

**Communication 583:
Interaction & Health – Oncology Interviews**

*Wayne A. Beach, Ph.D.
Professor, School of Communication
COM 201-- 594-4948--wbeach@mail.sdsu.edu
Office Hours by Appointment*

Course Description

This class focuses on communication in medical interviewing, particularly oncologist-patient interactions. Opportunities will be provided to work with diverse literature, and to analyze naturally occurring videorecorded interactions involving cancer patients, family members, and doctors.

Activities will involve:

- 1) Engaging in repeated and direct examinations of videorecorded and transcribed medical interviews, drawn from the UCSD Cancer Center and a large HMO located in the Southwest United States. We will work toward extending an already substantial empirical foundation for understanding specific interactional practices and communication patterns through which clinical encounters get organized.
- 2) Reviewing and integrating extant literature on provider-patient relationships, providing a familiarity with alternative theoretical/methodological approaches to (and concerns about) medical interviews.
- 3) Addressing the possible relevance and application of research findings for enhancing and refining communication between oncology/medical professionals and lay persons.

Background & Significance

Interactional materials are drawn from a growing collection of oncology interviews recorded at two UCSD Cancer Center sites: the Perlman Clinic/Thornton Hospital and Hillcrest Clinic. Additional materials are also available for analysis and contrast (e.g., Health Appraisal interviews in Kaiser Permanente's Department of Preventive Medicine), but will not be focused upon only minimally throughout this semester.

Increasing priority is being given to “patient-centered” cancer care, yet a fundamental understanding of patients as active collaborators during oncology interviews is in its infancy. Limited attention has been given to unique communication patterns between doctors and patients during what are often highly charged, yet routine interviews in oncology clinics. Little is known about: a) patient-initiated actions (PIA's) designed to express concerns, worries, and fears about cancer diagnosis and treatment; and b) doctor-responsive actions (DRA's) designed to attend and/or disattend patients' issues. We propose to extend prior research through systematic studies of patient-initiated and doctor-responsive actions within an oncology clinic, and (eventually) to implement a pilot intervention designed to improve oncologists' communication skills for addressing patients' concerns and fears.

Indeed, recent surveys suggest that more than 1/3 Americans consider cancer to be their most fearful health concern, and half of those people believe cancer is difficult or impossible to prevent. Limited attention has been given to how these fears get enacted during oncology interviews, and to unique communication patterns between doctors and patients within which such social activities are embedded.

Text:

Two xeroxed packages (readings and syllabus/transcriptions) available at Aztec Book Store (second floor); reserve readings on first floor of Love Library. (Readings may also emerge as class progresses, and will be placed on reserve on an ongoing basis.)

Grading & Evaluation:

Article Abstracts/Presentations	--10%
Midterm Examination	-- 40%
Final Examination	-- 40%
Participation	-- 10%

	100%

Presentations, Exams & Participation:

Students will select articles, generate abstracts/handouts, which will be summarized to the class.

Each exam involves a one-month take home exercise, focusing on close analysis of selected moments from the phone call corpus. Handouts for each exam will be provided, describing the data to be analyzed and procedures to be enacted. Class sessions will be devoted to data sessions directly related to the take home exercises, so you are strongly encouraged to come to class expecting that each day will aid you in your independent analyses and writing efforts.

Class participation is evaluated according to: Regular and prompt attendance; preparation (i.e., display of careful and critical examinations of readings, data); constructive, thoughtful, and detailed involvements in class discussions and activities; individual innovativeness and motivation.

Beginning with the third absence, final grades will be discounted 1/3 grade (e.g., B+→B).

Course Listings:

Beach/Communication 583:

Interaction & Health

(Preliminary Topics/Readings; All Seminars Involve Data Sessions)

I. Background: Historical/Contemporary Connections

George F. Engel (1977). The need for a new biomedical model: A challenge for biomedicine. Science 196: 129-136.

Debra L. Roter and Judith A. Hall (1992), Doctors Talking with Patients/Patients Talking with Doctors, Westport CT: Auburn House, Chapter 1: 'The Significance of Talk' and Chapter 2: 'Models of the Doctor-Patient Relationship'.

William T. Branch (2000). Is the therapeutic nature of the patient-physician relationship being undermined? Archives of Internal Medicine, 160, 2257-2260.

Frichard M. Frankel & Terry Stein (1999). Getting the most out of the medical encounter. The Permanente Journal, 3, 47-56.

