Learning to ‘Talk the Talk’: The Novice Case Presentation as a Socializing Discourse

Lorelei Lingard, PhD
University of Toronto
Situated Learning

- Learning is not an individual phenomenon
- Particularly evident in apprenticeship settings
  - where we learn as members of groups in specific social situations (Diaz et al. ‘00)
  - we engage in authentic activities in a graduated, supervised manner - *legitimate peripheral participation* (Lave & Wenger ’91)
  - knowledge is distributed across agents and used collectively - *social cognition* (Lave ’91; Bleakley ‘05)
Learning Language

• Part of situated learning is the acquisition of sanctioned language patterns
• Learning to ‘talk the talk’ is about more than acquiring medical vocabulary and jargon
• It involves acquiring language patterns – *ways of speaking* -- that advertise membership in the community
Presentation Objectives

• To introduce a rhetorical perspective on how novices acquire language patterns
• To share highlights from a research program investigating novice case presentation skills
• To discuss ways in which this research can inform our use of case presentation as a situated learning activity
A rhetorical approach

• Rhetoric is the study of how social groups use language to persuade, to get things done

• In rhetoric, recurrent language patterns (e.g., referral letter, history interview) – are ‘genres’

• A ‘genre’ is more than mere *structure*: it is also *context, purpose, and audience*
  
  – E.g., history *interview*: has standard structure, is appropriate in certain contexts, is tailored to the audience, and serves a social purpose
Theoretical concepts

• Genres enable *social action*
  – they serve as a key to understanding how to participate in the actions of a community (Miller ’94; Russell ‘97)

• Genres are *value-laden*
  – they ”reflect and reproduce the ideology” of their contexts of use (Bazerman ’88; Schryer ’00; Lingard 2003)
These theoretical premises frame the kinds of questions a rhetorician asks:

- **What is the genre doing?**
  - How does it shape our attitudes and our actions?

- **What does the genre value?**
  - How does its direct our attention to some things, and deflect it from others?
The Genre of Case Presentation (CP)

- CP is a structured ‘story’ that is
  - created from the patient’s reported experience and clinical investigations
  - told among healthcare providers

- CP genre has many variants depending on context and purpose: e.g., abbreviated CP used to ‘call for a consult’

- Explicit training in CP is rare – trial and error!
Researchers in med sociology and humanities have explored how CPs facilitate:

- the collaborative conduct of medical work (Atkinson ‘95; Hunter ‘91; Anspach ’88; Spafford ‘04)
- the teaching and assessment of clinical competence (Bordage ’94; Atkinson ’93, ‘99)
- the reproduction of professional values (Arluke ’88; Donnelly ’97; Burack ’99; Kennedy ’04; Spafford ‘05)
Our research program asks…

• How do novices learn the CP genre?
• How does learning to ‘story’ the patient’s case according to the CP genre shape novices’ developing professional identity?
• What values are taught in this process? Are they the values we intend to teach?
Multi-disciplinary research program

• Constructivist grounded theory approach
  – To build an explanatory theory of the ways in which the acquisition of CP genre socializes novices
  – A series of projects in diverse health disciplines to improve richness and test transferrability of theory

• Projects conducted in:
  – Internal med clerkship - Paediatric med clerkship
  – Optometry teaching clinic - Social work practicum
Methods

Naturalistic study methods combining two main data collection approaches in an iterative fashion

1. observe & describe genre in its natural setting
   • Fieldwork using participant observation, note-taking and/or audio-recording, key informant discussions

2. ask participants about their experiences and perceptions of the genre
   • Group & individual interviews
For instance...

<table>
<thead>
<tr>
<th>Study</th>
<th>Research Site</th>
<th>Research Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study A</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; year clerkship</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; year clerks (12)</td>
</tr>
<tr>
<td></td>
<td>in internal medicine</td>
<td>Resident teachers (9)</td>
</tr>
<tr>
<td></td>
<td>(US hospital)</td>
<td>Faculty teachers (8)</td>
</tr>
<tr>
<td>Study B</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; year clerkship</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; year clerks (11)</td>
</tr>
<tr>
<td></td>
<td>in paediatric medicine</td>
<td>Faculty teachers (10)</td>
</tr>
<tr>
<td></td>
<td>(Canadian hospital)</td>
<td></td>
</tr>
</tbody>
</table>
For instance...

