subjectivity in Objectivity. Application of the Advanced Biopsychosocial Interaction Model in healthcare provider training

Dr. Thomas Fröhlich, Physician, Heidelberg, Germany & Vice President (Western Europe), European Society for Person Centered Healthcare

In training of future GPs as health care providers (HPs), I (TF) use role plays to enforce their awareness of their subjective, almost instantaneous responses to the signals sent by a person looking for help (PH). In becoming aware of both their own and the PH`s spontaneous activities, the HPs may introduce their - subjectively interpreted - fast and spontaneous information processing (IP) – and a corresponding point of view (PoV).

I argue that as human beings we may construe distinct PoVs, such as a professional one, an emotional one, and may be a detached phronesis view as "wise", emotionally experienced women and men.

To visualise such a PoV, we may interpret each single one as an array or a transparency that becomes embedded in further arrays or transparencies. The set of momentarily enacted PoVs converges to become a combined, yet internally indistinguishable source of our present perception, attribution and behaviour. This source is neither uniform nor fully coherent, and hence in a professional setting it is to be recommended for HPs to consciously distinguish the different sub-sources within it. To differentiate between the PoV bound to a professional role, an "existential" and "emotional" PoV may support establishing a third, "wise" PoV. Then, an internal PoV dynamic and a stepwise self-objectification is at work. Here, our existential, sensual and emotional PoV provides the "raw material" to be - as a thesis - recursively transformed by the partially antithetic professional PoV, to result in a synthesis, the „wise" phronesis PoVs.

In everyday practice we usually are not aware of the different PoVs, of the differences between them, and their potential incongruences. And in most instances, there is no need to become aware of this. But on the long run, we may suffer from a too large difference, and in addition to this, our performance and communicative skills regarding the PH will be less good if we consistently ignore the potential mismatch of our "role", our "existential" and our "wise" PoV.

Hence to train awareness of that difference, so called self-awareness programs have been developed. In German GP training, participation in such programs and in Balint groups or similar programs is mandatory.

Referring to the biopsychosocial model (BPS model) proposed by us, we distinguish a fast and a slow IP. Gradual development of a social role is based on the learning abilities of our slow IP. It results in a detachment from our fast IP's spontaneous, existential, sensual and emotional PoVs. The role training is preceded by lifelong training in other roles, such as the roles of a child, a family member, a peer group member, a pupil, a friend, a lover, and so on. This type of role training is simply continued in learning our professional role, and it step by step will become our „second nature" in moving from our slow into our automatised and schematised fast IP.

Since our slow IP is not good in multitasking, we have to consciously switch from awareness of the one PoV to awareness of the other PoVs. After awareness training, we may be able to enact a decomposition of the synchronously active PoVs, and to arrange a serial focusing, with alternating awareness of the one, then the other, and construing, may be, the third.

This self-analysing approach will connect our "subjective" PoV with PoVs more detached from our subjectivity. Sure, the latter ones are easier to be connected with a view from outside, equivalent to a PoV resulting from objectification, including self-with-other-objectification.

To compose different PoVs is not unique for HPs. Any PH will do so, also. She or he adopts a "patient-role" that results from a partial self-objectification, and - from the PoV of this source will listen preferably to the "objective", technical part of our communication. Two "objective" PoVs then communicate with each other, and they do so on a level of facts and figures, ignoring the multiplicity and diversity of further sources of coherence and coherent meaning. On a superficial level then everything seems rational. The undercover activity of the HP's and PH's further PoVs will be experienced if something rationally "unexplainable" happens. This may happen from either the HP's or the PH's side, or from both sides simultaneously.

Using the results of her or his fast and highly automatised IP and the corresponding PoV as kind of a resonance body will help to avoid such unwanted developments. To pause for a second, to stop and then to listen to the different PoVs will give a chance to enable mutual resonance of the different PoVs. A "wise" PoV that is neither fully exposed to ones existential, emotional PoV, nor to the professional, "objective" one will take care of the limits set by the professional role. This way the HP may become able to interact and to communicate as a professional HP and as a person, and with a patient, and a person.

This may happen with or without words. Accompanying narratives may trigger an emotional and rational, in any instance meaningful resonance within the PoVs of the PH. In our BPS model we define how these subjective and objectifying PoVs are generated, and how they interact. This offers an understanding of us as HPs and PHs as subjects in an objective world.

11:30 Mindfulness for preclinical medical students

Dr. Sarah Shepherd, Lead for Communications in Year 1 and Year 2, Medical School, University of Manchester, UK

Background

The inability to cope with the enormous stress of medical education may result in personal and professional consequences. Research conducted with undergraduate medical students at St Andrews and Manchester suggested that one in four were categorised as 'burned-out.' Further research suggests self-care in medical education as central to the ability to deliver patient centred care. The purpose of this study was to evaluate the feasibility, acceptability and efficacy of a short term mindfulness-based intervention and its effect on mental well-being, self-efficacy and burnout in a sample of first and second year undergraduate medical students from Manchester Medical School.

Methods

Year 1 and 2 medical students were invited to 5 sessions of Mindfulness. Measures taken pre and post the mindfulness course included the: Maslach Burnout Inventory Student Survey (MBI-

SS), Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and General Self-Efficacy Scale (GSE). Data was analysed using Wilcoxen signed rank test. Focus group run 1 month post course were analysed using framework analysis.

Intervention
The mindfulness course was led by an experienced facilitator. It consisted of five weekly group sessions, each lasting one hour. The training included guided meditations and mindfulness skills teaching, with handouts covering key mindfulness concepts

Findings
33 participants, 22 completed both sets of measures:

- MBI-SS: Pre-mindfulness 50% 'burnt-out' post-mindfulness 4%.
- WEMWBS: Mental Well-being increased ($z = -3.554$, $p = <.001$, $r = 0.55$).
- GSE: Self-efficacy increased ($z = -2.274$, $p = < .023$, $r = 0.34$)

Themes from the focus group (n=7):

- Awareness of thoughts on behaviour
- The (un)acceptance of stress
- Feeling 'OK'

Discussion
Mindfulness positively impacted the student's wellbeing and was experienced positively. Further study is needed to consider the maintenance of skills and the integration with the curriculum. Establishing wellbeing skills and habits early in a medical students degree is imperative.

11:50 Person-centred, postgraduate teaching and learning approaches at Queen Margaret University, Edinburgh

Dr. Stephen Buetow, Associate Professor, Department of General Practice and Primary Health Care, University of Auckland, New Zealand and Honorary Professor, Queen Margaret University, Edinburgh, Scotland, UK & Chairman, ESPCH SIG on Research in PCH

Queen Margaret University (QMU), near Edinburgh, is developing an international reputation as a leader in person-centred health care education. From its person-centred practice teaching and learning framework, the Division of Nursing has developed Scotland's first MSc in Person-Centred Practice. Delivered as an International Practice Development Collaborative Foundation School, the framework responds to professional needs for postgraduate learning and professional practice in person-centred care. With optional professional outcomes, the framework spans health and social care settings in Scotland and internationally including a Norwegian partner PhD program in Person-centred health care.

This Conference presentation will discuss QMU's MSc in person-centred practice framework. Committed to values of person-centredness, core and elective modules for specialization provide personalize flexible learning in specific areas of interprofessional development. Different aggregations of the modules stair-case qualifications through short-blocks, day release, and online learning. These blended teaching and learning approaches include virtual learning, independent study, group learning and supervised work experience within approved community nursing settings – each with person-centred modes of student assessment. Supporting this new formal curriculum is a person-centred informal curriculum.

The informal curriculum entails a community of relational and reflexive practice. Within and beyond the classroom, the teachers and students are enculturated to develop and support each other and themselves as persons. Mechanisms include interprofessional collaboration; peer support, including mentorship and coaching; personal academic tutors; and familiar digital technologies. Continuing attention is given to developing the physical and social environment and advanced forms of relational and personalized learning.

12:10 Educating individual clinicians and multidisciplinary teams in 'whole-person'-centred clinical care of physical illness—the New Zealand experience

Professor Brian Broom, Consultant Physician (Clinical Immunology), Department of Immunology, Auckland City Hospital and Adjunct Professor, Department of Psychotherapy, Auckland University of Technology, New Zealand and Chairman, ESPCH SIG on Personhood and The Dynamics of Healing Relationships in PCH

In New Zealand over the last thirty years there has developed a whole person-centred approach to physical illness, which grew out of the intermingling of internal medicine and psychotherapy. The approach integrates normative biomedicine with the patient's story, especially those elements that relate to the development and perpetuation of physical disease. Major emphases include meaning, symbolism, affective dimensions and management, and the vicissitudes of patients' historical and present relationships.

As it has developed the project has became determinedly non-dualistic, oriented to the whole person and clinician-patient relationship-centred. Many clinicians have now been exposed to teaching and formal training in the whole person-centred approach. The venues for such training include small regular supervision groups (of doctors and psychotherapists), national and international one or two day training workshops, a dedicated 'whole person approach' private multidisciplinary practice, a university multidisciplinary post-graduate training Diploma and Masters MindBody Healthcare program for mature clinicians, and a major hospital immunology department.

For clinicians wanting to transform their practices there are three major hurdles.

Firstly, because clinicians generally are personally and professionally so embedded in mind and body dualistic thinking there is a need for education regarding the theoretical justification for moving to a non-dualistic framework. Without that some clinicians will remain stuck in their default dualistic modes. Others who see the practical positive effects of the approach will intuitively embrace it. For them it is obvious and natural.

Secondly, non-dualistic story-oriented practice requires behavioural change and new skills in the clinic. Clinical behaviours are generally so automatic that coaching in the form of role plays, training of listening and responding skills, and learning new forms of self and relational awareness is crucial.

Thirdly, the socio-cultural and healthcare structural pressures to remain biomedical and dualistic are immense. Clinicians need ongoing support and supervision to make this tolerable.

Given these three inputs the clinicians who engage in such training find the work deeply satisfying and discover new levels of effectiveness, though it is against the general tide in healthcare.

13:40 Falling upwards: Flourishing through person-centred care for Parkinson's Disease

Dr. Stephen Buetow, Associate Professor, Department of General Practice and Primary Health Care, University of Auckland, New Zealand and Honorary Professor, Queen Margaret University, Edinburgh Scotland, UK & Chairman, ESPCH SIG on Research in PCH

My book, 'Person-centred Health Care; Balancing the Welfare of Clinicians and Patients', defines person-centred health care as a value-strong ethics of virtue that synthesizes the sciences and humanities to nourish the personhood of patients and others.

Compared with duty-based, patient-centred health care, this virtue ethic respects the freedom and interconnected dignity of all persons. In disaggregated terms, person-centred health care integrates moral values – such as flourishing, personalism, moral equality and authenticity – to support the cultivation and exercise of virtues in persons. This Conference presentation conceptualizes how this model might apply to Parkinson's disease (PD).

Symptoms of PD and side effects of its drug treatment can disable persons with PD and distress caregivers. Few interventions prevent falling by people with advanced PD. Yet scope for joint flourishing comes from the power of people to BRACE themselves and each other. Person-centred care enables them to Break from a deficit focus, Rebalance, choose their own Attitude; cultivate Character; and Exchange care. Without creating a 'curate's egg', the resulting dual perspective of falling, as potentially harmful but promising for goal achievement, creates space within person-centred care for people to 'fall upward'.

14:00 Person-centred dynamics in frailty and resilience

Dr. Carmel Martin, Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

Life is maintained through a multitude of regulating networked systems that ensure our dynamic functioning and keep vital parameters within safe limits. Systemic resilience is the capacity of this complex system to bounce back upon challenges, ultimately determining the chances of survival or living well. Understanding systemic resilience is challenging, but essential for modern medical practice.

All individuals, but particularly those with significant compromises to their biopsychosocial and or environmental states face particular challenges to their resilience related to physical strain, food intake, infections, societal challenges and any number of other stressors. Stressors may be acute and severe or cumulative and may create a tipping point into frank decompensation. Resilience reflects the dynamics of resistance to deterioration and capacity for recovery.

Critical slowing down (because of loss of resilience) in response to noxious internal or external stimuli is demonstrated in a wide range of health related contexts. Examples include:
Self-rated health and readmission or risk of death; beat to beat variability in heart rate; domestic violence, frailty; and mental illness. In fact, much of healthcare involves monitoring for signs of deterioration or restabilisation, or risk minimization. However more attention to resilience in these processes are likely to be enhanced by emerging scientific approaches to avert destabilisation occurring and to optimise recovery with the least disability and distress.

This presentation outlines significant areas of investigation in identifying, measuring and predicting loss of resilience and tipping points into decline, often requiring acute medical interventions.

