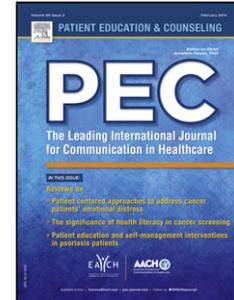


Accepted Manuscript

Title: Developing the International Association for Communication in Healthcare (EACH) to address current challenges of health communication

Authors: Sara Rubinelli, Jonathan Silverman, Karolien Aelbrecht, Myriam Deveugele, Arnstein Finset, Gerry Humphris, Peter Martin, Marcy Rosenbaum, Sandra van Dulmen, Evelyn van Weel-Baumgarten



PII: S0738-3991(19)30001-1
DOI: <https://doi.org/10.1016/j.pec.2019.01.004>
Reference: PEC 6165

To appear in: *Patient Education and Counseling*

Received date: 28 February 2018
Revised date: 30 December 2018
Accepted date: 5 January 2019

Please cite this article as: Rubinelli S, Silverman J, Aelbrecht K, Deveugele M, Finset A, Humphris G, Martin P, Rosenbaum M, van Dulmen S, van Weel-Baumgarten E, Developing the International Association for Communication in Healthcare (EACH) to address current challenges of health communication, *Patient Education and Counseling* (2019), <https://doi.org/10.1016/j.pec.2019.01.004>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Title:

Developing the International Association for Communication in Healthcare (EACH) to address current challenges of health communication

Authors:

Sara Rubinelli^{a,b,*}, Jonathan Silverman^{c,d}, Karolien Aelbrecht^e, Myriam Deveugele^f, Arnstein Finset^g, Gerry Humphris^h, Peter Martinⁱ, Marcy Rosenbaum^j, Sandra van Dulmen^{k,l,m}, Evelyn van Weel-Baumgartenⁿ

^a Department of Health Sciences and Health Policy, University of Lucerne and Swiss Paraplegic Research, Frohburgstrasse 3, P.O. Box 4466, 6002 Lucerne, Switzerland. Electronic address: sara.rubinelli@unilu.ch

^b Swiss Paraplegic Research, Guido Zäch Institute, Guido Zäch Strasse 4a, 6207 Nottwil, Switzerland.

^c School of Medicine, Deakin University, Australia.

^d School of Clinical Medicine, University of Cambridge, UK Electronic address: js355@medschl.cam.ac.uk

^e Ghent University, Faculty of Medicine and Health Sciences, Department of Public Health and Primary Care, De Pintelaan 185, B-9000 Ghent, Belgium. Electronic address: karolien.aelbrecht@ugent.be

^f Ghent University, Faculty of Medicine and Health Sciences, Department of Public Health and Primary Care, De Pintelaan 185, B-9000 Gent, Belgium. Electronic address: myriam.deveugele@ugent.be

^g University of Oslo, Institute of Basic Medical Sciences, Department of Behavioural Sciences in Medicine, Post Office Box 1111, Blindern, N-0317 Oslo, Norway. Electronic address: arnstein.finset@medisin.uio.no

^h University of St Andrews, Medical School, North Haugh, St Andrews, Fife, KY16 9TF, UK. Electronic address: gmh4@st-andrews.ac.uk

ⁱ Faculty of Health, Deakin University, Burwood, Victoria, Australia. Electronic address: peter.martin@deakin.edu.au

^j University of Iowa Carver College of Medicine, Iowa City, Iowa, US. Electronic address: marcy-rosenbaum@uiowa.edu

^k Department of Primary and Community Care, Radboud University Nijmegen Medical Centre, Nijmegen, the Netherlands; NIVEL (Netherlands institute for health services research), Utrecht, the Netherlands. Electronic address: S.vanDulmen@nivel.nl

^l Faculty of Health Sciences, University College of Southeast Norway, Drammen, Norway.

^m Radboud university medical center, Radboud Institute for Health Sciences, Department of Primary and Community Care, Nijmegen, The Netherlands.

