

The nature of expert communication as
required for the General Practice of medicine-
A discourse analytical study

Volume 1

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ABSTRACT

This study examines the nature of expert communication as it is required by the Royal Australian College of General Practitioners (RACGP) for the General Practice of Medicine, and as it is illuminated by fine grained analysis of the discourse of video-recorded consultations submitted to the RACGP by experienced practitioners seeking College Fellowship.

Analysis focuses on a narrow selection of whole consultations representing three types of clinical scenarios that are considered by practitioners themselves to be particularly communicatively challenging and, as a consequence, revelatory of communicative expertise. These challenging sites include consultations where the patient's expressed reason for presentation masks hidden emotional or psycho-social concerns, those involving disparate doctor-patient agendas, and triadic consultations involving reticent adolescent patients, accompanied by a third party.

In all instances, analysis is carried out in light of RACGP examiners' global ratings and evaluative comments on the candidate-doctor's performance with particular reference to the parameter 'communication and rapport'. The objective is to uncover discursive evidence for these judgements, as well as to offer grounded explanation of how broad categories of communicative expertise, as perceived by examiners, are actually achieved in interaction.

The discourse analytical study at the heart of the thesis is embedded within an ethnographic project that has informed the analytical process, providing directions along which to look that align with professional concerns. 'Focal themes'(Roberts & Sarangi, 2005) which are salient in the discourses on communication that circulate in the profession, specifically empathy, rapport, and finding common ground, are a prime focus for the analysis. Discourse analytical findings offer evidence for how these themes are interactionally, collaboratively, and cumulatively accomplished, and how they interplay in purposeful ways in the specific, challenging encounters under study to shape the trajectory of the consultation.

Ethnographic data from observations of training and from interviews with a range of selected participants has also highlighted those 'professional stocks of interactional knowledge'(Peräkylä & Vehviläinen, 2003) concerning patient-doctor interaction that are

to be found in text books, training manuals, and curriculum documents, and that are invoked in clinical teaching and examiner training. Findings include descriptions of how such abstract normative models, communication guidelines, mnemonics and associated exemplar phrases play out in situ, how they are transformed and expanded upon in practice, and how their salience and substance is challenged in co-constructed, situated interaction.

In this study, clinical communication emerges as complex, co-constructed, multi-modal interaction. The communicative expertise of doctors is displayed through the discursive choices that they make in specific, local interactional contexts, in response to the moment and in pursuit of relational and clinical goals. It is displayed not only by way of language but by actions accomplished through other semiotic means including, gaze, gesture, posture, shifting body orientation and ways with tools.

The study concludes by suggesting that discourse analysis, by making visible and available for discussion the actions that General Practitioners actually perform in specific, challenging situations offers a resource for reflection that is of practical relevance and value for medical educators, examiners and practitioners. A model for incorporating discourse analysis into the clinical communication curriculum is outlined. A place for discourse analysis in examiner training is suggested.

STATEMENT OF CANDIDATE

I declare that this thesis has not previously been submitted for a higher degree to any institution or university other than Macquarie University.

The thesis is my own unaided work. All sources of information and all literature used in the preparation of the thesis have been indicated in the body of the thesis. All assistance provided in both the research phase and the development of the thesis has been appropriately acknowledged.

The research presented in this thesis was approved by the Macquarie University Ethics Review Committee. Protocol number: HE24MAR 2006 –DO4585.

A handwritten signature in black ink, reading "Catherine O'Grady". The script is cursive and fluid, with the first name "Catherine" written in a slightly larger, more prominent hand than the surname "O'Grady".

Catherine O'Grady

25 March 2011

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TRANSCRIPTION SYMBOLS

[A square bracket indicates the point at which a current speaker's utterance is overlapped by the talk of another.
(1.0)	Numbers in parentheses indicate silence between turns at talk. The number indicates the length of the silence e.g. (1.0) indicates a silence of a second.
=	Where the turns of two different speakers are connected by two equal signs, this indicates that the second followed the first with no discernable silence between them, or was 'latched' to it.
(.)	A dot in parenthesis indicates a micro-pause that is hearable but not measurable
(words)	Words within parenthesis indicate the transcriber's best guess at partially audible material
::	Colons indicate the stretching or prolonging of the sound that immediately precedes them.
<u>word</u>	Underlining indicates stress or emphasis either through increased loudness or higher pitch.
WORD	Upper case indicates especially loud talk.
↓	An arrow indicates a strong fall or rise in pitch in accordance with the direction of the arrow
°	Degree signs indicate that the talk enclosed by the signs is markedly quiet or soft.
<u>Yes</u> :	If the letters preceding a colon are underlined, this indicates that there is a falling intonation contour; you can hear the pitch turn downwards.
Yes : <u></u>	If the colon itself is underlined, this indicates a rising intonation contour; you can hear the pitch turn upward.
hhh	Hearable aspiration is shown where it occurs in the talk by the letter 'h', the more "h"s the more aspiration is heard
(hh)	Aspiration representing breathing or laughter may occur within a word. It may be enclosed in parenthesis to set it apart from the letters of the word
\$	\$ represents a voice quality that betrays that the speaker is smiling while speaking
#	A creaky voice quality that betrays that the speaker is close to tears
(())	Double parenthesis are used to mark descriptions of events e.g. ((telephone rings))
> < < >	The combination of 'more than' and 'less than' symbols indicates that the talk within them is compressed or rushed, or, used in the reverse, markedly drawn out.