Communications Analysis of the Concord Collaborative Care Model

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Conversation Analysis

- Conversation Analysis (CA) is the method and approach used to produce our analysis.
  - CA is a form of investigation in which analysts perform close inspections of recordings (audio and video) of social interaction and, with the help of transcriptions, describe in detail the mechanisms and procedures that participants use to do sense-making and achieve interactional outcomes.
  - It is assumed that analysts are not privileged over participants with respect to the sense-making procedures deployed in the interaction.

Conversation Analysis

- It is assumed that
  - social interaction is sequential, i.e. that it emerges through time and that people take turns when they talk,
  - that sense making is emergent as social interaction, and
  - that sense-making procedures are shared by participants.

- In other words, sense-making is public, demonstrable, assessable, instructable, repeatable, prospective and retrospective.

The Question

- The PoCC team is a collectivity oriented to the care of a particular patient.
  - It emerges from the engagement of the health care team with, and through the participation of, the patient and his/her family in collaborative rounds.
- The question we are considering here is:

What particular interactional procedures are used by actors (care givers, patient, patient family) in collaborative care rounds to constitute themselves as a PoCC team?

Comparing Collaborative Rounds

- In the next set of slides, we will examine two PoCC rounds, one from the CIMIT simulation facility and another round as it was done in an actual family round in a Cardiac Intensive Care Unit.

- In these examples, we will look at how the patient and his wife are invited to participate in the PoCC round.

Simulation Rounds

- The beginning of the PoCC round from the CIMIT simulation was actually a complicated set of moves initiated by both the attending surgeon and the social worker who facilitated the round.

- The round began informally when the surgeon introduced himself:

A: °I'm Dr. A you're lookin' good all s( )°

Simulation Rounds

This was followed by round initiating utterances produced by the social worker:

4. E: ⌊This some of our- our t- our team and this
5. is the rounds that ⌈we had talked to you about
6. P: ⌊((coughing))
7. E: a::ndu::hm (0.2) we're here this morning to just
8. u:hm (.) be available to you↑'n (.) kinda catch
9. up o:n what's happening with you↑'n (.) so u:hm
10. we're gonna start withu::h (0.2) Dr. A givin'
11. u::h you an idea of how the night went and how
12. the surgery went

Simulation Rounds

- The remarks of the social worker were addressed to the patient and his wife as a collectivity based on eye gaze and the fact that the social worker referred to them using the collective plural pronoun “you”.

- She also indicated that the care team arrayed in front of the patient and his wife were a collectivity by using the collective plural proterm “we” in:

a::ndu::hm (0.2) we’re here this morning to just u:hm (.) be available to you↑’n (.) kinda catch up o:n what’s happening with you↑’n (.) so u:hm

Simulation Rounds

- Once the attending surgeon offered his report on the patient and his assessment of the patient's condition, it was the attending who solicited the concerns of the patient and/or his wife.

- This is shown at line 60 in the next slide:

Simulation Rounds

54. everything seems to have gone very well so as far
55. as I'm (.) concerned you're just really on a good
56. track.
57. (1.1)
58. P: °Thanks°
59. (1.0)
60. A: Any (.) questions s-u:h W or P that uh: (1.0)
61. ( ) we'll have a chance to visit (.) more as
62. time goes along but anything at all ( )
63. W: Is he still bleeding like that?

Simulation Rounds

- The patient's wife responds to the attending surgeon's solicitation with a question about her husband's bleeding (line 63).
- It is interesting to note that the physician initiates a response but is interrupted by the nurse who produces an explanation for the patient's wife (lines 65 through 69).
- This is shown at lines 64 and 65 in the transcript on the next slide:

Simulation Rounds

60. A: Any (.) questions s-u:h W or P that uh: (1.0)
61. ( ) we'll have a chance to visit (.) more as
62. time goes along but anything at all ( )
63. W: Is he still bleeding like that?
64. A: It seems to have (settled out ⌈)
65. F: ⌊( ) the
66. bleeding through the night has seemed to
67. dissipate where you're getting trickles out (.)
68. but not (.) a substantial amount to be
69. ⌈worried about
70. W: ⌊Should there still bleeding
71. (.)