ⁿ Radboud university medical center, Radboud Institute for Health Sciences, Department of Primary and Community Care, Nijmegen, The Netherlands. Electronic address: Evelyn.vanWeel-Baumgarten@radboudumc.nl

*Corresponding author: Swiss Paraplegic Research, Guido Zäch Institute, Guido Zäch Strasse 4a, 6207 Nottwil, Switzerland. Electronic address: sara.rubinelli@paraplegie.ch

Abstract:

In 2017, EACH celebrated its change of name from European Association for Communication in Healthcare to EACH: International Association for Communication in Healthcare. This paper aims to present the developments and achievements of EACH over the past five years with a focus on its mission in promoting and advancing the field of communication in healthcare. Specifically, the paper focuses on how EACH, first, promotes research in the field of health communication, second, provides support, resources and sharing for healthcare communication teachers and, third, aims at influencing policy through dissemination of evidence. This paper also explores future challenges and directions for EACH to further strengthen its impact by designing activities in knowledge transfer and knowledge dissemination, engaging with patients and truly benefitting from their expertise, fostering active participation and networking among its members, targeting interventions to the needs of different countries around the world and refining knowledge-sharing and cooperation both within the membership of EACH and outside the association to as wide an audience as possible. Scholars, educators and practitioners active in the field of healthcare communication are invited to comment on this paper and to actively contribute towards the goals of EACH.

Keywords: EACH, Healthcare communication, Healthcare communication education, Provider-patient communication, Communication research, Communication training, Healthcare policy, Healthcare practice

1. EACH renamed as International Association for Communication in Healthcare

Effective communication between patients, relatives and healthcare practitioners is essential in achieving better access to healthcare, improved quality of care and, ultimately, optimal health outcomes [1,2]. EACH was launched as the European Association for Communication in Healthcare in 2001 by a founding group of thirteen members (scientists and clinicians) from eight countries [3]. Five years later, in 2006, over 300 members had joined the association from 31 countries, of which 12 were non-European [4]. After this first period the membership remained stable until 2011. By the end of 2016 however, the association had nearly doubled, attracting 592 members from 48 countries, truly becoming international.

Indeed, a little over fifteen years after its founding, in 2017 EACH announced and celebrated the name change from EACH: European Association for Communication in Healthcare into *EACH: International Association for Communication in Healthcare*. However, the brand-name EACH has been kept while the change to ‘international’ helps demonstrate more explicitly what EACH is and wishes to remain: an international association for every person who wants to help achieve better health for patients and the community at large through communication and education that is person-centred and evidence based.

Following up the last evaluation of EACH in 2011 [5], this name change is a suitable moment to reflect and invite robust discussion on EACH, its aims, its development and achievements over the past five years.

2. Role and position of EACH in the world of healthcare communication

Communication is central to healthcare. Through communication, health information is shared between healthcare providers, patients and their relatives, and between healthcare providers themselves [6]. Communication is fundamental to relationship building, information-gathering

and information exchange, and patient empowerment aimed at supporting appropriate decision-making on health issues [1, 7, 8].

Healthcare provider-patient communication is essential to identify and understand both the biomedical and the patient's perspective (their beliefs, emotions, needs and expectations) [9]. This process is at the core of shared decision-making where healthcare providers, patients and their relatives reach a shared understanding of the patient problems and decide together the most appropriate course of action [10]. Healthcare providers' ability to build a relationship, and to listen, explain and engage with patients and relatives can have a profound effect on biological and functional health outcomes as well as patient satisfaction and the experience of care [11, 12, 13]. Moreover, provider-patient communication is key to build and reinforce health literacy and to empower patients to better navigate healthcare services [14].

