is linked to health outcomes and widening disparities which are based on ethnicity. Centric over the last year has been developing strategies to facilitate nimble knowledge production – which is a more disruptive academic strategy of disseminating knowledge and data. Therefore, in line with some of the sensitive subject matters which we have explored, it is helpful if research findings can be conveyed in more easily digestible bitesize chunks, and where people can come and tell their stories in a safe space and with anonymity if required.

Aim Often research is typically shared and presented in a particular way, which is often detached and distant, specifically within academia. The project that we are exploring intends to visually represent community research and good practice through creative mediums, such as storytelling, relatable animations, and podcasts, as tools for community engagement and knowledge dissemination.

Methods/Expected Outcome
- Offer a space where people can feel safe to tell stories, given distrust of media etc.
- Provide creative visual content such as animations to research data and findings.
- Be accessible to people of all ages in the urban locale; excluding these voices is far too costly.
- These mediums can facilitate dialogue, foster expression, and promote critical consciousness, empowering communities to actively participate in shaping their own health narratives and co-creating solutions.

Conclusion Centric Community Research and the project partner is therefore keen to share its work publicly in the hope of inspiring changes in research practice, and at the same time liaise with colleagues conducting similar work in this field so as to contribute to the broader community research archive.

### Reporting Rapid Ethnographies Informing Health and Care Improvement: Findings from a Delphi Survey and Consensus Meeting

#### Methods

**Background** Rapid ethnographies (including focused, quick, rapid, and short-term, etc. ethnography) explore shared practices and meanings using a cultural lens and generate actionable findings using mostly qualitative methods in short timeframes. Despite being widely used in health and care research, rapid ethnographies are viewed by some as quick and dirty, a perspective likely sustained by their poor reporting. This study explores how this approach can also reveal the unseen, casual influences of their interactions with the Vietnamese health system. We demonstrate how this approach can also reveal the unseen, casual influences of their interactions – their expectations, choices, and decisions.

**Aim** We use a novel approach that draws on the work of Archer and Chalari to uncover women’s ‘internal conversations’, in which they reflect on their experiences of interactions with the Vietnamese health system. We demonstrate how this approach can also reveal the unseen, casual influences of their interactions – their expectations, choices, and decisions.

**Methods** 28 pregnant and post-partum women were recruited from one district in a northern rural province of Vietnam. In-depth interviews were conducted to methodologically elicit women’s ‘internal conversations’. Data was abductively analysed, drawing on insights from Chalari and Archer.

**Results** The modified Delphi survey achieved consensus (defined as >70% agreement to include, and <30% agreement to exclude) for all items in Round 3 (n=32), signalling survey closure. Despite low response rates (16 in Round 1, 13 in Round 2, and 11 in Round 3), respondents represented varied disciplinary backgrounds (e.g., researchers, policymakers, providers), country contexts, and native languages. The voting during the consensus meeting added six additional items, resulting in a 38-item checklist covering nine areas of reporting (e.g., researcher(s) background, study design, implications).

**Conclusions** Experts agreed that rapid ethnographies should report aspects identified as rarely reported in the scoping review, such as researcher background and positionality, research paradigm, and theoretical influences. Testing of the checklist is required to ensure clarity and feasibility among potential end users.

27 Childbearing Women’s Experiences of and Interactions with the Health System in Post-Doi Moi Vietnam

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**Background** People’s experiences of their health system interactions is central to health systems responsiveness. Yet, few inquiries locate these experiences within evolving social and institutional contexts. In Vietnam, the Doi Moi reforms prompted rapid social, economic, and health system changes. As a result, these shifts have implications for expectations and the Vietnamese childbearing women have evolved and, with that, their experiences of and interactions with the health system. Existing literature examining Vietnamese women’s healthcare-related care encounters insufficiently engages with these societal and health system developments.

**Aim** We use a novel approach that draws on the work of Archer and Chalari to uncover women’s ‘internal conversations’, in which they reflect on their experiences of interactions with the Vietnamese health system. We demonstrate how this approach can also reveal the unseen, casual influences of their interactions – their expectations, choices, and decisions.

**Methods** 28 pregnant and post-partum women were recruited from one district in a northern rural province of Vietnam. In-depth interviews were conducted to methodologically elicit women’s ‘internal conversations’. Data was abductively analysed, drawing on insights from Chalari and Archer.

**Results** The ‘internal conversation’ was a means for women to test their expectations of care, to make sense of care experiences and interactions, and to ultimately decide on the ‘course of action’ required to fulfill their expectations. We reveal how broader structural and cultural forces, within post-Doi Moi Vietnam, constrained or enabled women’s healthcare-related choices and decisions. Overall, women’s ‘internal conversations’ offered a ‘theoretical canvas’ to uncover the types of structured agency women exhibited.

**Conclusions** We highlight the need for future inquiries to situate people’s health system interactions and experiences within evolving social and institutional contexts.