<table>
<thead>
<tr>
<th>Study</th>
<th>Observations</th>
<th>Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>160 hours</td>
<td>8 students</td>
</tr>
<tr>
<td></td>
<td>5 weeks</td>
<td>10 teachers</td>
</tr>
<tr>
<td></td>
<td>2 clerkships</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>110 hours</td>
<td>11 students</td>
</tr>
<tr>
<td></td>
<td>12 weeks</td>
<td>10 faculty</td>
</tr>
<tr>
<td></td>
<td>4 clerkships</td>
<td></td>
</tr>
</tbody>
</table>
A note on methodological rigor

• “Hawthorne effect” in observational research:
  – prolonged engagement
  – observer comportment
  – recording mechanisms
  – insider checking

• Balanced with rapport building
A note on methodological rigor

• Interview techniques to prompt reflection on language patterns
  – Discourse-based interview (Odell et al. ’85) — a form of ‘think aloud’ interview
  – Use of representative genre performances as a basis for discussion
  – Inquiry regarding the meaning of recurrent feedback phrases
Data Analysis

• Transcripts read for thematic trends by researchers from relevant perspectives
• Iterative, constant comparison with audit trail for trustworthiness (Strauss & Corbin 1998)
• Insider-checking to confirm authenticity
3 key findings from across the research program
3 Key Findings

- Tensions between school and work purposes
- Learning the value of ‘uncertainty’
- Problems with implicit learning of ‘relevance’
Tensions in the genre

One genre: 2 purposes

- The CP is an apprenticeship genre
- In this capacity, it simultaneously serves 2 purposes
  - ‘School’ purpose - performance and assessment of clerk’s competence
  - ‘Work’ purpose – sharing information and developing a diagnostic and care plan
- Our paediatric study revealed key tensions between these 2 purposes in novice CP
Case presentation as ‘school’ talk

• We asked students, “what does the CP do?”

• They emphasized its school purpose: performance and assessment

• The dominant social action in their descriptions was the presentation of the student as case
“the presentation is a display of the student doctor” (S6)

It lets you “show off...and get a good mark” (S1)
The good ‘school’ case presentation

• Students’ focused on the ‘school’ functions of genre

• Thus, the social action of ‘self-presentation’ influenced their perception of the ‘good’ CP
“it’s one that doesn’t get interrupted” (S4)

“you get through to the end with no questions” (S2)

“it’s good if you always look in control” (S1)
Case presentation as ‘work’ talk

• We asked faculty, “what does the CP do?"

• They stressed ‘work’ functions of CP

• They described the social actions of knowledge-sharing and decision-making
  ...

“the presentation gets us all on the same page” (F1)

“it’s how we negotiate what’s going to be done” (F4)

“the clerk needs to identify what’s important for today” (F11)
Feedback on ‘Work’ Talk

• Faculty often interrupted CP with advice about how to share knowledge appropriately

“-- Is that mom’s word, or yours? Make sure we know when you’re reporting what she said.” (Obs. 3)
Feedback on ‘Work’ Talk

• Faculty feedback also modeled strategies for talking through clinical decisions during the CP

“Okay, wait, let’s think this through. What will we want to test for first? We need to order the differential so it makes sense.”

(Obs. 5)
Discussion

• Students focus on the purpose of performance, so they use the genre as a presentation of the student

• Faculty focus on purpose of shared decision-making, so they expect the genre to enact knowledge-sharing & problem-solving
Discussion

• Students are performing one kind of CP, but getting feedback on another

• If these different purposes are not explicit, this can create conflict, misinterpretation, and unsatisfied expectations (Dias et al. ‘00)
Purposes in conflict: The value of uncertainty

Uncertainty in ‘work’ talk

• We observed teachers recurrently discussing ‘uncertainty’ in their feedback during student CP
Uncertainty in ‘work’ talk

• Teachers addressed sources of uncertainty in knowledge

“Yeah, but who did that [physical] exam? Yeah, Emerg, so you need to tell us that when you report their findings.” (Obs. 3)
Uncertainty in ‘work’ talk

• Teachers modeled how to respond to uncertainty in decisions

“Sometimes there’s no good evidence to guide you. What then? You consult, you judge, you act, you hope.” (Obs. 14)
Uncertainty in ‘School’ Talk

• Students approached uncertainty differently, as something to “avoid” or “disguise”:

  “Never get yourself into saying ‘I don’t know’. Unless, of course, it’s enormously medically relevant.” (S9)
Uncertainty in ‘School’ Talk

• Students seemed not to have heard faculty feedback about handling uncertainty

“you must look & sound sure, even if you’re not” (S2)
Why do students feel this way?