People communicate naturally, but effective communication is a matter of knowledge, skills, strategies and context [15]. Rooted in healthcare communication related research, practice and education, EACH is an association of reference for the development and dissemination of research based theories, models and programs for successful interpersonal healthcare communication. It spreads evidence, knowledge and experience on how to design, implement and evaluate appropriate programs of healthcare provider training, patient education and on how to engage in interdisciplinary communication for the implementation of integrated care.

3. Mission and strategies of EACH to promote health communication

At the core of EACH's mission and activities is the evidence that almost all objectives in healthcare are mediated through communication. The strong evidence base for effective healthcare communication and a person-centred approach incorporating shared responsibility and decision making adds to the moral imperative of a more equal relationship between patients, relatives and healthcare providers [16,17].

In light of this, the overall aim of the association has therefore been to promote effective evidence-based patient-centred healthcare communication through the engagement of all who are active in healthcare communication research, teaching and policy making [3,4,5].

The founders of EACH realized that improving the quality of communication in healthcare required multidisciplinary networking, collaboration and exchange of ideas between all those active in communication research and training. For these purposes two subcommittees were formed: rEACH (for research) and tEACH (for teaching). Since 2014, a major development has occurred within the association with the addition of a third important arm to complement the association's strength in research and teaching. EACH has taken a deliberate step to move into the domains of implementation, advocacy and policy. The association has recognized that its strengths in teaching and research need now to be supplemented by a more political vision to ensure the translation of research and teaching into the real world of practice, policy and organizational change. A third standing subcommittee called pEACH (for policy & practice) was created to oversee this major change in direction.

Four of the main strategies for achieving the aim of EACH have been:

First, to promote the development of healthcare research and health professional education to improve the quality of communication in healthcare globally and hence improve the health outcomes of the general public. The sub-committee rEACH works on the promotion of networking, focusing on research quality, enriching international research collaboration and aiding the development of new junior researchers [18]. In 2009 rEACH has received a generous grant from the Steffens family to help junior researchers in communication. This grant was used to create the week-long Summer-Schools of 2009, 2011 and 2013. The purpose of the Summer School is to enable early-career researchers to present and develop their projects through feedback sessions with experienced academics in the field of health communication. On completion of the grant, the Summer School has continued in 2015 and 2017, currently in

conjunction with the Summer Event of EACH (see 4 below). One of the many important aspects to highlight is that participants of the Summer Schools subsequently formed *yEACH*, a special interest group of early career individuals, who share questions and challenges to help other early career researchers, teachers and clinicians from different institutions and countries [19].

Also in the realm of research, rEACH is constructing a database of healthcare communication coding tools, thus enabling researchers to identify the most closely fitting assessment device for their research question. In addition, a subgroup of rEACH has drawn together researchers to prepare submissions to European Commission for grant funding.

Second, to enable the exchange of teaching and research methodologies and resources within the community of healthcare communication researchers and teachers, to enhance the quality of communication in healthcare and thereby improving patients and relatives experience.

Within this aim, specifically, the tEACH focuses on providing support, resources and sharing of expertise for healthcare communication teachers, whether about teaching, curriculum development or assessment [20]. The subcommittee provides resources focusing on the following topics:

- *How to Teach*: Experiential communication teaching methods and tools.
- *What to Teach*: Communication skills content for multiple levels and healthcare disciplines.
- *Curriculum development*: From single sessions to comprehensive communication skills curriculum.
- *Assessment*: Principles, approaches and tools for assessing learners' communication.

Examples of main products of tEACH include:

- *Tools*: Over 100 teaching and assessment tools on a searchable web-based database including facilitator guides, simulated patient cases, comprehensive curriculum models and teaching videos.
- *Training*: Annual international courses and support for trainers of communication in healthcare including local courses within countries/institutions and a Certificate of In-Depth Study in Communication Education.
- *Networking*: Access to national and discipline based networks to foster development and cooperation between communication teachers including a new 'Finding a colleague database' for meeting and sharing of expertise.
- *Support*: Consultations and site visits to help develop, implement and evaluate clinical communication skills training.