14:20 Person-centered risk assessment of drugs: a missing link between scientists and clinicians

Dr. Elena Rocca, Postdoctoral Fellow, The CauseHealth Project, Norwegian University of Life Sciences, Oslo, Norway

There has been a cultural divide between scientists and clinicians. Several sources show that this is undermining the overall advance of medical science, by hindering the production of practice-relevant research and of research-informed clinical decisions. The field of post-marketing risk assessment of drugs is an example of strict inter-dependence between basic biomedical research, clinical research and clinical evaluation, and I aim to show how it would benefit from a closer collaboration between scientists and clinicians. The risk assessment of drugs after their marketing relies on spontaneous adverse effect reports to drug agencies, as well as on peer-reviewed case reports. Here I argue that an ideal risk assessment verifies not only the frequency of undesired effects, but also why and how the harm happens. For this purpose, two things are important. Firstly, reports from side effects ought to be analyzed in a qualitative, and not only quantitative way. Second, the report should be person-centered; with this, I mean that it should contain not only a purely physical, but also a biopsychosocial description of the case. Details about the context that generated an unexpected outcome, indeed, can offer the chance of improving causal understanding about how the intervention works. Both clinical experience and medical research suggest that side effects of drugs are not just provoked by the physical treatment, but also by negative conditioning of previous experiences, anxieties, fears, connected to it. A person-centered side-effect report, therefore, can potentially help in the formulation of hypotheses of biopsychosocial mechanisms of harm, connected to a pharmacological treatment. Promoting an information flow between clinics and basic science might contribute to build a common, more holistic concept of harm, with the final aim of increased awareness and critical reflections concerning the methods used both in science and in clinical investigation.

14:40 Recent developments in person-centered psychiatry - the present and future of psychiatric rehabilitation

Dr. Abraham Rudnick, Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University & Psychiatrist-in-Chief, St Joseph's Healthcare, Ontario, Canada & Chairman, ESPCH SIG on Mental Health

People with mental health challenges are often psychiatrically disabled, i.e., have difficulty functioning in valued social roles such as in relation to work and social life. Psychiatric rehabilitation (PSR) is a person-centered and evidence-based set of mental health care practices that facilitates recovery of people with mental health challenges by enhancing their skills and support to function in personally meaningful valued social roles. Research in psychiatric rehabilitation continues to progress. In this presentation, I will report on such progress, using my PSR research among others for illustration. The objectives of this presentation are to: 1. enhance knowledge of PSR context, 2. enhance knowledge of PSR evidence, and 3. enhance awareness of PSR prospects. The topics covered are: 1. recovery, 2. coping of individuals with schizophrenia and their families, 3. cognitive remediation and smart technology, 4. Integrating supported education and supported employment, 5. psychiatric leisure rehabilitation (PLR), 6. PSR ethics and philosophy of psychiatric disability, and 7. PSR education and systems. The methods of this presentation include an: 1. Interactive presentation, with powerpoint slides, and 2. response to questions and comments.

16:00 The ongoing work of the International Charter for Human Values in Healthcare

Dr. Elizabeth Rider, Director of Academic Programmes & Director, Faculty Education Fellowship in Medical Humanism and Professionalism, Institute for Professionalism and Ethical Practice, Boston Children´s Hospital, Harvard Medical School, United States of America

Introduction / Context
Attention to core values and skilled communication remain indispensable to the practice of high quality, safe, ethical and compassionate care, and integral to all relationships within healthcare environments. Research shows that good relationships and communication, grounded by values and patient engagement, improve health outcomes, patient safety, and patient and clinician satisfaction. Yet, these aspects of care have not received the emphasis necessary to make them central to every healthcare interaction.

Physicians and other healthcare professionals strive to communicate compassionately and ethically with their patients, and accrediting organizations require competency in humanistic and communication skills. However, in today's corporate driven, technology focused healthcare environments, physician-patient and clinician-patient relationships have weakened. Caring has diminished. The result is an ethical problem that impacts both parties, especially the patient.

Description of Innovation
The International Charter for Human Values in Healthcare delineates core values fundamental to all healthcare interactions—e.g., clinician-patient, interprofessional/team, and others across healthcare systems and their stakeholders. We established an international, interprofessional collaborative of clinicians, researchers, educators, communication specialists, linguists, and healthcare leaders to identify and promote the human dimensions of healthcare. The resulting *Charter*, initiated in early 2011, is the product of a rigorous 3-year process to identify and develop a framework of values that should be present in every healthcare interaction.

We collected and analyzed data obtained from multiple international, interprofessional groups using combined qualitative research methods including iterative content analysis, Delphi methodology, focus groups, and expert consensus. We identified five categories of fundamental values necessary for every healthcare interaction—*Compassion, Respect for Persons, Commitment to Integrity and Ethical Practice, Commitment to Excellence, and Justice in Healthcare*—and classified sub-values within each category.

Evaluation / Impact
The International Charter for Human Values in Healthcare is a major initiative of the International Research Centre for Communication in Healthcare (IRCCH). The *Charter* now has partners in Hong Kong, Australia, Brazil, the Netherlands, New Zealand, United Kingdom, Uganda, and the United States. The National Academies of Practice (US), comprised of 14 healthcare Academies, also endorsed and became a Charter Partner. The Charter works closely with, and is a partner of, Charter for Compassion International. In 2015, IRCCH became the Asia-Pacific Healthcare Hub for Charter for Compassion International.

The *Charter* provides a framework of values underpinning all healthcare interactions. It has been used to explore, identify, and incorporate values into the curricula of programs and courses, including interdisciplinary, specialty, faculty development, and clinical training programs. Training modules have been developed. Strategies for explicitly teaching values have included: appreciative inquiry, use of narrative, reflective exercises, small group work, displayed thinking, discussion and others. Values articulated in the Charter inform ongoing and evolving projects and programs in clinical care, training, research, and organizational culture change.

This presentation will consider: (a) current challenges to healthcare relationships; (b) concepts for relational competency; (c) values as the foundation of our work; (d) a new framework, the *International Charter for Human Values in Healthcare*, that can be used to inform clinical practice, training, research, and organizational change efforts; and (e) strategies to embed core values in healthcare education and practice.

16:30 Building person-centered clinical institutions - The Alexander Monro Breast Cancer Hospital

Dr. Jan W van Bodegom, Surgeon and Founder, The Alexander Monro Breast Cancer Hospital, Bilthoven, The Netherlands

In February 2012 the founding team of Alexander Monro Breast Cancer Hospital managed to raise the funding necessary to build the first Breast Cancer Hospital in the world, opening its doors to patients and their families on April 12th 2013. This unique new concept was built with the help of almost 250 patients. The patients and their relatives were interviewed to determine the needs and wishes of breast cancer patients and their partners and children. The concept of a 1 stop visit for diagnosis was introduced and the total process and team of all needed professionals and administrators was defined in a 100% patient-orientated approach. No waiting times, others than those that were essential for technical reasons, were tolerated. For instance, pathology results were made available within a day in >85% of cases and MRI testing and its results were made available within 3 hours after ordering. This person-centered approach has resulted in long list of awards and a stunning 9.7 (on a scale of 10) on patient satisfaction, a 8.7 staff satisfaction and a top 3 ranking in the Dutch breast cancer benchmark (DBCA, Dutch Breast Cancer Audit). All this was achieved by making simple but specific choices:

- **1 why** The patient
- **1 focus** Breast Cancer care
- **1 culture** Well defined, measurable and everyone accountable

The results of the first 2.5 years are presented along with an account of the pragmatic methodology for defining, changing and maintaining excellent cultures in healthcare in a way that is appreciated and acknowledged with a 9 by the patients. This methodology has been proven to work for many years and has helped hundreds of profit and non-profit organisations worldwide move from good to great.

Abstracts for Presentations Day 2- 30/09/2016

09:20 KEYNOTE ADDRESS. Partnering with patients – an innovative strategy to embed meaningful partnership with patients in clinical practice, service delivery, research, education and policy.

Dr. Tessa Richards, Senior Editor/Patient Partnership, *British Medical Journal*, BMA House, London, UK

Who gets to define what "patient centred" means? Two years ago the *BMJ* made some innovative changes to its editorial processes aimed at "walking the talk" on patient partnership. Our aim is to become the change we want to advance in healthcare where partnership with patients in clinical practice, research, medical education, service delivery and policy making becomes the norm. This session will explain what the journal has done, some of the challenges its faced is doing this, and future directions.

09:40 The Perfect Patient Information Journey – integrating information as therapy into person-centered care

Ms. Sue Farrington, Chair, The Patient Information Forum and Ms. Claire Murray, Joint Head of Operations, The Patient Information Forum, London UK

The Patient Information Forum is committed to improving the health and healthcare experience of patients, carers and the public.

We do this by supporting individuals and organisations to provide high-quality, clearly communicated, evidence-based healthcare information, which is accessible and developed with its users.

Information is much more than just a leaflet. It is a therapy in its own right, and provides the foundation of person centred care, shared decision making, supported self-management and self care.

Evidence shows that access to high quality healthcare information provides a robust platform from which patients and healthcare professionals can engage in a shared partnership to improve health outcomes.

However, despite policy statements and decision making organisations hailing the importance of health information, the evidence shows that the NHS often still does not properly inform patients.

PIF is exploring how we can better integrate the provision of information into healthcare, to ensure services are truly person centred.

Our presentation will share research and early findings from the 'Perfect Patient Information Journey' project. It will focus on the role of information in delivering person centred care, the reality for patients and citizens today, and levers to improve the integration of information into the delivery of care.

PIF is a network that brings together people and organisations working in health information from across the NHS, voluntary and independent sectors.

10:10 The Internet of Things – promoting continuous patient education as therapy

Mr. Mark Duman, Director of Market Development, INTELESANT UK

Why should information be a 'must-have' in modern healthcare systems? What are the financial benefits of engaged patients? In addition to answering this questions, Mark will share a number of 'information therapies' including Intelesant's howz®, and conclude by outlining some of the changes necessary for the healthcare system to embrace patient education.

10:30 Patient and Public Engagement in Healthcare - the work of the Centre for Public Engagement

Professor Mary Chambers, Director, Centre for Public Engagement and Professor of Mental Health Nursing, Joint Faculty of Health, Social Care and Education, Kingston University and St George's, University of London & Associate Editor, *Health Expectations*

In the United Kingdom (UK) Public Engagement (PE) is now central to all areas of Higher Education activity. In 2007 the Higher Education Funding Council for England (HEFCE), Research Councils UK (RCUK) and the Wellcome Trust funded as a result of a competitive tender a National Coordinating Centre for Public Engagement (NCCPE) and six pilot programmes.

This initiative was aimed at promoting excellence in public engagement and to encourage a culture change within UK universities. The ambition was to recognise, formalise, embed, value, reward and support public engagement and that PE would be a recognised activity for staff and students at all levels. A further intention was to build capacity for public engagement within institutions and encourage staff and students to become involved. This presentation will outline how the Joint Faculty of Kingston University and St. George's University of London set out to meet this agenda by establishing a Centre for Public Engagement (CPE). Outlined in the presentation will be the aim, objectives and values of the CPE, its management, governance and activities as well as the challenges of embedding PE in a meaningful way.

11:40 Integrating the principle-based and case-based approaches to ethical decision making in person-centred health care

Dr. Mette Kjer Kaltoft, Research Unit of General Practice, Institute of Public Health, University of Southern Denmark, & Odense University Hospital Svendborg Sygehus, Denmark

An interactive decision support tool is developed to improve cross-disciplinary communication between the ethics and informatics communities and disciplines. The aim is to integrate the principlist (principle-based) and casuistic (case-based) approaches to ethical decision making at a prescriptive level, rather than at a theoretical or behavioral one. The Multi-Criteria Decision Analysis (MCDA) basis of the tool means it can incorporate any set of ethical principles as the criteria, and then draw on case-based reasoning as the source for both rating the options open to the health professional on these criteria and weighting the criteria in the specific case. A personalised opinion can be generated for each decision stakeholder in a health care team. This can foster transparency in decision making as well as providing the basis for informed and preference-based consents to testing, treatment, and care across the age span.

As proof-of-concept the demonstrated MCDA-based aid uses, as criteria, the classic four ethical principles - beneficence, non-maleficence, autonomy and justice - supplemented by veracity and confidentiality (as in Katie Page's study. It then employs specific case-based reasoning to supply the ratings and weightings for the exemplary decision of whether or not a nurse should disclose a patient's poor prognosis to a close relative. Engaging interactively with this aid (and developing equivalent analyses for other dilemmas) can facilitate reflection within team discussions on the ethical challenges facing each individual member of a team of health professionals, as well as, in some cases, the whole team By incorporating both general ethical principles and case-based reasoning it can also enhance training for person-centred care at the point of decision, preparing for real-time use at the personal, as well as health professional or policy, level.