Simulation Rounds

- Even though the nurse produced a response to indicate that there was no real problem with the bleeding, the response was treated as inadequate by the wife who recycled her first question again at line 70.
- The prompted the nurse to give a more detailed explanation and to do additional work to indicate that the fluids from the chest tubes did not represent a problem.
- This is shown in the transcript on the next slide:

Simulation Rounds

70. W: ⌊Should there still bleeding
71. (.)
72. F: Just minor amounts of what um like pinkish fluid
73. just drainage that's still left in the cavity
74. from where the surgery was where there we're just
75. kinda washing everything ou::t. (0.2) to make
76. sure there is no clots or anything (.) but he's
77. not bleeding any (.) blood consistency (.)
78. looking (.) fluid at a::ll so nothing that I'm
79. worried about at all.
80. (0.3)
81. W: 'Kay
82. (0.2)

Simulation Rounds

- The wife's treatment of the nurse's response as inadequate might be due to the fact that the nurse pre-empted the surgeon's initial attempt to respond.

- The wife only accepted the nurse's account on the second, more elaborate telling, perhaps treating the fact that the surgeon deferred to the nurse as his tacit approval of her explanation.

Simulation Rounds

- While the work of the nurse may have been treated as an interactional trouble by the patient's wife, it is very important to note that it was NOT TREATED AS A PROBLEM by the attending surgeon or other members of the care team.

- In allowing the nurse to assert herself and pre-empt the attending's explanatory work, the attending implicitly sanctioned the nurse's entitlement to participate as the surgeon's peer in this interaction.

Simulation Rounds

- What then followed this exchange is a fascinating bit of work done by the surgeon to elicit the participation of the patient.
  - On the next slide, the social worker E asked if the patient or his wife had any other concerns (lines 83 and 84).
  - There is a LONG pause of 4 seconds (line 85).
    - This pause creates a space for the patient and or his wife to respond.
    - That a response is not forthcoming suggests that the query was in some way problematic for recipients.

Simulation Rounds

- The attending surgeon then initiates an alternative query, asking a question that the patient presumably *can* answer: “How’rya feelin” (line 86).
  - Even *this* did not elicit a response from the patient. Some kind of interactional difficulty was indicated by the reluctance of the patient to respond (line 87).
  - It was only with the use of humor and the persistent solicitation of a response (lines 88 and 89).

Simulation Rounds

83. E: Do you have any other concerns or questions you
84. want us to addre:ss before we get started?
85 (4.0)
86. A: How'rya feelin.
87. (1.1)
88. A: Heh hehheh (0.2) Did you get the license number
89. of that truck
90. ?: Heh heh huh ⌈huh
91. P: ⌊It's just the:: (.) uh breathing and
92. cough⌈ing
93. A: ⌊Sure
94. P: ⌈Just little bit of dry mouth
95. ?: ⌊Good
96. (1.0)
97. A: You're off your oxygen that's good
98. (2.0)

Simulation Rounds

- It is at this point that E initiates another round of reporting from members of the care team, calling on the nurse to report on the patient's medical information (line 103):

103. E: F's gonna: (.) startwith how the nightwent and

The subsequent report by the nurse is remarkably similar to the way the P.A. in our next example from a CICU reported on her patient during their collaborative rounds.

CICU Rounds

- The PoCC round in the CICU differed in certain respects to the PoCC round in the CIMIT simulation.
- The PoCC round in the CICU began with a medical report on the patient to members of the health care team.

1. E: I'm just gonna s- talk medical lingo jus fer a
2. second and then I'll (.) go kinda head to toe
3. with you guys (.) about how he's doin.=
4. W: =a::wri↑ght

- No such medical report was offered to the health care team in the CIMIT simulation

CICU Rounds

- Even though this was not an activity pursued in the CIMIT simulation, this remark does some interesting interactional work:
  - The remark was addressed to the patient and his wife.
  - It indicated that the talk following the remark would be addressed to the health care team and not the patient or his wife.
  - It explicitly declared that the patient's condition would then be discussed with the patient and his wife after the care team received the medical report:

I'm just gonna s- talk medical lingo jus fer a second and then I'll (.) go kinda head to toe with you guys (.) about how he's doin.=