Third, *to influence policy through the dissemination of knowledge about effective communication between patients, relatives and healthcare providers and extolling best practices and improvements in education and healthcare organizations to comply with the changing needs of health delivery and increasing moves towards a person-centred approach.*

This strategy is specifically carried out by the subcommittee pEACH, that aims to foster and advocate for implementation of research from healthcare communication and healthcare communication education into healthcare practice, policy and organizational change [21].

This aim reflects that despite a large body of research describing what and how to teach regarding healthcare communication, the main impact has been in undergraduate health curricula, with often little integration into post-graduate educational programs or change at institutional level.

However, increasing organizational focus on person-centred healthcare, shared-decision-making and improved quality and safety means that there is an increased appetite to implement the lessons from healthcare communication that can positively impact on these critical areas.

There is the challenge of how to embed these approaches into large health organizations and pEACH has the priority to explore how to do this.

Within this framework pEACH aims at strengthening EACH's presence in the public debate on healthcare communication by engaging in:

Communication activities: they aim at strengthening EACH's presence in the public debate on health communication by spotting relevant topics in the public debate and following up on issues falling within EACH's expertise; by strengthening EACH's social media activity and by producing position papers on big issues in healthcare communication to serve as ready-to-use and agreed upon messages. In relation to the position papers, pEACH is planning a series of brief review papers summarizing the evidence in a number of relevant topical areas in close collaboration with the journal *Patient Education and Counseling* (see 4 below). These papers are conceived as the state of the art on major topics of health communication targeted to healthcare providers, researchers and communication skills educators.

Involvement activities: they aim at promoting EACH's expertise by interacting with key stakeholders in the healthcare context: patient's associations, policy makers, and organization leaders. The aim of this is to help discover what patients and patient groups are really concerned about in healthcare provider-patient communication and ensure that EACH becomes a first port of call for advice and help about communication of patient groups.

Fourth, *to develop an active network of researchers, teachers and practitioners in the world, committed to improving the patient experience in the field of communication in healthcare.*

This strategy is pursued by organizing the International Conference on Communication in Healthcare (ICCH) that runs since 2002 in partnership with the American Academy of Communication (ACH) (see 4 below) and the Summer Event, that runs in alternative years since 2015. The ICCH is an evolving conference where participants can engage in scientific

presentations, key-lectures, workshops and networking activities, with additional features, for example, of actively supporting junior investigators, structured networking sessions and ‘fringe’ activities. The Summer Event provides attendees with high-quality in-depth experiential workshops related to important topics in communication in healthcare, with a mix of workshops concentrating on research, teaching and policy and practice issues.

4. Main developments in EACH

Until the end of 2016 EACH was governed by the steering committee (SC) and executive committee that had been constituted according to the policies and procedures of the association.

The steering committee consisted of the National Representatives (NR) of countries with at least five members, all members of the executive committee, the *Patient Education and Counseling* (PEC) journal advisor, and a representative of the Academy of Communication in Healthcare (ACH). In 2017 the steering committee was reconstituted as an advisory committee (AC) to give its members the role of advisors to EACH decision-making who can help gain insight healthcare communication needs in every country where EACH has members.

The executive committee consists of the President, President-Elect, Past-President, the chairs of the three EACH sub-committees, rEACH, tEACH and pEACH, the Treasurer and the chair of the AC.

Three other aspects deserve special mention here.

First, in order to address many important areas related to communication and healthcare, EACH has a number of Special Interest Groups (SIGs). The very first SIG was the *Verona Network on Sequence Analysis*, formed in 2003 to study critical healthcare provider-patient communication sequences in which patients express hidden or overt emotional distress. The process has led to the development of the Verona Coding definitions of Emotional Sequences

(VR-CoDES) with articles using the system approaching 50 in number since the publication of the manuals, now in a variety of languages [22, 23]. In addition to yEACH (see 3 above), other special-interest groups are *Psychophysiological Research*, *Language and Cultural Discordance in Healthcare Communication*, *Communication in Oral Healthcare* and *Research in Medical Education*.