The recommended sequence in producing the Annalisa© implementation of MCDA for a specific clinical case, from the perspective of a single health professional, is to:

- determine the generic ethical principles to be set as the criteria
- rate each of the options on each of these criteria in this specific case (e.g. to what degree does this option fulfill the criterion of beneficence?)
- weight the criteria in this particular case (e.g. what are the relative weights to be assigned to beneficence and the other principles?)
- observe the Scores that result from combining the Weightings and Ratings, using the expected value (weighted sum) algorithm of an MCDA
- modify the Weightings and Ratings, if desired, but without the modifier being able to see the effect on the Scores until their changes are confirmed (the software permits this)
- reflect and/or deliberate on the opinion produced

In summary, to prepare in advance for dealing with ethical dilemmas, we conceptualise the relevant multiple generic ethical principles as the criteria in an interactive MCDA-based aid template, with the alternative possible courses of action as the options. The process of integrating the performance ratings of each of the options on each of these criteria with the individual person's weightings of the included criteria is then case-based. The disclose or not disclose decision support tool, with an illustrative video for exploration, can be found at http://www.cafeannalisa.org.uk/topics/nursing-2014-05-14/

12:00 *MyStoma* - Putting Phenomenology into Practice

Dr. Derek Mitchell, Senior Researcher, Manchester Metropolitan University UK [& Winner, ESPCH 2015 Postgraduate Research Studentship in the Philosophy of Medicine]

In this presentation I will set out an example of a person centred approach in action from my own experience of coping with serious illness. My endeavour will be show how a philosophical position, based on the phenomenological work of Heidegger and Gadamer, can be effective in the practice of commissioning and providing healthcare, and conversely how, in the practice of person centred healthcare, that philosophical ground is made manifest.

MyStoma is run jointly by East Kent Stoma Support Groups and the Stoma Care Service of the East Kent Hospitals Trust, with support from our commercial partners. The project gives a voice to people who have a stoma and ensures that the care that they receive reflects their own needs as expressed by the ostomists themselves. The aim of *MyStoma* is to change the way that people who have a stoma are involved in the development of the services provided to them and to put their needs and expectations at the heart of all decisions made about stoma care services.

Phenomenology gives us a method to ensure that our voices are heard and injected into the process of service change and development. Everything we do in *MyStoma* is based on the phenomenologist starting point that; only the person with a stoma knows what it is really like to live like this, the lived experience of each person with a stoma is unique.

The process of implementing *MyStoma* has not been easy but, in terms of the underlying philosophy, the conception of *MyStoma* is simple. It is an unremittingly person centred project which proceeds from the lived experience of people who have a stoma, to the development of services to meet these expectations and needs, and then back to the experience of those who are on the receiving end. The process is therefore phenomenological, existential and hermeneutic.

12:20 Patient Reported Outcome Measures: giving patients a voice, provided they are implemented

Dr. Andria Hanbury, Senior Research Consultant, York Health Economics Consortium, University of York, England, UK

Running Title
Patient Reported Outcome Measures – an example of PCH in action

Rationale, aims and objectives
Patient reported outcome measures are gaining increasing attention within mental health care, yet can be difficult to implement into routine practice. To increase uptake, it is recommended to explore the barriers to uptake guided by a theory-base, with this information then used to design a tailored improvement strategy. The aim of this study was to explore the barriers to collecting and using a specific PROM within a single setting to inform the design of PROMs promotion strategy.

Methods
Guided by diffusion of innovation theory, staff perceptions of the relative advantage, compatibility with norms and complexity of using the Short Warwick Edinburgh Mental Wellbeing Scale in routine practice were explored through structured group discussions with mental health care teams within one foundation trust.

Results
Respondents perceived some advantages to using SWEMWBS, notably service-user involvement, but also highlighted the burden of paper-based data collection and the poor quality of feedback reports. There was also scepticism regarding the suitability of the tool, particularly for certain groups of service-users, and concerns regarding use of PROMs for performance management. Views were mixed regarding compatibility with existing norms.

Conclusions
To increase uptake, it is recommended that the positive perceptions of relative advantage, compatibility and ease of use identified in this study should be promoted, including through messages delivered by senior staff and tailored educational strategies. Negative (mis) perceptions should be similarly challenged, and barriers around paper based data collection and feedback reports systematically targeted.

12:40 In person-centred healthcare we need dually-personalised PerROMs (Person-Reported Outcome Measures), not just singly-personalised PROMs (Patient-Reported Outcome Measures)

Professor Jack Dowie, Emeritus Professor of Health Impact Analysis, Department of Social and Environmental Health Research, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK and Chairman, ESPCH SIG on Health Impact Analysis

In medicine and health care decisions arise in which there are multiple options - at least two - and multiple criteria – the possible benefits and harms and process considerations associated with each option. Options typically vary in how well they perform on at least some of these criteria. This makes the decisions 'preference-sensitive', i.e. evaluating the options necessarily involves assigning *importance weights* to the criteria. While the *performance rates* of the options on each criterion may be evidence-based or expertise-based, these preference weights are value judgments and can lead to different options emerging as optimal even when combined with the same performance rates.

There is currently a paradox in the world of patient- and person-centred healthcare research. There is almost universal agreement that *many* healthcare decisions are indeed preference-sensitive and that in most cases the preferences to be respected are those of the patient-as-person. The paradox arises because the vast majority of instruments developed to measure diverse aspects of patient/person involvement in preference-sensitive decision making completely ignore preference-sensitivity.

The measures we refer to here encompass those for patient-reported satisfaction / activation / engagement / empowerment; for the extent and nature of 'shared decision making' and various aspects of patient-physician communication; and for such constructs as decision quality, decision conflict and decision regret. Included also are those which seek to measure health status or health-related quality of life (generic or condition-specific), though they differ from the preceding ones, insofar as many input empirically-based group importance weights, rather than those of the instrument developers. However, with few exceptions, all Patient-Reported Outcome Measures ignore *individual* preference-sensitivity.

Our full argument rests ultimately on the fundamental difference between two types of measurement model. In a *reflective* model the construct being measured (e.g. 'shared decision making', 'decision quality') exists and the items in the instrument are selected to *reflect* it. In a *formative* model the construct does not exist, being constructed (*formed*) by the measure. Applying several standard clinimetric validation techniques to formative measures is inappropriate, but widespread.

Our argument also distinguishes six degrees of personalisation that are possible within either type of measurement model. The six possibilities are generated by 5 distinctions:

- the criteria/items that **could** be included may be provided or self-generated by the person
- the number of criteria to be included may be specified or self-chosen
- the criteria to be included within that number may be specified or self-chosen
- the person is able to supply only Ratings (i.e. performance rates of options on criteria)
- the person is able to supply Ratings and (preference importance) Weightings.

We propose that all instruments in person-centred healthcare should be dually-personalised, i.e. involve the person supplying Weightings as well as Ratings. The constraints of the routine clinic situation - as opposed to the artificial research setting - rule out any higher levels of personalisation.

A simple illustration of a singly-personalised instrument that could easily be made preference-sensitive, is pprovided by collaboRATE. Designed to measure the construct 'Shared Decision Making' (SDM) from the patient perspective, collaboRATE has three items:

- *How much effort was made to help you understand your health issues?*
- *How much effort was made to listen to the things that matter most to you about your health issues?*
- *How much effort was made to include what matters most to you in choosing what to do next?*

collaboRATE does not treat SDM, as a formative, preference-sensitive construct. But in fact individuals may assign very different importance to being helped to understand their health issues, to being listened to about the things that matter to them, and to having themselves included in choosing what to do next. Why ignore these variations in an instrument explicitly proposed as a pragmatic one for use in the clinical setting? Why not ask the patient for their weightings as well as their ratings and combine them into a dually-personalised PerROM?

MyDecisionQuality is our archetypal example of an instrument that is formative, not reflective (MDQ does not exist in the person), dually-personalised (not singly-personalised, or

more than dually-personalised) and designed for use in routine practice (not research). In all three respects it differs completely from the large number of Decision Quality Instruments developed at Massachusetts General Hospital by Karen Sepucha and colleagues.

14:10 Arts-based approaches as a creative way of being person-centered

Professor Bernie Carter, Professor of Children's Nursing, Faculty of Health and Social Care, Edge Hill University UK, Director, Children's Nursing Research Unit, Alder Hey Children's NHS Foundation Trust UK and Editor, *Journal of Child Health Care* [& Winner, ESPCH 2015 Presidential Medal for Excellence in PCH]

Working and researching with children requires a commitment to engage with children in ways that resonate with their agency, experience, feelings and preferred modes of expression. Although traditional approaches such as one-to-one conversations can be incredibly powerful ways of finding out about children's experiences of illness, injury, disability and health care, arts-based approaches provide an additional and creative way for children to explain how ill health can shape their lives. Understanding the impact of illness on their lives can help health professionals to provide meaningful, tailored and person/child/family centred care and support.

There are many different arts-based approaches that can be utilized including drawing, writing, performance, story telling and image-based approaches. These methods can be both attractive and challenging to use and should be used with sensitivity and consideration. Focusing on studies that used drawing and photo-elicitation with children, this paper will briefly explore the added value that can be gained when creative approaches are used to engage children and young people.

14:30 The impact of physical activity for recovering cancer patients

Dr. Martyn Queen, Doctor of Physical Activity & Health, Faculty of Health Sciences, University of St Mark and St John, Plymouth, England, UK

Rationale, aims and objectives

Pedometers have been shown to improve adherence to exercise programmes. Physical activity (PA) can improve physical function, wellbeing, and reduce the negative impact of some cancer related side-effects. Yet, there are limited PA guidelines for cancer patients in the UK. Evidence suggests that PA can improve the quality of life (QoL) of recovering cancer patients, reducing many of the side-effects of cancer and its related treatments, including depression, anxiety, chronic fatigue with an improvement in physical and psychological health. Uptake and adherence to PA programmes for recovering cancer patients remain low with only 20% of patients meeting the UK guidelines of 150 minutes a week.

This research project had 3 aims and produced 3 studies. Firstly, to examine the impact of an 8-week exercise programme for a group of recovering cancer patients, on sustaining PA at 4 month follow-up. Secondly, to investigate the perceived changes to QoL indicators for the patients, following 6 months of PA. Finally, to examine the support systems that enabled the patients to sustain PA for 6 months.

Method

The respondent cohort comprised of 14 mixed site cancer patients aged 43-70 (11 women, 3 men), who participated in a two phase PA intervention that took place at a University in the South West of England. Phase 1 consisted of an eight-week structured PA programme, phase 2 consisted of 4 months of non-supervised PA. Semi-structured interviews took place 3 times over 6 months. A grounded theory approach was used to analyse the data.

Results

From study 1, we found the number of patients perceived to be physically active prior to take-up of the programme to be low (20%). At completion, most patients reported being physically active (84%), sustained but to a lesser extent (67%) at 4 month follow-up. Explanations for sustained PA at follow-up included, application of knowledge gained from the Programme in relation to walking technique and use of pedometers and perceived health and fitness gains. Explanations for those not physically active included, new diagnosis, reduced mobility following surgery, and lack of clear exit route or progression to another structured opportunity.

From study 2, we found that prior to the 6-month PA intervention many of the patients were anxious about being able to complete the initial 8 week programme. Anxieties related to low self-esteem and chronic fatigue resulting from their cancer treatment. Consequently, several patients expressed concerns about their ability to help themselves self-manage their recovery through PA. On completion of the intervention the majority of patients reported improvements in their perceived QoL relating to their ability to self-manage, their self-efficacy, energy levels, along with decreases in chronic fatigue.

From study 3, we found different types of support required for each stage of the intervention. Internal support was necessary whilst undertaking a structured PA programme, external support was necessary to sustain PA to four month follow-up. Two aspects of internal support were identified that enabled the patients to adhere to the programme; support from exercise professionals and peer support from patients on the programme. External support that enabled the patients to sustain independent PA to four month follow-up was support from 'life partners'.

Conclusions

Our study has provided the following valuable insights. Firstly, how a supervised multi-modal PA programme can enable recovering cancer patients to develop a physically active lifestyle. Secondly, how perceived QoL can be improved through a combined 6-month period of supervised and independent PA. Finally, how internal support systems can enhance adherence to structured PA programmes and how external support from life partners, can enable recovering cancer patients to sustain independent PA. These findings serve as further evidence of the effectiveness of a person centred healthcare approach for recovering cancer patients.

14:50 Avoiding readmissions – a complex problem with a person-centered solution?

Dr. Carmel Martin, Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

Avoiding emergency hospital admissions is a touch point for the health and wellbeing of individuals and for the health system. Hospital admissions are costly and may represent underperforming of the health system and or complex human dynamics.

This presentation outlines a complex systems framework to assist the unravelling of the dynamics of readmissions in a timely manner in practice. It will outline strategies and evidence about different approaches to avert potentially avoidable hospitalisations with practical case examples.