II. What is “Empathy”? Consequences of ‘Connecting’(or not) with Patients

Suchman, A., Markakis, K., Beckman, H. B., & Frankel, R. (1997). A model of empathic communication in the medical interview. Journal of the American Medical Association, 277, 678-682. (Abstract only)

Wayne A. Beach & Christie N. Dixon (2001). Revealing moments: Formulating understandings of adverse experiences in a health appraisal interview. Social Science & Medicine, 52, 25-44.

Wayne A. Beach & Curtis LeBaron (2002). Body disclosures: Attending to personal problems and reported sexual abuse during a medical encounter. Journal of Communication 52, 617-639.

Jones, C.M. & Beach, W.A. (2006/in press). “I just wanna know why”: Solicitations of premature diagnostic information and their consequences. W. A. Beach (Ed.), Handbook of Patient-Provider Interactions: Raising and Responding to Concerns About Life and Illness. Hampton Press, Inc.

Richard M. Frankel (2001). Challenges and opportunities in delivering bad news. Managing Risk, 3, 1-5.

Douglas W. Maynard (1990). Bearing bad news. Medical Encounter, 7, 2-3.

Douglas W. Maynard (1997). How to tell patients bad news: The strategy of “forecasting”. Cleveland Clinical Journal of Medicine, 64, 181-182.

Wendy Levinson, Editorial (1994). Physician-patient communication: a key to malpractice prevention. Journal of the American Medical Association, Nov 23/30, 272:1619-1620.

III. Communication About Cancer*

Baile, W. F., Kudelka, A. P., Beale, B. A., Glober, G. A., Myers, E. G., Greisinger, A. J., Bast, R. C., Jr., Goldstein, M. G., Novack, D., Lenzi, R. (1999). Communication skills training in oncology. Description and preliminary outcomes of workshops on breaking bad news and managing patient reaction to illness. Cancer, 86, 887-897.

Fallowfield, L., Jenkins, V. (1999). Effective communication skills are the key to good cancer care. European Journal of Cancer, 35(11), 1592-1597.

Maguire, P. (1999). Improving communication with cancer patients. Eur J Cancer, 35, 1415-1422.

Karen Lutfey & Douglas W. Maynard (1998). Bad news in oncology: How physician and patient talk about death and dying without using those words. Social Psychology Quarterly, 4, 321-341.

Maynard, D. W., & Frankel, R. M. (in press). On the edge of rationality in the primary care encounter: Bad news, Good news, and uncertainty. In J. Heritage & D. W. Maynard (Eds.), *Practicing medicine: Talk and action in primary care encounters*. Cambridge: Cambridge University Press.

Wayne A. Beach, Jeffrey W. Good, Elisa Pigeron, & David W. Easter (2004). Disclosing and responding to “fears” about cancer during oncology interviews. (Submitted Paper)

*See additional ‘cancer’ references below (not in the packet)

IV. Selections from a Special Symposium on “Lay Diagnosis”

Special Issue of Text (2001, 21-1/2:13-268)

Wayne A. Beach, Guest Editor
San Diego State University

(Partial Contents)

Introduction

Diagnosing 'Lay Diagnosis'

Wayne A. Beach

*Patient Concerns*Clinical Care and Conversational Contingencies:
The Role of Patients' Self-Diagnosis

Richard M. Frankel

Missing Assessments: Lay and Professional
Orientations in Medical Interviews

Charlotte M. Jones

*Further Delicate Moments in Medical Interviews*Breaking the Sequential Mold: Answering "More than
the Question" During Comprehensive History TakingTanya Stivers
John HeritageLaughter as a Patient's Resource: Dealing With
Delicate Aspects of Medical Interaction

Markku Haakana

Commentaries

Lay Diagnosis in Interaction

Paul ten Have

Spotlight on the Patient

Paul Drew

V. Sampling of Additional Readings on Medical Interactions

Christian Heath (1989). Pain talk: The expression of suffering in the medical consultation.
Social Psychology Quarterly, 52, 113-125.