Second, EACH as a main relationship with the Academy of Communication in healthcare (ACH). They have been seen as 'sister organizations' from the very beginning of EACH and they are now strengthening their cooperation. One of the important areas of this cooperation is the organization of the ICCH conferences. Moreover, the work together has led to an official memorandum of understanding of their respective and mutual roles and contributions which was signed in Spring 2017. Overall, synergies among the two organizations are of key importance to build a strong point of reference and support for the growth of health communication globally.

Within EACH collaborations, EACH has initiated more formal relationships with other organizations with similar or overlapping aims. One of the first examples is a formal relationship established in November 2015 with WONCA (World Organization of Family Doctors). This collaboration has already resulted in co-developing and delivering of a training for a healthcare reform in Moldova.

Third, for an organization such as EACH, an association with a scientific journal is of utmost importance. *Patient Education and Counseling* (PEC) is the official scientific journal of EACH, as well as of ACH. As part of the agreement with the publisher of PEC, Elsevier, hard copy and online access to PEC is covered with the membership fees of EACH.

Most papers in PEC are research papers or reviews, submitted by researchers on their own initiative, with a number of papers submitted by EACH members. Every year, PEC also publishes a Special Issue with selected articles based on papers presented at the biannual

conferences of EACH and ACH. Moreover, as mentioned above (see 3), a series of brief review papers summarizing the evidence in a number of relevant topical areas is being planned in close collaboration between PEC editors and pEACH. These papers will be peer reviewed, as are all scientific papers published in the journal, and should be helpful summaries of the state of the art for healthcare providers, researchers and communication skills educators.

5. EACH's way forward: How to make an impact in a rapidly changing world

EACH is now an international association. However, this most welcome internationalization poses some organizational challenges that will have to be addressed in the coming years.

The knowledge and experience gained by EACH in healthcare communication, by linking research, teaching and practice, has contributed to build its reputation in the field [24]. Also, the operational aspects of EACH in terms of membership management, liaison duties, public relations and finances are currently functional and effective.

The main challenges in the short, medium and long term can be summarized as follow.

Challenge 1. Systematizing and disseminating scientific evidence

While the evidence on the impact and value of improved health communication is vast, more effort is needed to bring this impact in the foreground and to systematize it in ways that specifically identify where improved health communication works and benefits patients and what are, instead, its limitations.

Challenge 2. Fostering an impact on healthcare.

A main question remains to be addressed by EACH in the future: why despite having high quality evidence that improved communication yields better medical outcome there are still main system, organizational and human barriers that impede their implementation in practice?

The creation of the pEACH committee demonstrates the need to consider how evidence from

health communication teaching and education can be transferred to enhance healthcare systems worldwide. The main challenges are to identify the needs of different countries in terms of healthcare communication and healthcare education programs, to address contextual barriers that are specific to each country and to support initiatives to act on these needs and barriers. Moreover, EACH networking has to be further structured in order to effectively interact with the main relevant organizations in the specific countries.

Challenge 3. *Involving patients*

Despite being person-centered in its mission, the involvement of patients in the activities of EACH is still suboptimal [25]. Today, an even more challenging, if not urgent, factor makes the focus on patients essential in health communication research and practice. In recent decades, the traditional paternalistic approach to medical consultation has shifted towards a patient-centered one, where patients are required to play an increasingly active role in the decision-making regarding their health. The dissemination of health information and advances in health literacy research and practice have enabled some patients to have expertise that goes beyond a simple knowledge of symptoms and enters the domain of self-management. The digital revolution has brought increased attention to the phenomenon of lay expertise, where patients who are active in online channels become a source of information regarding health conditions and treatments for their peers. While patients do seek peer advice online, it is unclear how online lay expertise should be evaluated for its veracity and how expert patients can be integrated in a meaningful way as stakeholders in healthcare systems to benefit from their knowledge and experience.