'Potentially avoidable hospitalizations are admissions for inpatient care of chronic illnesses that could be averted if the patients had good quality care in the community. Without such care, the risk of complications requiring hospitalization is greater. Hospital acquired infections, delirium, increased disability are all consequences of potentially avoidable hospital admissions. Hospital readmission predictions from administrative data tend to be fairly crude. Adding clinical, observer-reported or patient-reported data may improve the identification of high risk cohorts. However, as Krumholz et al state, whatever the metrics of hospital data analytics, it is easier to predict who is going to die in a particular time period following hospitalization, than who is going to be readmitted, and how, when and why this would happen. A complex system of many factors that influence (re)hospitalization occur outside of hospital. Dynamics of human life and relationships, for example are not available to hospital data models. Community care and primary care routinely collected data may provide additional opportunities to learn about deteriorations that lead to hospital admissions if people touch the services in a timely manner. Yet, this touching of services is not guaranteed, particularly for those whose unstable health journey and vulnerable social situation places them at risk of less than optimal health service use. Most initiatives are orientated towards multiple chronic diseases, while there are subsets of those with instability who often fall between services. Proactive monitoring individual high risk trajectories 'little data' as opposed to hospital and health service 'big data', appears to be the best strategy for understanding and intervening in complex individuals journeys with their unique set of circumstances and health states to reduce readmissions.

16:00 Learning Health Systems – the implications for patients, professionals and their organisations

Dr. Thomas Foley, Principal Investigator, Learning Healthcare Project, University of Newcastle & Specialist Registrar, Child and Adolescent Psychiatry, Northumberland, Tyne and Wear NHS Foundation Trust

There is increasing interest in the potential for big data and artificial intelligence to transform medicine. Intelligent Automation, Clinical Decision Support Systems, Predictive Models, Benchmarking, Surveillance Systems and Comparative Effectiveness Studies, hold great promise for the prevention, diagnosis and treatment of disease. These so called Learning Health Systems are not just computer algorithms, rather, they are sociotechnical systems that include patients and clinicians interacting with technology. This talk will address some of the implications for patients, clinicians and their relationship.

16:20 Building bridges between methodology and engagement in person-centered research

Dr. Amy Price, Chief Executive Officer, Empower2Go, Florida, United States of America & Research Fellow, *British Medical Journal*, Centre for Evidence Based Medicine, University of Oxford, UK

BACKGROUND

PLOT-IT turns the current model of health research on its head by crowdsourcing research ideas and health data (with academic health researchers providing a support service to ensure that the research is ethical, methodologically sound, clinically safe and that personal data is protected). Participants are involved in multiple aspects of a clinical trial.

Research trials conducted over the Internet are experiencing exponential growth with little methodological research to inform their conduct. Since 2012, 83% of the population used the Internet at least once to search for health information and this does not account for those that used the Internet to find health information for others.

Serious adverse event rates in clinical trials are on the increase and enrolment and participant retention continues to drop. Harms from inadequately consented vulnerable populations have halted research and invoked international concern. In this age participants need the tools to become informed collaborators in their own health research.

Responsible shared decision-making requires access to accurate shared knowledge. To contribute effectively the public needs help to increase their active knowledge about how to apply reliable information about randomized controlled trials and the effects of treatments. Although the end goal is Participatory Research through the life of a trial we are finding authors are struggling with inclusion for the public in preparatory forms of research like systematic reviews and priority setting and shared decision making. PLOT-IT adds to this knowledge by providing a platform and infrastructure where the public can conduct their own research and related clinical trials using hands on interactive learning.

AIMS

To provide an infrastructure where the public can become informed and responsible shared decision-makers who help prioritize, initiate, design, organize and participate in health research through online randomized controlled trials about health and well being.

METHODS

PLOT-IT collaborates with health science groups using an infrastructure for generating and running public-led online trials. The public will access real-time data from which they will be trained and equipped to do their own hypothesis generating and testing. Participants have full access to their own data and can choose to share it. Shared data will be de-identified and put into the public domain for discussion and analysis. PLOT-IT includes randomization algorithms and the use of validated Patient-Reported Outcome Measures. Moderated discussion groups are available for the formation of communities of interest.

PLOT-IT supports the inclusion of solution based learning workshops to improve online trials methodology for the public and for those generating health research.

Initially PLOT-IT will be piloted with two communities - adults interested in health promotion and patients who want to trial self-care interventions. This will ensure that the infrastructure is scalable and adaptable to different conditions and communities.

RESULTS

Embedded methodological research will enable reporting of methods used for informed consent, demographics, outcome measures, recruitment barriers/facilitators, reduction of inequalities and attrition along with participant's site use patterns and recommendations for improvement.

LIMITS

Early PLOT-IT data shall focus on exploratory and pragmatic questions. We welcome the expertise and input of the EUPATI group to inform and improve future implementations

CONCLUSIONS

The public contains untapped potential for improving decision-making, education and methodology in clinical trials. PLOT-IT aims to engage citizens directly in health research The time is ripe, the technology is ready and the passion and drive to engage the public in their own health research is now!

Biographies of Participants

Professor Andrew Kent MD FRCPsych

Pro Vice Chancellor and Dean, Faculty of Health, Social Care and Education, Kingston University and St. George's, University of London, UK

Professor Andrew Kent is executive dean of the joint faculty between Kingston University and St George's, University of London. Working with the faculty's 375 academic and professional services staff he is responsible for the delivery of undergraduate and postgraduate degree programmes in allied health, nursing, midwifery, social care, and teacher training to the faculty's 7,000 students. Public engagement in education and research is central to the faculty's ethos, and is coordinated by the faculty's Centre for Public Engagement. Professor Andrew Kent´s own interest in patient and public engagement developed during his clinical career as a psychiatrist, most recently as a specialist in perinatal psychiatry where shared decision making is embedded in practice. In his ongoing role as a non-executive director of a London NHS mental health trust, Professor Andrew Kent is a strong advocate of co-production in service design, delivery and evaluation.

Professor Mary Chambers Dip.N Lond RCNT RNT PhD BEd(Hons) PgCert RMN RGN

Director, Centre for Public Engagement and Professor of Mental Health Nursing, Joint Faculty of Health, Social Care and Education, Kingston University and St. George's, University of London, UK

Mary is Professor of Mental Health Nursing and Director of the Centre for Public Engagement, Faculty of Health, Social Care and Education, Kingston University and St George's, University of London. Throughout her career she has held a number of clinical, managerial and academic positions including coordinator of the Northern Ireland Centre for Health Informatics. She is involved in a number of research projects locally and internationally. She is a fellow of both the Royal Society of Medicine and the European Academy of Nurse Scientists, and an expert panel member of HORATIO, the European Association for Psychiatric Nurses, and a member of the Institute of Leadership and Management. Mary has a well-established record of patient and public involvement (PPI) in education and research dating back to the 1980s. Outcomes of her work with respect to PPI in both these areas have had impact nationally and internationally. Integral to this work has been the co-production and delivery of education programmes, as well as PPI at all stages of the research process. PPI is one of her key research interests.

Professor Andrew Miles MSc MPhil PhD DSc [hc]

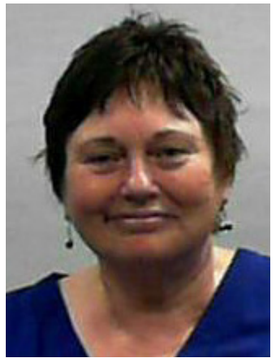
Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, *European Journal for Person Centered Healthcare* / Editor-in-Chief, *Journal of Evaluation in Clinical Practice*

Professor Andrew Miles is Senior Vice President and Secretary General of the European Society for Person Centered Healthcare (ESPCH). He is Editor-in-Chief of the *European Journal for Person Centered Healthcare* and Editor-in-Chief of the *Journal of Evaluation in Clinical Practice*. Gaining his first Chair at the age of 30, he was formerly Professor of Clinical Epidemiology and Social Medicine & Deputy Vice Chancellor (Deputy Rector) of the University of Buckingham UK, holding previous professorial appointments in the departments of primary care and public health medicine at Guy's, King's College and St. Thomas' Hospitals' Medical School London and at St. Bartholomew's and The Royal London Hospitals´ School of Medicine, London. He is a Visiting Professor at the University of Milan Italy, at the Medical University of Plovdiv and at the National University of Bulgaria in Sofia. He is a Fellow at the WHO Collaborating Centre for Public Health Education and Training within the Faculty of Medicine at Imperial College London UK. He is a Distinguished Academician of the National Academy of Sciences and Arts of Bulgaria and a Fellow of the New York Academy of Medicine USA. He trained at the University of Wales and its Medical School in Cardiff UK and holds four higher degrees: two Master's degrees (prostate pathology, clinical audit/evaluation) and two Doctorates (pineal gland neuroendocrinology, person-centered medicine), one of the two latter being awarded honoris causa for his contribution to the advancement of person-centered healthcare internationally. He has published extensively in the peer reviewed medical and biomedical press, has co-edited 47 medical textbooks in association with an extensive number of Royal Colleges and medical and clinical societies in the UK and has organised and presided over more than 100 clinical conferences and masterclasses in London as part of a major and long term contribution to British national postgraduate medical education. He has lectured widely in person-centered healthcare across Europe. Professor Miles is accredited with having changed the direction of the global EBM debate away from scientistic reductionism based on population-derived aggregate biostatistical data and rigid foundationalism, towards the embrace of the complex and the personal within international medicine and health policymaking. He has a profound interest in the modern management of long term, multi-morbid and socially complex illnesses and the methods through which medicine´s traditional humanism can be re-integrated with continuing scientific and technological advance. Professor Miles co-founded the ESPCH in 2013 with Professor Sir Jonathan Asbridge DSc (hc).

Professor Sir Jonathan Asbridge DSc (hc)

President and Chairman of Council, European Society for Person Centered Healthcare, Oxford UK

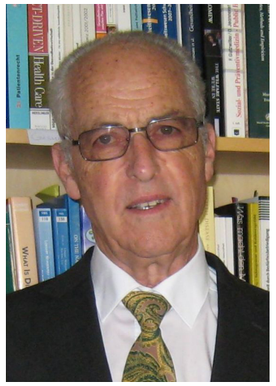
Professor Sir Jonathan Asbridge DSc (hc) has a long and distinguished record of achievement within British healthcare system organisation, accreditation, re-configuration and regulation. Gaining appointment to the positions of Chief Nurse of the Oxford University and Cambridge University Teaching Hospitals early in his career, he moved to St. Bartholomew's and The Royal London Foundation NHS Trust as Chief Nurse and Executive Director of Quality, later to lead the Trust, one of the biggest and most complex in the UK, as Chief Executive. He was the Inaugural President of the UK Nursing and Midwifery Council with responsibility for the fitness for practice and regulation of the UK's 700,000 nurses and midwives. He is a previous Deputy Chairman of the UK Council for Healthcare Regulatory Excellence and has acted as a Government 'Tsar' for Patient Experience in Emergency Care and for Patient and Public Involvement in Healthcare. Sir Jonathan has been involved in the development of several major NHS policies and conducted several formal Inquiries both in the UK and overseas. He was appointed Foundation Professor of Nursing at the University of Buckingham UK in 2010 and was a Founding Board Member of the European Federation of Nursing Regulators and a Member of the International Council of Nurses Global Observatory on Licensure and Registration. Sir Jonathan was awarded the Degree of Doctor of Science honoris causa for services to healthcare by the City of London University in 2004 and was invested with the Honour of Knighthood by Her Majesty Queen Elizabeth II for services to Healthcare on the occasion of The Sovereign's 80th Birthday in 2006. Sir Jonathan is married with four children and is professionally based in Oxford, England.



Dr. Carmel M. Martin MBBS MSc PhD MRCGP FRACGP FAFPHM

Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

An Australian medical graduate from the University of Queensland, Professor Martin completed a Masters in Community Medicine at the London School of Hygiene, University of London and a PhD in Epidemiology and Population Health at the Australian National University. Professor Martin is in active clinical practice as a general practitioner. Her research in Australia, Canada and Ireland has focused on reforms related to chronic care and complex systems. Her interests, research and implementation and evaluation cover a wide range of systems based interventions, underpinned by complex adaptive systems theory and social constructionist perspectives. A particular focus is to improve chronic illness trajectories. This involves modelling and predicting illness and wellness, resilience, tipping points and deteriorations using complex systems theory and IT systems. She is the Joint Editor in Chief of the *Handbook on Systems and Complexity in Health* (Springer Verlag) and the Forum on Systems and Complexity in Health in the *Journal of Evaluation in Clinical Practice* (Wiley) with Associate Professor Joachim Sturmberg, University of Monash.



Professor Johannes Bircher MD

Emeritus Professor of Medicine and Clinical Pharmacology, University of Bern, Switzerland

Professor Johannes Bircher was born in 1933 in Zurich, Switzerland. From 1952 to 1958, he attended Medical Schools at the Universities of Lausanne, Munich and Zürich. In 1960, Professor Bircher worked in a rotating internship at the Mercer Hospital in Trenton, N.J. This was followed 1960 by a training in Internal Medicine and Gastroenterology at the Mayo Clinic and as of 1964 at the University Hospital of Zurich. From 1969 to 1973, he held the position of Junior Consultant at the Department of Clinical Pharmacology of the University of Bern. He spent the years from 1974 until 1975 in Addis Ababa, Ethiopia, where he served as Medical Director and Head of the Department of Internal Medicine at the Black Lion Hospital. Thereafter, Professor Bircher became Associate Professor at the Department of Clinical Pharmacology of the University of Bern, Switzerland. Between 1984 and 1989 he assumed responsibility as Full Professor and Chairman of the Department of Clinical Pharmacology at the University of Gottingen in Germany. In 198, Professor Bircher was invited to the Deanship of the Faculty of Medicine at the University of Witten/ Herdecke, Germany. After retirement he worked for six months as Guest Professor at the University of Leuven Belgium (1997/1998). Returned to Bern at the University Hospital for two more years as Medical Director (1999-2000). From 2000 to 2003, Professor Bircher was leading a Project about the Future of Medicine at the Swiss Academy of Medical Sciences that offered him an Honorary Membership in 2004. Since 2002, Professor Johannes Bircher is a Senior Consultant in the Department of Hepatology at the University of Bern, and likes to thank cordially all colleagues who gave me so much trust and support over these many years.

