

The University of Pittsburgh ~ Department of
Linguistics

Colloquium Series *Presents:*

“Sequential Organization of Adult Medical Closings
under the CA Microscope”

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Background and Aims—This study is grounded by my belief that medical interviews do not just end or get broken off at random, but are terminated according to the particular dynamics of each individual encounter. Ideally, medical interviews should be ended when patients’ concerns have been completely addressed, or have exhausted the resources available at one visit. In this paper, I examine the sequential organization of adult medical closings to determine how doctors bring adult medical encounters to a close, and how patients’ additional concerns in the terminal phases of the medical interview are attended to. **Methods**—Patients were recruited from the clinic population of a local primary care center. Utilizing rooms already equipped with audiovisual recording materials, encounters between patients and their physicians were videotaped and then transcribed. The transcribed interviews supplied the raw data for the study and allowed primary data analysis to be performed. Discourse-based studies such as Conversation Analysis provided much of the foundation for the analysis. **Results**—The speaking slots made available for patients to express concerns are usually enabled in an environment where “proceeding to close” is the most relevant trajectory. Patients’ options for continuing talk about their concerns are constrained by the sequential organization of the medical interview. If and when patients seek to continue to express new concerns, they must do so in competition with the closing. The rules for turn taking (Sacks et al., 1974) demand that, after patients accept or rebuff physicians’ proposals, physicians (and not patients) have the right to speak next. **Summary**—The sequences that doctors maneuver to close medical interviews may have cognitive and pragmatic effects in interaction that are disadvantageous to the patient. They thus warrant further investigation to optimize patient physician communication. This project on the closings opens the exciting possibility of creating a practical resource for training physicians, residents, and medical students to conduct better medical interviews.

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Room G8 ~ Cathedral of Learning