Challenge 4. *Promoting collaborative work among members and increasing the number of contributors.*

New technologies enable distant collaboration but they cannot entirely substitute for face-to-face meetings. Although most of the work of EACH is achieved online, EACH now needs to

optimize international collaboration and exchange among all its members. Members' work for EACH within the executive and advisory committee is performed on a voluntary basis, and it is therefore important for the association to further develop projects and activities to motivate and engage more members in becoming active contributors. Here, it is essential to identify activities and products that attract EACH members to enlarge the membership, strengthen impact to achieve its goals.

Challenge 5. *Knowledge sharing.*

The enlargement of EACH has increased its complexity, and hence added to the challenge of knowledge dissemination and exchange among its members and outside to reach a wider audience. To address this challenge, EACH has to diversify its courses and workshops both at dedicated healthcare communication events, including being sensitive to the context of specific countries where there is a need to develop and enhance healthcare communication and communication education.

Challenge 6. *Addressing differences among countries*

EACH has to find ways to deal with differences among its member countries. The development of goals and strategies at the conceptual broad level has to confront with the actual status of health communication in the different countries, as well as with organizational difference at the healthcare system and state level. To do so, EACH needs to identify best ways to gain insight in its member countries and to plan targeted interventions considering their current implementation of health communication teaching, education and research, as well as of their needs and resources available.

6. Conclusion

This paper depicts the mission and work of EACH in the field of health communication. Also, it highlights steps forward for EACH to further strengthen itself as a key association in

healthcare communication, and to promote person-centered healthcare systems that implement evidence from healthcare communication and communication education. The achievement of the international status testifies that EACH is in the privileged position to be among the leading world associations in the field. But for this position to be maintained, future actions will need to concentrate on the dissemination, sharing and implementation of knowledge tailored to each specific country, on the growth of membership, on its manageability and on active participation of the members. Overall, EACH needs to further strengthen its position within the world of healthcare communication by developing an internal and external agenda to meet the demands of its evolving role. Interested individuals are invited to comment on the development of EACH by sending letters/emails to the corresponding author. Scholars, educators and practitioners active in the field of healthcare communication are invited to join EACH, and contribute towards the achievement of its ambitious goals.

References

- [1] J. Silverman, S. Kurtz, Draper J., *Skills for communicating with patients*, third ed., CRC Press – Taylor & Francis Group, 2013.
- [2] A. Finset, 50 years of research on the effect of physician communication behavior on health outcomes. *Patient Educ Couns* 96 (2014) 1-2.
- [3] J. Bensing, S. van Dulmen, H. Kallerup, A. Visser, F. Borrell, A. Finset, J. Goedhuys, W. Langewitz, C. Mallinson, M. Peltenburg, T. Schofield, C. Zimmermann, EACH The European Association for Communication in Healthcare, *Patient Educ Couns* 43 (2001) 1-4.

- [4] S. van Dulmen, A. Finset, W. Langewitz, C. Zimmermann, M. Peltenburg, A. Visser, J. Bensing, Five years of EACH (European Association for Communication in Healthcare), *Patient Educ Couns* 62 (2006) 379-384.
- [5] P. Salmon, W. Langewitz, M. Deveugele, S. van Dulmen, Ten years of EACH (European Association for Communication in Healthcare) and priorities for the next ten years, Editorial, *Patient Educ Couns* 85 (2011) 1–3.
- [6] G.L. Kreps, Health communication. In J.M. Rippe (Ed.) *Encyclopedia of Lifestyle Medicine and Health*. Thousand Oaks, CA: Sage Publications, 2012
- [7] L.M. Ong, J.C. de Haes, F.B. Lammes, Doctor-patient communication: A review of the literature, *Soc Sci Med* 40 (1995) 903-18.
- [8] J. Brown, L.M. Noble, A. Papageorgiou, J. Kidd (eds), *Clinical communication in medicine*, John Wiley & Sons, 2016.
- [9] C. Zanini, P. Maino, J.C. Möller, C. Gobbi, M. Raimondi, S. Rubinelli, Enhancing clinical decisions about care through a pre-consultation sheet that captures patients' views on their health conditions and treatments: A qualitative study in the field of chronic pain, *Patient Educ Couns*. 99 (2016) 747–53.
- [10] J. Silverman, Information sharing and shared decision-making. In: J. Brown, L.M. Noble, A. Papageorgiou, J. Kidd (eds), *Clinical communication in medicine*, John Wiley & Sons, 2016, pp. 76-81.
- [11] J. Silverman, Relationship building. In: J. Brown, L.M. Noble, A. Papageorgiou, J. Kidd (eds), *Clinical communication in medicine*, John Wiley & Sons, 2016, pp. 72-5.