Professor Brian Broom MB ChB FRACP MSc (Imm) MNZAP

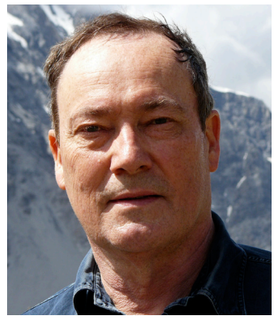
Consultant Physician (Clinical Immunology), Department of Immunology, Auckland City Hospital and Adjunct Professor, Department of Psychotherapy, Auckland University of Technology, New Zealand and Chairman, ESPCH SIG on Personhood and The Dynamics of Healing Relationships in PCH

Professor Brian Broom is a Consultant Physician/Immunologist and Registered Psychotherapist in the Immunology Department at Auckland City Hospital, New Zealand, and Adjunct Professor in the Department of Psychotherapy, AUT University. His career includes being awarded Training Fellow (Clinical Immunology) of the New Zealand Medical Research Council (1971-5), establishing an academic Immunology Department (1976-81), training in psychiatry (1982-6), establishing a 'whole person'-oriented private centre integrating biomedical clinicians and psychotherapists (1987-2007), establishing the post-graduate multidisciplinary MindBody Healthcare Diploma and Masters Program, AUT University (2005--), establishing the New Zealand MindBody Network (2005), a return to public hospital clinical immunology practice (2008--), and being finalist for Senior New Zealander of the Year in 2015. His three books, and numerous papers, concern the phenomenology and theory of the rich and intimate relationships between human subjectivity and physical illness, and argue for a seamless clinical attention to both normative biomedical practice and the patient's 'story', in all physical illness. He has extensive experience of national and international workshop teaching of whole person approaches and longer term training supervision of clinicians of many disciplines who are attempting to provide a 'whole person' orientation in their practices.

Dr. Lars-Petter Granan MD PhD

Specialist in Physical Medicine and Rehabilitation, Department of Pain Management and Research, Oslo University Hospital, Advisory Unit on Pain Management and Associate Professor, at University College of South East Norway.

Dr. Lars-Petter Granan is a Specialist in Physical Medicine and Rehabilitation and Sports Medicine. He works fulltime at the Department of Pain Management and Research at Oslo University Hospital in the capitol of Norway. Half of the time is dedicated clinical work, with the main focus of persistant primary pain and post traumatic/post operative pain. The other half is dedicated management of the local pain registry at the hospital and developing new pain management programs for primary pain conditions (both localized and widespread). Dr. Granan is also an Associate Professor at the University College of Southeast Norway. There he has co-founded, and is co-chairing, a 1-year interprofessional postgraduate course in Pain Management. Dr. Granan's primary interest is combining existing knowledge in clinical medicine, psychology, neuroscience, logic and own experience in developing novel patient treatment programs.



Dr. Thomas Fröhlich MD PhD

Physician, Heidelberg, Germany & Vice President (Western Europe), European Society for Person Centered Healthcare

Dr. Thomas Fröhlich is a medically qualified psychotherapist working in Heidelberg, Germany. He initially studied biology at Freiburg University and Heidelberg University, Germany, before proceeding to study medicine and to complete theses in biophysics and medicine in 1978 and 1983, respectively, having graduated in medicine at the University of Heidelberg in 1980. From 1980 - 1986, he worked at the Paediatric Hospital, University of Heidelberg. From 1973-1976 and 1986 - 1987, he worked at the Max Planck Institute for Medical Research, Heidelberg, conducting research in biochemistry, biophysics and human physiology. From 1986-1990, he studied the techniques involved with the psychoanalytic psychotherapy of children and adolescents at the Institute for Analytical Psychotherapy for Children, Heidelberg, Germany and has practised privately in paediatrics, allergy and psychotherapy since 1988. From 1997, he has collaborated in research at the Institute of Medical Biometry and Informatics, Heidelberg University, with the Technical University Braunschweig, Institute of Medical Informatics (Reinhold Haux), Hospital of Internal Medicine and Psychosomatics, Heidelberg University (Gerd Rudolf) and Psychosomatic Medicine, Klinikum rechts der Isar, Munich Technical University, with Peter Henningsen. Dr. Fröhlich has been awarded research grants to develop understanding in his field and has published extensively. He has conducted ground breaking research on the mathematical representation of psychosomatic interactions in childhood asthma and on the prevalence, psychosomatics and treatment of childhood and adult asthma. He has lectured at the Institute of Medical Informatics Technical University Braunschweig and since 2001 has been CEO of Heidelberg Metasystems GmbH, a research organization mainly focused on asthma prevalence and treatment issues and on IT-supported early detection of common chronic diseases in a family medicine private practice setting. He has developed a web-based IT tool for the treatment of self-reported stress and symptoms of psychic and organic diseases in paediatric and family medicine private practice contexts, which may be viewed at: www.medkids.de.

Dr. Sarah Shepherd BSc (Psy) MSc PhD

Lead for Communications in Year 1 and Year 2, Medical School, University of Manchester, UK

Dr. Sarah Shepherd newly leads the consultation skills curriculum for years 1 and 2 in the division of Medical Education at Manchester University. Since working with the medical students their wellbeing has been a priority and as such Sarah and colleagues have received two grants from the Centre for High Education and Learning (CHERIL) at the University of Manchester to support the development and running of a mindfulness course. Wellbeing continues to be a priority at Manchester to ensure medical students feel prepared to treat people as best they can. Dr. Shepherd completed her Psychology BSc at Southampton University and went on to complete an MSc in Health Psychology at Leiden University, including an internship at the Royal Marsden, and a PhD at Coventry University in collaboration with the Edinburgh Cancer Centre. Her research has been focused within oncology, specifically looking at interventions to support patient empowerment in the consultation, shared decision making and satisfying information needs.

Dr. Stephen Buetow MA (Hons) PhD

Associate Professor, Department of General Practice and Primary Health Care, University of Auckland, New Zealand and Honorary Professor, Queen Margaret University, Edinburgh, Scotland, UK & Chairman, ESPCH SIG on Research in PCH

Based at New Zealand's University of Auckland, Dr. Stephen Buetow is an Associate Professor and Deputy Head of the Department of General Practice and Primary Health Care. He also holds an Honorary Professorship at Queen Margaret University in Edinburgh. Dr. Buetow is an Associate Editor of the *European Journal for*

Person-Centered Healthcare and the *Journal of Evaluation in Clinical Practice*. He has been elected as a Distinguished Fellow of the Council of the European Society for Person-Centered Healthcare, and is Chairman of its Special Interest Group on Research Methods for Person-Centred Healthcare. Dr. Buetow is a former Associate Editor of the *International Journal for Person-Centered Medicine*. He has published three books and almost 150 peer-reviewed Journal papers.

Dr. Elena Rocca MD PhD

Postdoctoral Fellow, The CauseHealth Project, Norwegian University of Life Sciences, Oslo, Norway

Dr. Elena Rocca is educated as a Pharmacologist (master degree, University of Padova, Italy) and Biologist (PhD, Freie Univeritet, Berlin). After completing her doctoral project, she worked in the assessment of side effects of new pollutants in agricultural biotechnology, both with fieldwork (UFSC, Brazil), and with lab toxicological experiments (Public Health Institute, Norway). She has also experience in health practice, as a pharmacist (Apotek 1, Norway). Since 2015, Dr. Elena Rocca holds a post-doctoral position in Philosophy of Science. She is interested in re-discussing the theoretical premises of toxicology and risk assessment, both of pollutants and of pharmacological treatments. Her analysis is both methodological (qualitative versus quantitative methods) and theoretical (influence of basic ontological assumptions on the perception of risk). Furthermore, Dr. Rocca is interested in topics such as optimization of the pharmacological treatment for the single person and top-down causation in clinical practice with special focus on placebo effect.

Dr. Abraham Rudnick BMedSc MD MPsych PhD CPRP FRCPC CCPE FCPA

Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University & Psychiatrist-in-Chief, St Joseph's Healthcare, Ontario, Canada and Chairman, ESPCH SIG on Mental Health

Dr. Abraham Rudnick is a Certified Psychiatrist and a PhD-trained philosopher. He is a Professor in the Department of Psychiatry and Behavioural Neurosciences and an Associate Member in the Department of Philosophy at McMaster University. He is the Psychiatrist-in-Chief as well as a staff psychiatrist at St Joseph's Healthcare Hamilton, Ontario, Canada. He is a Canadian Certified Physician Executive and a Certified Psychiatric Rehabilitation Practitioner. He is a Senior Editor of the Canadian Journal of Community Mental Health. He is the founder of the Canadian Unit of the International Network of a UNESCO Chair in Bioethics, a recipient of the pioneer award in recovery research granted by Psychosocial Rehabilitation (PSR) / Readaptation Psychosociale (RPS) Canada, a recipient of the Michael Smith research award granted by the Schizophrenia Society of Canada, a Fellow of the Canadian Psychiatric Association and a Distinguished Fellow of the European Society for Person Centered Healthcare as well the Chair of its Mental Health Special Interest Group. One of his main foci of interest is person-centered care for people with mental illness, on which he has published many papers, chapters and books, and presented and taught across the world, as well as led and provided consultation for service development and quality improvement initiatives.

Dr. Elizabeth A. Rider MSW MD

Director of Academic Programmes & Director, Faculty Education Fellowship in Medical Humanism and Professionalism, Institute for Professionalism and Ethical Practice, Boston Children´s Hospital, Harvard Medical School, United States of America, Chair, Medicine Academy, National Academies of Practice, USA Founding Member, International Research Centre for Communication in Healthcare, Member, Global Compassion Council, Charter for Compassion International

Dr. Elizabeth A. Rider is a pediatrician and medical educator, is Director of Academic Programs at the Institute for Professionalism and Ethical Practice, Boston Children's Hospital, Harvard Medical School, where she creates and directs programs to enhance relational and communication skills and professionalism for healthcare leaders, faculty, trainees, and clinicians. She founded and directs Boston Children's Hospital/Harvard Medical School's first Faculty Education Fellowship in Medical Humanism and Professionalism, and Faculty Fellowship for Leaders in Collaborative and Humanistic Interprofessional Education.

Dr. Rider is a Harvard Macy Institute Scholar and faculty for the Program for Educators in the Health Professions. At Harvard Medical School, she was Coordinator of Faculty Development for the Resident as Teacher Initiative, and faculty for the Patient-Doctor III course for many years. Dr. Rider was an invited member of the Kalamazoo Consensus Statement Group on Physician-Patient Communication, brought the Kalamazoo model and assessment instrument to Harvard, and with colleagues implemented communication skills assessment across the medical school curriculum. Dr. Rider has received various teaching awards including the Morgan–Zinsser Fellow in Medical Education Award, the Priscilla and the Richard Hunt Fellowship Award of the Eleanor and Miles Shore 50th Anniversary Program for Scholars in Medicine, and others.

In 2009, Dr. Rider was named Community Pediatrician of the Year by Boston Children's Hospital. In 2012 she received the National Academies of Practice's Nicholas Cummings Award, a national award for "extraordinary contributions to interprofessional healthcare education and practice." In 2014, she was appointed to the Global Compassion Council of Charter for Compassion International.

Dr. Rider is Chair of the Medicine Academy, and Carlton Horbelt Senior Fellow, of the National Academies of Practice (NAP). She was a member of the National Board of Medical Examiners' Communication Skills Task Force, and has served on the boards of various non-profit organizations including the American Academy on Communication in Healthcare, the Stoeckle Center for Primary Care Innovation at Massachusetts General Hospital, and others.

Dr. Rider is a founding member of the International Research Centre for Communication in Healthcare (IRCCH), established at Hong Kong Polytechnic University and University of Technology Sydney, Australia, and chairs IRCCH's external advisory committee. She leads IRCCH's *International Charter for Human Values in Healthcare* initiative, a multidisciplinary collaborative effort to restore core values to healthcare interactions and relationships around the world.

She has been an invited speaker in the US, Canada, United Kingdom, Germany, Hong Kong, Australia and Taiwan. She was invited by Taiwan's Education Ministry to teach leaders from Taiwan's 11 medical schools about teaching, assessing, and integrating communication and relational skills into medical education curricula.

