

**Communication721:
Interaction & Health – Oncology Interviews**

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Office Hours by Appointment*

Course Description

This seminar focuses on communication in medical interviewing, particularly oncologist-patient interactions. Seminars will provide opportunities to work with diverse literature, analyze naturally occurring interactions, and dialogue with representatives from the UCSD Cancer Center/School of Medicine.

Seminar activities will involve:

- 1) Engaging in repeated and direct examinations of videorecorded and transcribed medical interviews, 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 directly throughout this seminar.

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.

Readings

Required:

Wayne A. Beach (Ed.), (2001/in press). "Lay Diagnosis", Special Issue of Text.

Xeroxed package also available at Aztec Book Store (second floor); reserve readings on first floor of Love Library. (Additional readings are also available for check out in my office.)

Activities, Grading, & Evaluation:

Class activities will involve lectures and discussions on extant literature, repeatedly and informally grounded through unmotivated repeated listenings to, and analyses of, recordings and transcriptions. The overriding focus of the class will be to begin to discover the kinds of interactional patterns providers and patients co-produce throughout medical interviews. s, and to Emphasis will be given to making and analyzing "collections" of interactional phenomena and seeking to substantiate their patterned nature.

10%	Seminar Participation
20%	Data Analysis Exercise #1
20%	Data Analysis Exercise #2
10%	Choice (with presentation & handouts): book review/field research report/symposium summary.
40%	Final Research Project

100%	

(10%) Seminar Participation

It is expected that seminar participation will involve: regular and prompt attendance; preparation (e.g., fulfillment of assignments, displays of careful and critical examination of readings/data); constructive, thoughtful, and detailed involvements in seminar discussions and activities; individual innovativeness and motivation, including seminar presentations and integration of diverse literature.

The ongoing refinement of analytic and observational skills regarding recorded and transcribed interactional materials is a primary goal for this seminar. Frequent data sessions will provide the foundation for diverse and interesting discussions regarding data, method, theory, and in general the central relevance of interaction studies to the social and medical sciences.

(20% x 2) Data Analysis Exercises & "Choice"

Handouts will be provided at a later date for these exercises and activities.

(40%) Final Research Project

Seminar projects will analyze selected excerpts of videorecordings/transcriptions from the Cancer Center materials. The overriding goal is to produce a "finding" or "set of findings", focusing on how patients and clinicians talk through medical problems, that is both inherently interesting and defensible. You may consider pursuing your research with me as I submit and present conference papers, as well as potential publications. Research may focus on a detailed case study of a single interactional phenomenon/set of moments, and/or small-larger collections of social actions.

It is expected that all final papers will carefully integrate seminar and additional readings (tailored to the phenomena studied), systematically collect and analyze the patterned nature of naturally occurring interactional phenomena, and report well-articulated findings, conclusions, and implications of your work (including a reflexive examination of the strengths and weaknesses of your preliminary efforts).

Work to generate detailed and coherent arguments of materials examined, and make sure final paper is appropriately formatted and presented. Considerable discussion will occur regarding each research project as it emerges, both in and out of seminar.

Seminar Listings:

**Beach/Communication 721:
Interaction & Health – Oncology Interviews**

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

I. Background: Historical Sketch

Barbara M. Korsch & Vida F. Negrete (1972). Doctor-patient communication. Scientific American, 227, 66-74.

Irving K. Zola (1973). Pathways to the doctor – from patient to person. Social Science & Medicine, 7, 677-689.

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

Arthur Kleinman, Leon Eisenberg, & Byron Good (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. Journal of Internal Medicine, 88, 251-258.

Vincent J. Felitti (1997). Caring for patients. The Permanente Journal, 1, 19-20.

II. Alternative Models & Approaches

Candace West (1984). Troubles with talk between doctors and patients (Ch.1), & The study of doctor-patient communication (Ch.2). Routine Complications: Troubles with Talk Between Doctors and Patients. (pp.1-34). Bloomington: Indiana University Press.

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'.

Debra Roter & Richard Frankel (1992). Quantitative and qualitative approaches to the evaluation of the medical dialogue. Social Science & Medicine, 34, 1097-1103.

III. 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 Taking

Tanya Stivers
John Heritage

Laughter 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

III. Symposium: Communication and Cancer Care (Full listing not in reading packet.)

- 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.
- 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. (1999). Effective communication skills are the key to good cancer care. European Journal of Cancer, 35(11), 1592-1597.
- 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. (1999). Improving communication with cancer patients. Eur J Cancer, 35, 1415-1422.
- 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.

V. Questions, Answers, & Diagnostic Deliveries

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

VI. Examples of Relevant Interactional Studies & Empirical Findings

Wayne A. Beach & Christie N. Dixson (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.

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

Christian Heath (2002). Demonstrative suffering: The gestural (re)embodiment of symptoms. Journal of Communication, 52, 597-616.

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

Heritage, J., Stivers, T. (1999). Online commentary in acute medical visits: A method of shaping patient expectations. Social Science & Medicine, 49, 1501-1517.

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.

Virginia Gill (1998). Doing attributions in medical interaction: Patients' explanations for illness

and doctors' responses. Social Psychology Quarterly 61(4):342-360

VIII. Dialogue with Physicians about Communication in Clinical Encounters

David W. Easter, M.D., Clinical Director of Oncology Programs, Associate Director of the Cancer Center, School of Medicine, University of California, San Diego.

A Sampling of Additional/Background Readings

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.

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.

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.

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

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

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

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 (1995). AIDS counseling: Institutional interaction and clinical practice. Cambridge: Cambridge University Press.
- Debra L. Roter and Judith A. Hall (1992). Doctors Talking with Patients/Patients Talking with Doctors, Westport CT: Auburn House.

Miscellaneous Articles

- Steven E. Clayman & Douglas W. Maynard (1994). Ethnomethodology and conversation analysis. In Paul ten Have and George Psathas (Eds.), Situated Order (pp.1-30). Washington, D.C.: University Press of America.
- 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.
- 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.
- 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.
- 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.
- Anssi Peräkylä (1993). Invoking a hostile world: Discussing the patient's future in AIDS counseling. Text, 13:291-316.
- 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.
- Tanya Stivers, (1997). On-line commentary in veterinarian-client interaction. Research on Language and Social Interaction 31(2): 109-131