- Christian Heath (1992). The delivery and reception of diagnosis in the general-practice consultation. In Paul Drew & John Heritage (Eds.), Talk at work: Interaction in institutional settings (pp.235-267). Cambridge: Cambridge University Press.
- Douglas W. Maynard (1992). On clinicians co-implicating recipients' perspective in the delivery of diagnostic news. In Paul Drew and John Heritage (Eds.) Talk at Work: Interaction in Institutional Settings (pp. 331-358). Cambridge: Cambridge University Press.
- Anssi Peräkylä (2002). Agency and authority: Extended responses to diagnostic statements in primary care encounters. Research on Language and Social Interaction., 35, 219-247.
- Virginia Gill (1998). Doing attributions in medical interaction: Patients' explanations for illness and doctors' responses. Social Psychology Quarterly 61(4):342-360

Additional References on: Communication and Cancer Care

- Baile, W. F., Lenzi, R., Kudelka, A. P., Maguire, P., Novack, D., Goldstein, M., Myers, E. G., & Bast Jr., R. C. (1997). Improving physician-patient communication in cancer care: Outcome of a Workshop for oncologists. Journal of Cancer Education, 12, 166-173.
- Fallowfield, L., Jenkins, V., Farewell, V., Saul, J., Duffy, A., & Eves, R. (2002). Efficacy of a cancer research UK communication skills training model for oncologists: A randomized controlled trial. Lancet, 359(9307), 650-657.
- Fallowfield, L., Lipkin, M., Hall, A. (1998). Teaching senior oncologists communication skills: Results from phase I of a comprehensive longitudinal program in the United Kingdom. Journal of Clinical Oncology, 16(5), 1961-1968.
- Ford, S., Fallowfield, L., Lewis, S. (1996). Doctor-patient interactions in oncology. Social Science and Medicine, 42(11), 1511-1519.
- Ford, S., Hall, A., Ratcliff, D., Fallowfield, L. (2000). The Medical Interaction Process System (MIPS): An instrument for analyzing interviews of oncologists and patients with cancer. Social Science & Medicine, 50(4), 553-566.
- Maguire, P. (1990). Can communication skills be taught? Br J Hosp Med, 43(3), 216-216.
- Maguire, P., Booth, K., Elliott, C., Jones, B. (1996). Helping health professionals involved in cancer care acquire key interviewing skills—the impact of workshops. European Journal of Cancer, 32A(9), 1486-1489.
- Maguire, P., Faulkner, A. (1988). Communicate with cancer patients: 1. Handling bad news and difficult questions. British Medical Journal, 297(6653), 907-909.
- Maguire, P., Faulkner, A. (1988). Communicate with cancer patients: 2. Handling uncertainty, collusion, and denial. British Medical Journal, 297(6654), 972-974.
- Maguire, P., Faulkner, A. (1988). Improve the counselling skills of doctors and nurses in cancer care. BMJ, 297(6652), 847-849.
- Maguire, P., Faulkner, A., Booth, K., Elliott, C., Hillier, V. (1996). Helping cancer patients disclose their concerns. European Journal of Cancer, 32A(1), 78-81.
- Maguire, P., Faulkner, A., Regnard, C. (1993). Eliciting the current problems of the patient with cancer—a flow diagram. Palliative Medicine, 7(2), 151-156.

A Sampling of Additional/Background Readings

- Barbour, Allen (1995). Caring for Patients. Stanford University Press.
- Beach, W.A. (1995). Preserving and constraining options: “Okays” and ‘official’ priorities in medical interviews. In G.H. Morris & R. Cheneil (Eds.), The Talk of the Clinic: Explorations in the Analysis of Medical and Therapeutic Discourse (pp.259-289). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Howard B. Beckman & Richard M. Frankel (1984). The effect of physician behavior on the collection of data. Annals of Internal Medicine, 101, 692-696.
- Bergmann, J.R. (1992). Veiled morality: Notes on discretion in psychiatry. In Paul Drew & John Heritage (Eds.), Talk at work: Interaction in institutional settings (pp.137-162). Cambridge: Cambridge University Press.
- “Let me See if I Have this Right...”: Words that Help Build Empathy” (2001). John L Coulehan et al., Annals of Internal Medicine, 135, 221-227.
- Patrick Byrne and Barrie Long (1976). Doctors Talking to Patients: A Study of the Verbal Behaviours Of Doctors in the Consultation. London:H.M.S.O.
- Eric J. Cassell (1976). Volume I: Talking with Patients – The Theory of Doctor-Patient Communication; Volume II: Clinical Technique. Cambridge: MIT Press.
- Ronald J. Cheneil & G.H. Morris (1995). Introduction: The talk of the clinic. In G.H. Morris & Ronald J. Cheneil (Eds.), The Talk of the Clinic: Explorations in the Analysis of Medical And Therapeutic Discourse (pp.1-15). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Vincent J. Felitti (1997). Caring for patients (review). The Permanente Journal, 1, 19-20.
- Christian Heath (1988). Embarrassment and interactional organization. In Paul Drew and Tony Wootton (Eds.) Erving Goffman: An Interdisciplinary Appreciation (pp.136-160). Cambridge: Polity Press.
- Christian Heath (2002). Demonstrative suffering: The gestural (re)embodiment of symptoms. Journal of Communication, 52, 597-616.
- Paul Drew and John Heritage (1992) (Eds.) Talk at Work. New York: Cambridge University Press.
- Paul Drew and John Heritage (1992). Analyzing talk at work: An introduction. In Paul Drew & John Heritage (Eds.), Talk at Work: Interaction in Institutional Settings (pp.3-65). Cambridge: Cambridge University Press.
- Halkowski, T. (in press). Realizing the illness: Patients’ reports of symptom discovery in primary care visits. In J. Heritage & D. Maynard (Eds.). Practicing medicine: Talk and action in primary care consultations. Cambridge: Cambridge University Press.
- Heritage, J., Stivers, T. (1999). Online commentary in acute medical visits: A method of shaping patient expectations. Social Science & Medicine, 49, 1501-1517.
- Richard M. Frankel (1995). Some answers about questions in clinical interviews. In G.H. Morris & R. Cheneil (Eds.). The talk of the clinic: Explorations in the analysis of medical and therapeutic discourse (pp.233-258). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Judith Hall et al. (1994). Gender in medical encounters: An analysis of physician and patient communication in a primary care setting. Health Psychology, 13(5):384-392.
- Christian Heath (1986). Body Movement and Speech in Medical Interaction. Cambridge: Cambridge University Press.