Dr. Rider received her MD degree from Harvard Medical School, MSW from Smith College, and completed pediatric residency at Boston Children's Hospital, and fellowship in general academic pediatrics at Massachusetts General Hospital. A Harvard faculty member, Dr. Rider brings her dual background as a physician and child/family therapist to her leadership, teaching and clinical roles.

Dr. Rider teaches and consults internationally. Her academic interests include relationship-centered care, values and everyday ethics, professionalism, reflective practice, enhancement of communication and relational competency in learners at all levels, narrative, and medical/interprofessional education. She is an Associate Editor for *Patient Education and Counseling* and for the *Journal of Interprofessional Education & Practice*, and lead author of the book, *A Practical Guide to Teaching and Assessing the ACGME Core Competencies* (2007 & 2010).

Dr. Jan W. van Bodegom MD

Surgeon and Founder, The Alexander Monro Breast Cancer Hospital, Bilthoven, The Netherlands

Dr. Jan van Bodegom, founder and formal CEO of the Alexander Monro Breast Cancer Hospital, finished medical school as a surgeon and worked in a regional hospital for 10 years. During these years he developed a special interest in breast cancer. From the perspective "what if you are the patient" he developed a concept for a patient-centered specialized breast cancer clinic. Here, all breast cancer care was concentrated in one brand new institution, including diagnosis, operations (including reconstructions), chemotherapy, after-treatment, psychosocial support, physiotherapy and genetic counselling. The clinic officially opened in May 2013 and by January 2016 over 3000 patients had been treated by a multidisciplinary team of 90 employees. The hospital is proud to state that in a nationwide benchmark the results from medical performance are one of the highest of all Dutch hospitals. The score of 9.5 in overall patient-satisfaction indicates that the hospital provides high quality and excellent treatment. Jan van Bodegom is a frequently invited speaker at international symposia to tell his inspiring story about disruptive innovation in healthcare. The opening of a new hospital concept was a long and challenging process with great risks, the inevitable criticism of the Establishment and the need to deal with healthcare insurers. In January 2016 Dr. Jan van Bodegom left the Alexander Monro Breast Cancer Hospital and now focuses on further innovations in international healthcare. He now functions as a Partner at Business Openers where he and his colleagues help healthcare providers to change their cultures away from industrialised healthcare towards patient-orientated excellence.

Dr. Tessa Richards

Senior Editor/Patient Partnership, *British Medical Journal*, BMA House, London, UK

Dr. Tessa Richards is a senior editor at the *BMJ* and leads the *BMJ*s patient partnership initiative. She trained in London and worked in the NHS as a general physician and rheumatologist and subsequently a GP before joining the *BMJ* editorial staff. She has a longstanding interest in global health and EU health policy and in 2001 took over the *BMJ*'s Analysis section and established its Overdiagnosis series which is part of the *BMJ*s campaign against "Too Much Medicine." In 2013 she adopted a new role as the *BMJ*s patient partnership editor and spearheaded its new patient partnership strategy. She blogs regularly for the journal and in 2015 produced a collection of "spotlight" articles on Patient Centred Care. Her professional interest in patient partnership has been advanced by her experience as a carer for close family members with rheumatoid arthritis, dementia, and blindness, and living with stage IV adrenal cancer, pernicious anaemia and hyperparathyroidism

Ms. Sue Farrington

Chair, The Patient Information Forum, Patient Information Forum; Chief Executive, Scleroderma & Raynaud's UK (SRUK)

Ms. Sue Farrington became Chair of the Patient Information Forum in September 2014 and has led the organisation's development of a new 5 year strategy.

Ms. Sue Farrington joined SRUK in July 2015 as its first Chief Executive, leading the merger of the Scleroderma Society and the Raynaud's & Scleroderma Association. She has over 25 years' experience in senior leadership roles, working across the private, public and voluntary sector. Ms. Farrington is a strategic marketing and communications professional with a background in broadcast journalism and a track record in building award-winning awareness and change campaigns.

Previously she was Director of Communications, at the MS Society, transforming the way they engage and communicate with people affected by MS and the wider community. Before joining the MS Society, Ms. Farrington was Director of Corporate Affairs at Community Service Volunteers (CSV), where she led the development of a pioneering strategic partnership between the charity and BBC Local Radio, to help people access information on health, welfare and social issues. Prior to this, she was Head of Radio at the COI and spent several years working as a journalist & producer for BBC Radio.

She has also been a Vice Chair of Governors at a Primary School and served on Ofcom's Advisory Committee for England.

Ms. Claire Murray

Joint Head of Operations, The Patient Information Forum, London UK

Ms. Claire Murray was appointed Joint Head of Operations at PIF in October 2014, having joined the organisation in 2013 as Membership Services Manager.

Whilst at PIF she has led the development of best practice guidance for creating high quality and effective health information, and managed projects on accessible health information, personal health and care records, quality assurance in health information, and developing high quality health information for children and young people.

Previously Ms. Claire Murray worked in the field of health information for over 10 years for NAM, an HIV information charity, in communication and service development roles. She has also worked for Platform 51, a charity supporting girls and women take control of their lives, and volunteers for Oxford's Sexual Abuse and Rape Crisis Centre.

Mr. Mark Duman

Director of Market Development, INTELESANT UK

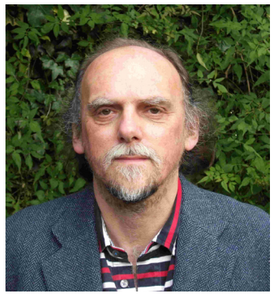
Mark is a rare blend of clinician, management consultant and patient advocate. He works with organisations to help them realise the full benefit of their services and products, especially through the often untapped potential of patients and the public.

At The King's Fund, Mr. Mark Duman promoted shared decision making, founded the Ask About Medicines campaign & authored 'Producing Patient Information'. In the BBC he developed a range of behavioural change interventions to improve people's health and lifestyle. Following roles in publishing and telecoms, Mr. Mark Duman moved into consulting with clients including Cancer Research UK, Care Quality Commission, Pfizer, NHS England and Microsoft. In addition to various advisory and mentor roles, he is a Non-Executive Director of the Patient Information Forum, a Director at Intelesant working on Smarter Homes, Health & Care and an Honorary Lecturer at the University of Salford. Mr. Mark Duman is a NW Service Champion for Diabetes UK who lives happily married in Salford, England (despite being Scottish).

Dr. Mette Kjer Kaltoft MPH RN PhD

Research Unit of General Practice, Institute of Public Health, University of Southern Denmark, & Odense University Hospital Svendborg Sygehus, Denmark

Implementing the WHO 'Health for All 2000' definition has been Dr. Kaltoft´s aim since 1984, leading to her interest in innovative approaches to health literacy and care at meeting the challenges of working as a health visitor in multi-ethnic communities. A MPH, followed by Middle East studies, Modern Standard Arabic, Health Impact and Decision Analysis, and intercultural communication courses eventually led to a collaboration with a decision support software developer, who is applying visual Multi-Criteria Decision Analysis (MCDA) at both clinical and policy levels. Transforming (nursing) care required a mini-HTA (Health Technology Assessment) on the use of handhelds by nurses, so Dr. Kaltoft´s team used MCDA as a policy-related framework to aid with transparent communication of the findings from systematic review of literature. Testing MCDA-based interactive decision support in clinical cross-disciplinary settings in the field of Inflammatory Bowel Disease (IBD) was the empirical focus of her PhD thesis, that was defended at University of Southern Denmark in 2015. The thesis included the development of a decision quality instrument, providing, among other things, a specific patient-provider measure of concordance .The findings from clinical IBD outpatient settings in London and Sydney are now being translated and used as the background for developing home-based decision support in bone health as preparation for a subsequent consultation. The bone focus expands the primarily medicine and surgery options found in the IBD context. The major present challenge is installing multi-disciplinary e-approaches, across the age-spans and Danish health care sectors, which tap into existing health platforms and involve novel ways to prepare from home; in brief, setting up a shared e-platform for better decisions, allowing informed and preference-based consent in real-life and real time. Dr. Kaltoft´s present bone health study is funded by the Danish national health authorities, who are repeatedly calling for a cultural change towards citizen-based and person-centered approaches, including the incorporation of the preferences of the person into decision making.



Dr. Derek Mitchell BS (Hons) MA PhD PGDipHCE PhD

Senior Researcher, Manchester Metropolitan University UK [& Winner, ESPCH 2015 Postgraduate Research Studentship in the Philosophy of Medicine]

Dr. Derek Mitchell first studied philosophy at Oxford and subsequently at the University of Kent and Kings College, London. After a long career in the National Health Service, which included groundbreaking work in primary care clinical effectiveness and clinical governance, he retired in 2004 due to a serious illness. Dr. Mitchell´s work in the Health Service from 1986 to 2004 included a wide range of experience in primary care and in the Health Authority, including the development of the UK General Practice contract. he was Project Manager for the East Kent Primary Care Clinical Effectiveness programme from its inception in 1998 until 2003 and subsequently he was seconded to the National Health Service Confederation team which developed the Quality and Outcomes Framework for United Kingdom General Practice.

Dr. Derek Mitchell now teaches philosophy privately and for Canterbury Christchurch University. For the last three years he has also acted as a spokesman for people in East Kent who have a stoma and, working together with my fellow ostomists, the local Hospitals, Trust and our commercial partners we have established the *MyStoma* project as a person-centered way to develop and improve stoma care services.

Dr. Mitchell´s first book *Heidegger's Philosophy and Theories of the Self* was published in 2001 and my second Everyday Phenomenology in 2012. He has work published on evidence-based medicine and person-centered healthcare. In September 2015, Dr. Derek Mitchell was awarded a two year Postgraduate Research Studentship in the Philosophy of Medicine with Manchester Metropolitan University supported by the European Society for Person Centred Healthcare.

His main areas of current research are Heidegger's phenomenological ontology and Gadamer's hermeneutics and the ways that this kind of thinking can influence healthcare practice. Apart from philosophy he enjoys recreational cycling and growing prize winning flowers, fruit and vegetables.

Dr. Andria Hanbury BSc (Hons) MSc PhD

Senior Research Consultant, York Health Economics Consortium, University of York, England, UK

Dr. Andria Hanbury is a Senior Research Consultant at York Health Economics Consortium with responsibility for expanding on the services offered, and delivering on the projects falling within the Outcomes Research work stream. Dr. Hanbury is a psychologist with a background in applied health services research, notably implementation research aimed at getting evidence into practice in the NHS. She previously worked within the Department of Health Sciences at the University of York as the lead researcher on a five year implementation themed research program collaborating with a then local primary care trust and a mental health trust. During her time at the University of York, Dr. Hanbury was also seconded to Leeds and York Partnership NHS Foundation Trust where she advised on evidence based approaches to increase the uptake of clinically important recommendations across the trust, including patient reported outcome measures. She has also worked as a Lecturer in Psychology (teaching on health psychology and research methods modules) and as an Advisor in Quantitative Research Methods for the Higher Education Academy. Dr Andria Hanbury has a Ph.D. in (health) Psychology (an implementation themed research project in collaboration between Coventry University and Wolverhampton City Primary Care Trust), a Masters in Research Methods and Psychological Assessment, and a degree in Psychology.

Professor Jack Dowie MA (NZ) PhD (ANU)

Emeritus Professor of Health Impact Analysis, Department of Social and Environmental Health Research, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK and Chairman, ESPCH SIG on Health Impact Analysis

Professor Jack Dowie took up the newly-created chair in Health Impact Analysis at the London School of Hygiene and Tropical Medicine in 2000, leaving the Open University where he had been a member of the Faculty of Social Sciences since 1976. While at the OU, Professor Dowie designed and ran the multi-media courses on RISK (from the late seventies) and PROFESSIONAL JUDGMENT AND DECISION MAKING (from the late eighties). His early qualifications were in History and Economics at the University of Canterbury, New Zealand, and then he went on to merge these disciplines in doctoral work (at the Australian National University) and subsequent lecturing in Economic Development and Economic History (at ANU, Kent and Durham). What had been side interests in accidents, gambling and health eventually took over and led to full time involvement with risk and judgment in health decision making and to involvement with both clinical decision analysis and cost-effectiveness analysis in health care. Professor Jack Dowie was a founder member of the Health Economists Study Group and the Society for the Study of Gambling. He recently completed ten years' service as a member of the Appraisals Committee of the then National Institute for Clinical Excellence (NICE). He formally retired in 2003 but remain active in the School, and he is also Adjunct Professor in the Department of Public Health, University of Southern Denmark, and Honorary Professor in the University of Sydney School of Public Health. Professor´s Dowie research is mainly in connection with the software implementation of Multi-Criteria Decision Analysis I developed, called Annalisa. Annalisa is designed to facilitate more equal balancing of intuition and analysis in health decision making, whether it be in the person-centred settings of screening or clinical consultation, or the citizen-centred setting of health and non-health sector policies, programmes and projects. The decision support tools built in Annalisa provide personalised decision support based on individual preferences as well as evidence and expertise. I was recently honoured to receive the Gold Medal of the European Society for Person Centered Healthcare for my work in this area.