- [12] P. Mistiaen P, M. van Osch, Z. di Blasi, J. Bensing, S. van Dulmen. The effect of patient-provider communication on pain: a systematic review. *Eur J Pain* 20 (2016) 675-88.
- [13] V. van den Eertwegh, S. van Dulmen, J. van Dalen, A.J.J.A. Scherpbier, C.P.M. van der Vleuten. Learning in context; identifying gaps in research on the transfer of medical communication skills to the clinical workplace. *Patient Educ Couns* 90 (2013) 184-92.
- [14] D. Nutbeam. Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. *Health Prom Int* 15 (2000): 250-67.
- [15] V. van den Eertwegh, J. van Dalen, S. van Dulmen, C.P.M. van der Vleuten, A.J.J. A. Scherpbier. Barriers to transformative communication skills learning: contrasting two medical working contexts in postgraduate training. *Patient Educ Couns* 95 (2014) 91-7.
- [16] R.L. Street, G. Makoul, N.K. Arora, R.M. Epstein, How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient Educ Couns* 74 (2009) 295-301.
- [17] J. Bensing, S. van Dulmen, K. Tates, Communication in context: new directions in communication research (review), *Patient Educ Couns* 50 (2003) 27-32.
- [18] G. Humphris, M. van Bausekom, M. Hillen, A. Moorhead, M. Deveugele, The rEACH Committee – pushing forward on our objectives and integrating activities, *Patient Educ Couns* 100 (2017) 1417-20.

- [19] L. Ansmann, T.E. Flickinger, S. Barello, M. Kunneman, S. Mantwill, S. Quilligan, C. Zanini, K. Aelbrecht. Career development for early career academics: benefits of networking and the role of professional societies. *Patient Education and Counseling*. 2014;97(1): 132–4.
- [20] M. Rosenbaum, Updates on tEACH activities and ways for colleagues to share resources and expertise, *Patient Educ Couns* 100 (2017) 1965-6.
- [21] P. Martin, S. Bigi, A new subcommittee of EACH is born: pEACH, *Patient Educ Couns* 100 (2017) 1774-5.
- [22] C. Zimmermann, L. Del Piccolo, J. Bensing, S. Bergvik, H. De Haes et al., Coding patient emotional cues and concerns in medical consultations: The Verona coding definitions of emotional sequences (VR-CoDES), *Patient Educ Couns* 82 (2011) 141-8.
- [23] L. Del Piccolo, H. de Haes, C. Heaven, J. Jansen, W. Verheul et al., Development of the Verona coding definitions of emotional sequences to code health providers' responses (VR-CoDES-P) to patient cues and concerns, *Patient Educ Couns* 82 (2011) 149-55.
- [24] E. van Weel-Baumgarten, Is linking research, teaching and practice in communication in health care the way forward?, *Patient Educ Couns* 99 (2016) 1441-5.
- [25] J. Silverman, How should we involve patients in EACH: International Association for Communication in Healthcare?, *Patient Educ Couns* 100 (2017) 2154-5.