CICU Rounds

- Once the medical report was delivered to the health care team, explicit work was done to address the patient and his wife. (This is very similar to lines 4 through 9 in the CIMIT simulation)

- The P.A. also indicated that she would report on the patient and discuss matters that had already been discussed before the round with the patient and his wife:

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I know we chatted a bit this morning but                    I'll
jus::t resummarize (.) uh::m (.)                  for the team.(.)
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CICU Rounds

- Even though the P.A. described her forthcoming actions as “for the team”, eye gaze, the talk and the participation of the wife in monitoring the P.A.’s talk indicated that the wife treated the P.A.’s remarks as addressed ***to her and to her husband, the patient***.

- This is shown in the transcript fragment on the next slide:

10. E: [I know we chatted a bit this morning but I'll
11. jus::t resummarize (.) uh::m (.) for the team.
12. (.) Neurologically he's doing fine I think his
13. pain control is a little better yesterday was
14. kind of an issue .hhh u:::hm but we got ahead of
15. it now and we actually restarted his Toredal so I
16. think that [(.) seems to be helping for yah (.)
17. W: [m m mhm
18. E: an' he's falling asleep on us ha ha
19. ?: ((laugh[ter))
20. E: [So I guess your pain's doin' better
21. ?: ((laughter))
22. E: U::hm cardiovascular wise he's doing fine his
23. heart rate and blood pressure are doing (.) good
24. this morning we actually restarted some of his
25. blood pressure medicines to try 'n get a little
26. better control of that [in (.) u:hm h'seems to be
27. W: [°yeah°

CICU Rounds

- It is evident from line 18 that the P.A. was attentive to both the wife and the patient, especially when the patient began to doze off:

an' he's falling asleep on us ha ha So Iguess your pain's doin' better

Comparing Results

- In both the CICU round and the CIMIT simulation, care providers (other than the attending surgeon) performed in remarkably similar ways.
  - Comments were addressed to the patient and family as a collectivity.
  - The concerns of the patient and his/her family were solicited.
  - Care providers in both the CICU round and the CIMIT simulation explained what they did and either:
    - Engaged with the patient to discuss aspects of the patient's care with the patient and the team, or
    - Deferred their engagement with the patient until a later time.

Comparing Results

- The main interactional difference between the CICU round and the CIMIT simulation was the participation of the attending surgeon.
  - In the CICU round, the P.A. was engaged in facilitation of the round and the management of any interactional difficulties that might have arisen.
  - In the CIMIT simulation, even though the social worker was engaged in facilitating the round, the attending surgeon intervened when interactional difficulties arose.

Conclusions

- Participation in PoCC rounds makes possible collaboration among all participants, care givers, patients and families.
- As we have seen in these examples, the PoCC round is one that is organized to produce opportunities for soliciting the participation of:
  - care givers,
  - the patient and
  - the patient's family
- **If collaborative care means involving the patient and his/her family in his/her care, that involvement is something that can only be achieved through face-to-face social interaction among care givers, the patient and the patient's family.**

Conclusions

- Management of participation is how actors constitute themselves as a group or collectivity (Lerner 1993).
- As a members' matter, participation invokes and makes relevant:
  - Who is acting
  - What they are doing
  - Their obligations and entitlements to act
  - Their accountabilities
  - The organization of their interaction
- In order to engage in collaborative care, not only must interactions among patients and care givers support collaborative care, the institutional constraints, accountabilities, entitlements, etc., must also be constituted so as to support collaborative care.

Lerner, G. H. (1993). "Collectivities in action: Establishing the relevance of conjoined participation in conversation." Text: 13 (2). pp. 213-245.

Conclusions

- What collaborative care is and could be for patients and care givers thus depends on:
  - How they manage their participation in post-operative collaborative care rounds, and
  - How such participation is organized and sanctioned by those to whom care givers are accountable.

Conclusions

- The CIMIT simulation is enticingly suggestive of how important the involvement and participation of an attending surgeon is for the achievement of collaborative care.

- As we saw in the CIMIT data, the work of the attending surgeon to

  - Elicit the participation of the patient and the patient's family, and
  - Treat other care givers as peers in the conduct of the round

  is essential for the achievement of patient collaboration in his or her own care.

For More Information

Who?