Professor Bernie Carter PhD PGCE BSc (Hons) SRN RSCN

Professor of Children's Nursing, Faculty of Health and Social Care, Edge Hill University UK, Director, Children's Nursing Research Unit, Alder Hey Children's NHS Foundation Trust UK and Editor, Journal of Child Health Care [& Winner, ESPCH 2015 Presidential Medal for Excellence in PCH]

Professor Bernie Carter is Professor of Children's Nursing at Edge Hill University and Director of the Children's Nursing Research Unit (CNRU), Alder Hey Children's NHS Foundation Trust. She is a Fellow of the Royal College of Nursing and Clinical Professor at the University of Tasmania.

Professor Carter was awarded the Presidential Medal from the European Society for Person-Centred Healthcare in June 2015 based on her work with children and their families.

Professor Carter absolutely loves research; it is a perfect combination of challenge, frustration, fun and problem solving. She believes research is generally good for the soul and, more importantly, it can help improve the experiences and health outcomes of children and their families.

Professor Carter´s research is child and family centred, narrative, dialogic, appreciative, collaborative, and arts/activity-based in its approach. Her particular research interests relate to children's pain, chronic illness, care provision for children with complex health care needs and the role that children's nurses play in the lives of children, young people and their families.

Professor Bernie Carter has published extensively (books and articles) and is the Editor for the *Journal of Child Health Care*, Sage Publications and on a good day with a following wind, she loves writing.

Dr. Martyn Queen BSc MPhil MBBS MRCPsych

Doctor of Physical Activity & Health, Faculty of Health Sciences, University of St Mark and St John, Plymouth, England, UK

Dr. Martyn Queen has worked in higher education for the past 15 years. He is a senior lecturer and qualitative researcher in Health and Physical Activity at the University of St Mark and St John in Plymouth. Dr. Queen's research interests focus on the role of physical activity in managing chronic lifestyle diseases. Dr. Queen has a profound interest in the use of physical activity as social medicine. More recently, Dr. Queen has focused his research expertise on the impact of physical activity for recovering cancer patients. Dr. Queen has developed expertise in interviewing health professionals and patients using grounded theory analysis. Dr. Queen's interpretation of grounded theory was recently endorsed by Professor Juliet Corbin, who worked extensively with Anselm Strauss in its development over the past 30 years.

Dr. Queen is an invited research grant reviewer for Health and Care Research Wales, and an invited reviewer for the *Journal of Evaluation in Clinical Practice* and the *European Journal of Person Centred Healthcare.*

Dr. Queen has presented his research at various international conferences including, Israel 2014, Mexico 2015, and Israel 2016. Dr. Queen is currently awaiting the outcome of NIHR funding bid to develop an intervention to encourage more oncology providers to refer breast cancer patients into exercise referral schemes.

Dr. Thomas Foley BSc MPhil MBBS MRCPsych

Principal Investigator, Learning Healthcare Project, University of Newcastle & Specialist Registrar, Child and Adolescent Psychiatry, Northumberland, Tyne and Wear NHS Foundation Trust

Dr. Thomas Foley is a doctor, academic and ex-software engineer. His interest in Learning Healthcare Systems stems from a frustration with the inadequate evidence base that he encounters in his clinical work and the apparent inability of traditional methodologies to bridge the gap. In recent years, Dr. Foley has written reports on other healthcare policy issues for the Royal College of Psychiatrists, Centre for Mental Health, NHS England, Academy of Medical Royal Colleges and others. He has held management positions with the Care Quality Commission and Faculty of Medical Leadership and Management and committee and associate positions with Monitor, BMA and GMC. He has also worked as a management consultant for PwC and BDO.

Dr. Amy Price PhD

Chief Executive Officer, Empower2Go, Florida, United States of America & Research Fellow, British Medical Journal, Centre for Evidence Based Medicine, University of Oxford, UK

Dr. Amy Price worked as a Neurocognitive Rehabilitation consultant and in International Missions before sustaining serious injury and years of rehabilitation. She emerged with a goal to build a bridge between research methodology, research involvement and public engagement where the public is trained and empowered to be equal partners in health research. Amy's experience has shown her that shared knowledge, interdisciplinary collaboration, and evidence based research will shape and develop the future. She serves as a *BMJ* Research Fellow and is a member of the *BMJ* Patient Panel.

ANNUAL AWARDS CEREMONY AND CONFERENCE DINNER 2016

Dear Reader

The Society's awards are intended to recognise various degrees of achievement and excellence in person-centered healthcare advocacy, scholarship, research, teaching and in the design, evaluation and measurement of PCH-driven clinical services.

This year's international consultation exercise was conducted, as for 2014 and 2015, using a simple nomination form requesting recommendations supported by an accompanying justification. The 2015 consultation generated a grand total of 382 suggestions and it is gratifying that, this year, a total number of 397 nominations were received, representing a marginal increase on 2015.

The President will confer the Society's medals and prizes at the formal Awards Ceremony on the evening of Thursday 29 September 2016, immediately prior to the Conference Dinner. I am delighted to confirm that the winners of all medals and prizes will be present with the exception of the joint winders of the Essay Prize and this will therefore be conferred in absentia.

Professor Andrew Miles MSc MPhil PhD DSc (hc)
ESPCH Senior Vice President & Secretary General

18.00 Introduction to the Awards Ceremony

Professor Andrew Miles, Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, European Journal for Person Centered Healthcare / Editor-in-Chief, Journal of Evaluation in Clinical Practice

18.10 Presidential Address to Award Winners and Guests Present

Professor Sir Jonathan Asbridge DSc (hc), President and Chairman of Council, European Society for Person Centered Healthcare

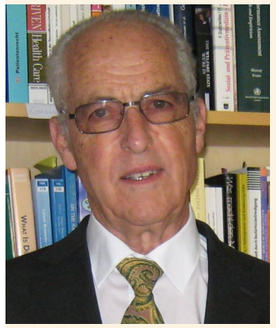
18.20 Award of the Presidential Medal

Winner: Dr. Jan van Bodegam, Surgeon and Founder, The Alexander Monro Breast Cancer Hospital, Bilthoven, The Netherlands
Orator: Professor Andrew Miles

The **Presidential Medal** of the Society for Excellence in Person Centered Healthcare is awarded to **Dr. Jan van Bodegom**. Dr. van Bodegom is Founder of the Alexander Monro Breast Cancer Hospital, the first specialized breast cancer facility in The Netherlands. Within this visionary establishment, all patient care is located within this one organization, including diagnosis, surgery, plastic surgery, radiotherapy, pathology, nuclear medicine and chemotherapy, together with after-treatment and psychosocial support, physiotherapy and genetic counselling. The hospital founded by Dr. van Bodegom takes an entirely holistic approach and Dr. van Badegom's vision for the Hospital, successfully implemented, has therefore been to provide state-of-the-art breast cancer care with an immediately responsive focus on the person of the patient and her objective and subjective needs, in order to set a new and remarkable higher level of quality in breast cancer healthcare. The Hospital founded by Dr. van Bodegom has generated, on audit, quality results on medical performance that are among the highest of all Dutch hospitals as indicated, among other metrics, by a patient satisfaction score of 9.8 out of 10 for overall satisfaction with excellent treatment. Dr. van Bodegom's work demonstrates visionary commitment to, and a successful delivery of, a person-centered new build facility which acts as a model for those who would wish to replicate its results elsewhere.

18.25 Award of the Senior Vice Presidential Medal

Winner: Professor Johannes Bircher, Emeritus Professor of Medicine and Clinical Pharmacology, University of Bern, Switzerland
Orator: Professor Andrew Miles



The **Senior Vice Presidential Medal** for Excellence in Person Centered Healthcare is awarded to **Professor Johannes Bircher**. Professor Bircher is Professor Emeritus of Medicine and Clinical Pharmacology at the University of Bern, Switzerland. Among a range of other distinguished achievements during a long and illustrious career, is Professor Bircher's Meikirch Model of Health. Over the years, posing such questions as 'How emerges the miracle of health? and 'How arises the catastrophe of disease?', Professor Bircher has sought to answer such quandaries through a range of studies and reflections published across a wide variety of prestigious journals in medicine, the philosophy of medicine, health services research and public health. Some of Professor Bircher's most recent papers, entitled 'Understanding the nature of health, new perspectives for medicine and public health, improved wellbeing at lower costs' and 'Defining health by addressing individual, social, and environmental determinants: New opportunities for health care and public health', among many others, grapple with some of the most difficult issues in Medicine today and pave the way for novel approaches to means of strengthening the conceptual basis of person-centered healthcare thesis with direct relevance to those who would develop more humanised models of care.

18.30 Award of the Platinum Medal

Winner: Dr. Elizabeth Rider, Director of Academic Programmes & Director, Faculty Education Fellowship in Medical Humanism and Professionalism, Institute for Professionalism and Ethical Practice, Harvard Medical School, Boston, United States of America
Orator: Professor Andrew Miles

The **Platinum Medal** of the Society for Excellence in Person Centered Healthcare is awarded to **Dr. Elizabeth Rider.** Dr. Rider is Director of Academic Programmes and Director, Faculty Education Fellowship in Medical Humanism and Professionalism at the Institute for Professionalism and Ethical Practice, based at Harvard Medical School and Boston Children's Hospital, United States of America. Dr. Rider is a leading member of the Global Compassion Council, the advisory body for Charter for Compassion International and she is an Associate Editor for two international journals, the journal Patient Education and Counseling, and the Journal of Interprofessional Education and Practice. Dr. Rider teaches and consults internationally on relationship-centered care, communication skills, professionalism, inter-professional education, reflective practice, 'everyday ethics', and healthcare education program development. Among Dr. Rider's most notable recent initiatives and achievements has been her leadership of the International Charter for Human Values in Healthcare, an inter-professional collaborative effort to restore core values to healthcare around the globe. The Charter determines that the human dimensions of healthcare are fundamental to compassionate, ethical, and safe care. That such core values and their subvalues are necessary for everyday healthcare interaction. And that these core values must be demonstrated by skilled communication and making them visible. The Charter is a major contribution to the development of more person-centered healthcare system globally.

18.35 Award of the Gold Medal

Winner: Dr. Abraham Rudnick, Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University & Psychiatrist-in-Chief, St. Joseph's Healthcare, Ontario, Canada
Orator: Professor Andrew Miles

The **Gold Medal** of the Society for Excellence in **Person Centered Healthcare** Is awarded to **Dr. Abraham Rudnick**. Dr. Rudnick is Professor in the Department of Psychiatry and Behavioural Neurosciences and an Associate Member in the Department of Philosophy at McMaster University, Canada, and is Psychiatrist-in-Chief at St Joseph's Healthcare, Hamilton, Ontario, Canada. He is an Adjunct Research Professor at the Arthur Labatt Family School of Nursing in the Faculty of Health Sciences and a member of the Rotman Institute of Philosophy, both at Western University in Ontario, Canada. Dr. Rudnick is a Senior Editor of the Canadian Journal of Community Mental Health and the founder of the Canadian Unit of the International Network of a UNESCO Chair in Bioethics. Dr. Rudnick is a recipient of the pioneer award in recovery research granted by Psychosocial Rehabilitation (PSR) / Réadaptation Psychosociale (RPS) Canada, a recipient of the Michael Smith research award granted by the Schizophrenia Society of Canada, and a Distinguished Fellow of the European Society for Person Centered Healthcare as well as Chairman of the Society's Mental Health Special Interest Group. Dr. Rudnick is a powerful advocate of person-centered approaches in mental healthcare, with particular expertise in psychiatric rehabilitation strategies that focus on the recovery perspective for those

suffering from serious mental illness. His 2011 seminal text 'Serious Mental Illness, Person-Centered Approaches" continues to inspire a generation of psychiatrists and other mental health clinicians, the book having contributed substantially to person-centered mental healthcare theory and practice.

18.40 Award of the Silver Medal

Winner: Dr. Rani Anjum, Research Fellow and Principal Investigator, The CauseHealth Project, Norwegian University of Life Sciences, Oslo, Norway
Orator: Professor Andrew Miles

The **Silver Medal** of the Society for Excellence in Person Centered Healthcare is awarded to **Dr. Rani Lill Anjum**. Dr. Anjum is Principal Investigator of the CauseHealth Project at the Norwegian University of Life Sciences. The CauseHealth Project, conceived by Dr. Anjum and her colleagues, believes that human health is an integration of all levels in nature: physiology, biology, psychology and sociology, an understanding of human personhood more holistic than that envisaged by the biomedical model which falls short because it fails to acknowledge the psycho-social dimension as anything more than a manifestation of underlying biological or physio-chemical processes. Under Dr. Anjum's leadership, the CauseHealth Network has brought together experts and practitioners from a variety of areas including the philosophy of medicine, epidemiology, qualitative health research, person-centred medicine, public health science, disease ontology, medical humanities, MUS research (CFS, LBP, FM), physiotherapy, neurobiology, behavioural science in medicine, pharmacology, nursing, cancer research, mental health, probability theory and risk, autism, burnout, medical sociology, philosophy of psychiatry, medical research ethics, experimental psychology, phenomenology, paediatrics and philosophy of causation. The CauseHealth Project has already made great strides in advancing the concept and practice of person-centered healthcare and its continued work is set to make a definitive contribution to the field.