John Heritage & Sue Sefi (1992). Dilemmas of advice: Aspects of the delivery and reception of advice in interactions between health visitors and first-time mothers.

In Paul

Drew & John Heritage (Eds.), Talk at Work: Interaction in Institutional Settings (pp.359-417). Cambridge: Cambridge University Press.

Ivan Illich (1976). Medical nemesis: The expropriation of health. New York: Pantheon Books.

Jones, C.M. & Beach, W.A. (1995). Therapists' techniques for responding to unsolicited contributions by family members. In G.H. Morris & R. Cheneil (Eds.). The Talk of the Clinic: Explorations in the Analysis of Medical and Therapeutic Discourse (pp.49-70). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Barbara Korsch, Samuel Putnam, Richard Frankel and Debra Roter (1995). An overview of research on medical interviewing. in Mack Lipkin, Samuel Putnam and Aaron Lazare (Eds.), The Medical Interview: Clinical Care, Education and Research (pp.475-481). New York: Springer-Verlag.

Wendy Levinson et al. (1997). Physician-patient communication: The relationship with malpractice claims among primary care physicians and surgeons. Journal of the American Medical Association, 277, 553-559.

Mack Lipkin, Samuel Putnam and Aaron Lazare (Eds.), The Medical Interview: Clinical Care, Education and Research, New York: Springer-Verlag.

Elliott Mishler (1984). The Discourse of Medicine: Dialectics of Medical Interviews. Norwood, NJ: Ablex.

G.H. Morris & Ron Cheneil (Eds.). (1995). The talk of the clinic: Explorations in the analysis of medical and therapeutic discourse. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Anssi Peräkylä (1993). Invoking a hostile world: Discussing the patient's future in AIDS counseling. Text, 13:291-316.

Anssi Peräkylä (1995). AIDS counseling: Institutional interaction and clinical practice. Cambridge: Cambridge University Press.

Anssi Peräkylä (1995). Addressing 'dreaded issues'. Ch.6 in AIDS Counseling: Institutional Interaction and Clinical Practice (pp.232-286). Cambridge University Press, Cambridge.

Anssi Peräkylä (1998). Authority and accountability: The delivery of diagnosis in primary health care. Social Psychology Quarterly, 6, 301-320.

Anita M. Pomerantz, J. Emde, F. Erickson, F. (1995). Precepting conversations in a general medicine clinic. In G.H. Morris & R. Cheneil (Eds.). The talk of the clinic: Explorations in the analysis of medical and therapeutic discourse (pp.151-169) Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Roberts, F. (2000). The interactional construction of asymmetry: The medical agenda as a resource for delaying response to patient questions. The Sociological Quarterly, 41, 151-170.

Debra L. Roter and Judith A. Hall (1992). Doctors Talking with Patients/Patients Talking with Doctors, Westport CT: Auburn House.

Tanya Stivers, (1997). On-line commentary in veterinarian-client interaction. Research on Language and Social Interaction 31(2): 109-131