

Abstract N°: 2597**The CORK protocol for managing misinformation in dermatology**

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Introduction & Objectives:

Health misinformation can be defined as a health-related claim that is not consistent with scientific consensus and is not biologically plausible. The digital transformation has led to tribalisation of many aspects of social and political life, including healthcare beliefs. It is important that healthcare professionals in dermatology have a simple framework to combat misinformation.

The aim of this project was to research evidence-based interventions to combat healthcare misinformation.

Materials & Methods:

Based on strategies which were identified as effective during the research, a framework was created for widespread use.

Results:

The CORK protocol stands for clarify and confirm; origin and objective; rapport and respect; and knowledge and kneading.

Clarify and confirm. It is essential to clarify exactly what the point of misinformation relates to; why the patients thinks that this could be true; and how strongly the patient believes in the point of misinformation.

Origin and objective. It is important to ask the patient where the source of the misinformation was (social media, alternative news outlets, family or friends); who exactly is behind the information which was passed on to the patient; and if the source of information might have any vested interest into the patient believing the misinformation (financial, malevolence, or ego).

Rapport and respect. Respect should be maintained at all times, a polite interest should be shown in the misinformation being shared, and any pseudo-intellectual comments should be noted. Knee-jerk debunking can inadvertently strengthen misconceptions and ironically enhance reliance on the misinformation that is being corrected. Intellectual discourse should be encouraged, and the question of how the misinformation could be true should be gently probed.

Knowledge and kneading. Taking the point of misinformation into account, an accurate representation of the current scientific thinking on the topic should be relayed politely, explaining why the point of misinformation might be incorrect. The correction should not be forced, but doubt should be smoothly shone on the incorrect information. It is unlikely that the misinformation will be corrected after one clinic visit, but use of the protocol over repeated attendances should weaken misinformed beliefs.

Conclusion:

We hope that the CORK protocol will be helpful for healthcare professionals in dermatology to combat misinformation.