• Medical school culture: constraint on showing ignorance (Fox 1959; Stein 1992; Atkinson 1996)

• Medical work culture: values knowledge, decisiveness, action, solution (Gordon & Lock ’88)

• Intersection of cultures creates a double bind for students:

  “you can never know it all, but you have to know it all” (S3)
Implications

• If novices perceive that:
  – showing ignorance is counterproductive
  – medical culture values certainty & decisiveness
  – ‘sounding like you know’ is effective

• then what are the implications for:
  – Values: omniscience = competence?
  – Quality/Safety: what information gets left out?
Practical Implications

Teachers need to help students identify and bridge the two purposes of the CP genre:

– Be explicit about ‘school’ and ‘work’ purposes
  • when is one primary in the team’s talk?

– Point out sites of troubling contradiction
  • what does uncertainty mean when you’re trying to present your own competence?
  • what does uncertainty mean when decision-making depends upon our shared knowledge?
Problems with implicit learning: the principle of “relevance”

Relevance

• You can’t include everything in the CP
• The essence of good case presentation is deciding what to say – and what not to say
• Novices struggle with sorting and prioritizing for relevance – they’re looking for solutions to this pervasive challenge
Teaching relevance

• While studying CPs on internal medicine rounds, we witnessed abundant feedback about relevance:

  “only tell me what’s relevant”
  “just the pertinent positives”
  “only tell me what I want to know”
Teaching relevance

• Students and faculty agreed this was both critically important and exceedingly difficult

“they have to select from masses of material... picking the right stuff is the key, but most don’t know what to pick” (F3)
Implicit learning

• BUT, relevance was rarely explicitly defined by the teacher or discussed in relation to the genre’s purpose, context & audience—relevant to what? for whom?

• Lack of explicit and contextually-based feedback led to misinterpretations and, potentially, unintended value acquisition
Vignette

Judy’s presentation includes a comprehensive social history for a patient admitted to ICU for resuscitation following head trauma and alcohol withdrawal. The resident interrupts: “just give me the social context stuff when it’s warranted, when it’s related to the presenting illness.”
Vignette

Judy comments to the observer later, “some people just don’t have an interest in people’s social lives or what job they have. I don’t know if it’s because they don’t have the time or if it’s because they’re not interested...so I think there’s just that line between how medical you make things and how much of people’s lives you bring into it all.”
Vignette

A few days later, Judy presents the case again, when the patient is nearing discharge. She looks surprised when the resident asks her questions about the patient’s social situation, support system, and availability of programs for abused men. She is unprepared to respond. As the team moves down the hall to the next patient’s room, she says to another clerk, “God, I wish he’d make up his mind.”
Determining relevance

• Relevance is determined with reference to the CP context and purpose
• For the resident, the request for less social history in the first CP reflects the acute care context and purpose -- ongoing resuscitation
• For the student, the feedback suggests a cultural value about what kind of patient information ‘counts’
Problems with implicit learning

• Without explicit articulation, the student missed the role of context in determining when social history is relevant
• And inappropriately generalized that feedback to other settings – creating a generic ‘rule’ that social data is not medically relevant
• Neither error is visible to the resident!
Practical Implications

• Emphasize the contextual basis for presentations by communicating how context determines ‘relevant’ content

• Avoid cryptic feedback messages that imply generic rules rather than reflections of place and time -- make explicit the tacit reasoning behind such feedback
In Summary
Conclusions

• Language is an abundant part of the ‘hidden curriculum’ in situated learning!

• In acquiring CP skill, students learn not only how to package patient information, but also how to
  – Enact student and professional purposes through the patient story (performance of self; decision-making)
  – Assign value/relevance to elements of the patient’s story
  – Approach core attitudinal issues such as ‘uncertainty’
Conclusions

• A rhetorical approach to the CP as a genre provides a conceptual framework that can reveal
  – How context and purpose shape the CP
  – The tensions between school and work purposes in apprenticeship genres
  – The role that generic structures can play in communicating professional values

• Understanding and explicitly addressing such issues in our teaching may assist our excavation and management of the hidden curriculum
Acknowledgements

Research Collaborators:
• R. Haber, C. Schryer, M. Mian, M. Spafford, S. Whyte

Funding agencies:
• Canadian Institutes of Health Research
• Social Sciences and Humanities Research Council of Canada
• BMO Financial Group Research Chair in Health Professions Education Research