18.45 Award of the Bronze Medal

Winner: Dr. Sarah Shepherd, Lead for Communications in Year 1 and Year 2, Medical School, University of Manchester, United Kingdom
Orator: Professor Andrew Miles

The **Bronze Medal** of the Society for Excellence in Person Centered Healthcare is awarded to **Dr. Sarah Shepherd**. Dr. Shepherd is Lead for Communications in Year 1 and Year 2, Medical School, University of Manchester, UK. Dr. Shepherd's recent work has focussed on the utility of mindfulness as a person-centered practice. Mindfulness has been shown by numerous studies to be effective in increasing positive mental wellbeing and in reducing anxiety and stress., being usefully defined as the moment-to-moment, non-judgemental awareness of thoughts, feelings and surrounding environment which are optimally cultivated through the practice of meditation. Dr. Shepherd has conducted important work with medical students evaluating the feasibility, acceptability and efficacy of a short term mindfulness-based intervention and its effect on mental wellbeing, self-efficacy and burnout in a sample of first and second year undergraduate medical students from Manchester Medical School. Since person-centered healthcare needs person-centered clinicians, Dr. Shepherd's ongoing research is set to make an important contribution to the use of the mindfulness technique in practitioners as well as in patients themselves.

18.50 Award of the Book Prize

Winner: Dr. Stephen Buetow, Associate Professor, Department of General Practice and Primary Health Care, University of Auckland, New Zealand & Honorary Professor, Queen Margaret University, Edinburgh, Scotland, United Kingdom
Orator: Professor Andrew Miles

The **Book Prize** of the Society is awarded to **Dr. Stephen Buetow**. Dr. Buetow is an Associate Professor, Department of General Practice and Primary Health Care, University of Auckland, New Zealand and Honorary Professor, Queen Margaret University, Edinburgh Scotland, UK and Chairman of the Society's Special Interest Group on Research in PCH. Dr. Buetow's recent book, entitled *'Person-centred Health Care: Balancing the Welfare of Clinicians and Patients'* (Routledge, Medical Humanities), scrutinizes the principle of primacy of patient welfare, which, although it remains deeply embedded within health professionalism, has been considered to be long overdue for serious debate. Addressing the contention that patients have greater immediate health needs than clinicians and that the patient-clinician encounter is often recognized as a moral enterprise as well as a service contract, Dr. Buetow argues that the implication that clinician welfare is secondary can harm clinicians, patients and health system performance. In this book, Dr. Buetow advocates an ethic of virtue to respect the clinician as a whole person whose self-care and care from patients can benefit both parties, given that their respective moral interests intertwine and warrant equal consideration. Dr. Buetow considers the means by which it may be possible to move from values including moral equality in healthcare to practice for people in their particular situations. Dr. Buetow's book has developed an importantly inclusive concept of person-centred healthcare which accepts clinicians as moral equals to their patients, thereby facilitating the coalescence of patient-centred healthcare and evidence-based healthcare. As such it represents an important contribution to the ongoing debate within this field.

18.55 Award of the Essay Prize (In absentia)

Winners: Ms. Atara Messinger and Mr. Benjamin Chin-Yee, Medical Students, University of Toronto, Canada
Orator: Professor Andrew Miles

The **Essay Prize of the Society** is awarded jointly to **Ms. Atara Messinger and Mr. Benjamin Chin-Yee.** Ms. Messinger and Mr. Lee are medical students within the Faculty of Medicine, University of Toronto, Ontario, Canada. Their Essay takes the form of a studied reflection on the doctor–patient relationship, drawing on the thinking of the 20th-century philosopher Martin Buber. Messenger and Chin-Yee argue that although Buber does not refer to the medical encounter specifically, his 'philosophy of dialogue' nevertheless raises fundamental questions about how human beings relate to one another, thus offering valuable insights into the nature of the clinical encounter. Messinger and Chin-Yee argue that Buber's basic word pairs, 'I–You' and 'I–It', provide a useful heuristic for understanding different modes of caring for patients and they illustrate the same by employing examples of illness narratives from two literary works: Tolstoy's Ivan Ilych and Margaret Edson's Wit. Messinger and Chin-Yee's Essay demonstrates how the humanities in general and philosophy in particular have the ability to inform a more humanistic practice for healthcare trainees and practicing clinicians alike.

19.00 Award of the Young Teacher Prize

Winner: Dr. Elina Beleva, Medical University of Plovdiv & Medical Oncology Clinic, St. George's University Hospital, Plovdiv, Bulgaria
Orator: Professor Andrew Miles

The **Young Teacher Prize** of the Society is awarded to **Dr. Elina Beleva**. Dr. Beleva is a young Resident in Haematology/Haemato-oncology at the University Hospital of St. George in Plovdiv, Bulgaria and a Teacher within the Faculty of Medicine of the Medical University of Plovdiv, Bulgaria, from which she gained her Doctor of Medicine and Doctor of Philosophy degrees. Dr. Beleva has consistently argued that she never aims simply to cure patients, but rather to heal them. Dr. Beleva is a passionate advocate of the importance of teaching person-centerred healthcare principles within the undergraduate and postgraduate curricula and teaches actively on the person-centered healthcare module developed by Professor Drossi Stoyanov, for undergraduate medical students, at the Medical University of Plovdiv, Bulgaria

19.05 Award of the Young Researcher Prize

Winner: Dr. Mette Kjer Kaltoft, Research Unit of General Practice, Institute of Public Health, University of Southern Denmark& Odense University Hospital Svendborg Sygehus, Denmark
Orator: Professor Andrew Miles

The **Young Researcher Prize** of the Society is awarded to **Dr. Mette Kjer Kaltoft.** Dr. Kaltoft is a Researcher within the OUH Svendborg Hospital/SDU Institute of Public Health, University of Southern Denmark. She has written extensively within the peer reviewed literature on online multi-criteria decision support in patient-centred healthcare and on the need to assess decision quality in patient-centred care. Additional foci of her research have been on the need to increase user involvement in healthcare, the patient as researcher and on who it is that should decide how much and what information is important in person-centered healthcare. Her recent PhD thesis, entitled 'Towards improved decision quality in person-centred healthcare: exploring the implications of decision support via Multi-Criteria Decision Analysis', has contributed a major piece of research to the literature that has proved of immediate significance to the ongoing development of person-centered healthcare theory and practice.

19.10 Award of an ESPCH Honorary Distinguished Fellowship

Winner: Dr. Marilyn Ray, Colonel (Ret.), United States Air Force Nurse Corps & Professor Emerita, The Christine E. Lynn College of Nursing, Florida Atlantic University, United States of America
Orator: Professor Andrew Miles

An **Honorary Distinguished Fellowship** of the Society is awarded to **Colonel (Rt) Professor Emerita Marilyn Ray.** Dr. Ray is a Professor Emerita within the Christine E Lynn College of Nursing of Florida Atlantic University, Boca Raton, Florida, United States of America. Among Dr. Ray's many achievements was the discovery of the Theory of Bureaucratic Caring from research studying the meaning of caring in the complex hospital organizational culture, a theory that is now receiving recognition as a function of the modern focus on phenomena related to complex systems--spiritual-ethical, economic, political, technological and legal caring. Dr. Ray is widely credited with having advanced the status of qualitative human science research methods, particularly phenomenology, the philosophies of science, transcultural healthcare and the philosophy of nursing and human caring. She moved to Florida Atlantic University in 1989 as the Christine E. Lynn Eminent Scholar, then to become a Professor assisting in the development of caring in many parts of the world, teaching, service, and conducting research. Dr. Ray served at the rank of Colonel in the United States Air Force, achieving a research career in aerospace nursing and retiring in 1999. Dr. Ray is the author and co-editor of numerous seminal texts within her field which include major foci on transcultural caring dynamics in nursing and healthcare, as well as studies of the ethics of care and the ethics of cure. She continues to work actively in those fields and is a passionate advocate of person-centered approaches to clinical practice and health system development.

19.15 The United States Air Force (USAF) Medical Service inter-professional practice model initiative and the USAF initiative related to primary care that has focussed on improved clinical and economic outcomes.

Dr. Marilyn Ray, Colonel (Ret.), United States Air Force Nurse Corps & Professor Emerita, The Christine E. Lynn College of Nursing, Florida Atlantic University, United States of America

United States Air Force, Medical Service (USAF MS) *Person-Centered Caring Partnership, Interprofessional Practice Mode*l: Operationalizing Ray's Theory of Bureaucratic Caring

A submitted formal research data and information from the consultant to the United States Air Force/Surgeon General, Colonel Marcia Potter, DNP, FNP-BC, Air Force/Surgeon General/Family Nurse Practitioner Consultant
779 MDG, Joint Base Andrews, Maryland, USA

The United States Air Force Medical Service (USAF MS) has established the need for an Inter-Disciplinary Professional Practice Model (IDPPM). Using Ray's Theory of Bureaucratic Caring (BCT) which uses the domains of caring within complex organizations (humanistic, ethical, spiritual, educational, political, economic, technologic, legal, and socio-cultural) has been adoped as a structural model to frame potential conflicting forces within the complex system which contribute to the organization's culture and ultimately its ability to deliver its central mission-- Patient-Centered Communicative Caring. The IDPPM is relevant to any clinical setting and context from peacetime to contingency operations, primary care to sub-specialty healthcare.

1. Primary Care Process Improvement Project (United States Air Force Medical Service (USAF MS):

Colonel (Retired), USAF NC, Marilyn Ray's Theory of Bureaucratic Caring (BCT) was used as the theoretical framework for a process improvement project to improve satisfaction and health outcomes in USAF primary care. Satisfaction for both patients and staff is supported in the literature as a key element to patient engagement, and patient-centered care. In turn, patient engagement is positively linked to improved health outcomes. The Theory of Bureaucratic Caring describes the domains of caring, humanistic and social structural, in a complex healthcare organization; this project leveraged these domains of caring to implement practice change, the application of the Chronic Care Model for Type 2 diabetes (T2DM) patients in a mid-size military family health clinic. Measurements included patient and staff satisfaction surveys (pre and post-implementation), activation and engagement measures (pre-and post-implementation), and patient glycosolated hemoglobin levels (pre and post-intervention). The results indicated increased satisfaction for patients and staff, increased activation and engagement for patients, increased engagement for staff, and a 14% reduction in HbA1C levels. Additionally, this project identified a $2M cost reduction for T2DM patients in this USAF clinic and a $2B cost reduction for this population across the Military Health System (MHS).

2. The United States Air Force Medical Service Inter-disciplinary, Professional Practice Model (IDPPM) Initiative:

The United States Air Force (USAF) Nurse Corps Chief and Deputy Surgeon General, Major General Dorothy Hogg, requested a proposal for an Inter-Disciplinary Professional Practice Model (IDPPM) for the USAF Medical Service (AFMS). Applying Ray's Theory of Bureaucratic Caring (BCT) and working closely with Dr. Marilyn Ray, the nursing scholar who developed BCT, a proposal materialized using the BCT as the IDPPM for the Air Force Medical Service. The BCT describes the domains of caring within complex healthcare organizations. These humanistic and structural domains, such as, humanistic, spiritual, ethical, social, educational, political, economic, technological, and legal are often conflicting forces in complex organizations which contribute to the degree of effectiveness of the organization's culture and ultimately its ability to deliver its central mission of patient centered care, and to the shaping of the organizational healthcare culture at large. Operationalizing this holographic theory of BCT required the use of the Trusted Care toolkit (developed by the AFMS and mandated for use by the AFMS) as well as the Patient Centered Caring Communication Initiative (PCCCI) (mandated for use in the National Capitol Region). Because BCT is essentially an anthropological/cultural caring theory, it became the framework which enabled the models to be connected to the USAF MS organization's mission, vision, and philosophy. Currently, a team has been created to write Simulation mannequin (Sim-Man) scenarios that teach the principles of Trusted Care through the caring behaviors of PCCCI in the context of the Theory of Bureaucratic Caring. Because the AFMS has such a diverse global mission, and because BCT is universally applicable in the healthcare arena, this Inter-disciplinary, professional Practice Model (IDPPM) will be relevant in any clinical setting and context from peacetime to contingency operations, primary care to sub-specialty care.

19.25 Conclusion of the Awards Ceremony

Professor Andrew Miles, Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, *European Journal for Person Centered Healthcare* / Editor-in-Chief, *Journal of Evaluation in Clinical Practice*

19.30 CONFERENCE DINNER

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EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE

www.pchealthcare.org.uk