INTERDISCIPLINARY COLLABORATION BETWEEN HUMANITIES AND MEDICINE

KE LUNCH MEETING TALK
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Areas of collaboration

1. Research:
   • Research projects, including securing internal and external funding for the projects:

   - “Language, Medicine, and Culture: Using English as a Lingua Franca in Prenatal Genetic Counselling in Hong Kong” (2009-2012), RGC-funded, with the Department of Obstetrics and Gynecology, Department of Prenatal Diagnosis and Counseling, Tsan Yuk and QMH
   - Dr. Olga Zayts; Dr. Tang Hoi-Yin, Mary; Dr. Lee CP; Ms. Chan Ho Yan, Vivian

   - “A Discourse Analytic Study of Telegenetic Counseling in Hong Kong” (2011-2013), RGC-funded, with the Genetic Counseling Services, Department of Health & Department of Pediatrics and Adolescent Medicine, QMH, HKU
   - Dr. Olga Zayts; Prof. Srikant Sarangi; Dr. Lam, Tak Sum Stephen; Dr. Lo Fai-Man, Ivan; Dr. Lam, Chuen Fat, Albert

   - “Risk Communication and Decision-making in Genetic Counseling for Sudden Arrhythmia Death Syndrome” (pilot, 2011-- ), RGC funding application under review, with the Department of Pediatrics and Adolescent Medicine, QMH, HKU
   - Dr. Olga Zayts; Dr. Brian Chung; Dr. Tak-Cheung Yung; Dr. Kai Tung Chau; Dr. Anthony Liu; Prof. Srikan Sarangi
Areas of collaboration

• Research (cont’d)
• Conference presentations and manuscript preparation for publication in international peer-reviewed journals, edited volumes.
Areas of collaboration

2. Teaching and training activities:
   • Co-supervision of postgraduate students (2 full-time PhD students at the moment)
   • Co-teaching on the MMedSc in Genetic Counseling programme at HKU:
3. **Knowledge exchange activities:**

- Organization of panels & colloquia at international conferences for healthcare professionals (the European Meeting on Psychosocial Aspects of Genetics; Asia-Pacific Conference for Human Genetics)
- Organization of workshops & seminars for professionals and healthcare communication researchers (e.g. the annual Winter School on Health Communication; now in its 4th year: [http://winterschoolhku.blogspot.hk/](http://winterschoolhku.blogspot.hk/))
Areas of collaboration

- Knowledge exchange activities (cont’d):
  - 13th Communication, Medicine and Ethics (COMET) conference
Areas of collaboration

• Knowledge exchange (cont’d):
• Language in Healthcare (LiH) initiative: http://hkulih.hku.hk/
• “… An inter-disciplinary academic initiative seeking to research, facilitate, and enhance healthcare communication. A team of linguists, medical professionals, and organizations have come together to create projects that move healthcare communication research away from a strictly academic setting and toward a reciprocal relationship that contributes to the medical profession and public awareness…”
Areas of collaboration

- **Knowledge exchange (cont’d):**
How we work together

1. **Points of first contact**: establishing trust and demonstrating credibility of interdisciplinary collaborations

   ‘I have always though that linguistics is art, but after your presentation I understand that it is science’ (a senior cardiologist)

2. **Data collection**: ensuring authenticity and representativeness of sources

3. **Data transcription**

4. **Data mapping and categorizing**

5. **Data analysis**: ‘thick description’ (Geerz, 1973) through ‘thick participation’ (Sarangi, 2007)

6. **‘Experimental’ expert appraisals**: validating the analysis

7. **Dissemination**: reflexivity and relevance of research
Data collection in healthcare sites
(synchronic; diachronic; across cultures; across conditions)

professional-client talk in a clinic/hospital;
interface b/w talk and text: patient records, referral letters, family pedigree, etc.

patient information leaflets; drug adverts, etc.

informed consent; policy documents, etc.

healthcare websites; on-line advice; media sources, etc.

(Adopted from Sarangi, 2011)
So we always talk about mutation and mutation. Let me tell you some information about genetics first. So I have some diagrams to explain to you’
Transcription: interactional details

[MP = Medical Provider; P = Patient]

1 MP: Or, can you decide today? Or you want- you prefer to talk to your husband first?

2 P: It’s ok, which is the best for me? [I(h) (h)don’t k(h)now. ((bubbling through))

3 MP: [Naa, see (.). Naa, see, now whether you want to have the, the first thing, is (.). you decide you want to have [test, or no] test, ok? And the second thing is whether you want to have [direct] test, or [indirect] test. Whether you want to have an [accurate] test, or whether you want to have a [safe] test. If you want to have a [safe] test, then you need to undergo the screening test. But if you think that I want to have an [accurate] test, then you need to undergo the, the:::, the:::, the other test.

(10)

4 P: ((patient looks at the papers in front of her))°huh huh huh .hhh° ((chuckles))

5 MP: ((smiles)) is that too much information for you today? Or we will have an ultrasound first, and then you dis- you discuss with your husband, and you call me back, what test you want? Or if you have any problem I can explain to you again. Is there any part you don’t- you are not very sure?

6 P: °Twelve weeks, (.), seventeen weeks°, (.)

7 MP: Yeah.
Mapping of the data

• Structural mapping

• Interactional mapping

• These two types of mapping outline broad thematic content and the division of participation/involvement within a given encounter
Cf. Structural mapping: Two pediatric clinics

<table>
<thead>
<tr>
<th>Clinic A</th>
<th>Clinic B</th>
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<tbody>
<tr>
<td><strong>Phase</strong></td>
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<tr>
<td><strong>Turns</strong></td>
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<td>Opening</td>
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<td>Treatment</td>
<td>Casual explanations</td>
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<td>Closing</td>
<td>Symptoms</td>
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<td>Causal explanation</td>
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<td>Treatment ...</td>
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<td></td>
<td>Closing</td>
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(Sarangi, 2010)
Structural mapping (symptomatic patient; SADS counseling)

- Opening (including purpose of the visit and agenda setting)
- Checking personal details
- Diagnosis delivery
- Explanation of diagnosis (including inheritance patterns, future risks, uncertainty, disclaiming expertise)
- Decisions about testing, disclosure of testing process and test results
- Outlining future procedures and making a clinic appointment
- Strategies of risk management
- Closing
Interactional mapping (SADS)

Figure 1. Distributions of turns by frequency
Interactional mapping (SADS)

Figure 2. Distributions of turns by volume

Figure showing a bar graph with three categories: Client turns, Genetic counselor turns, and Cardiologist turns. The y-axis represents the number of turns ranging from 0 to 100. The x-axis represents participants.
Thematic mapping:

• Focal themes & analytic themes (theme-oriented DA)
• Focal themes connect to wider issues of professional practice: ‘joint problematization’
• Focal themes of genetic counseling:
  • non-directiveness/neutrality
  • advice-giving
  • risk explanation and perception
  • reassurance
  • uncertainty about diagnosis and prognosis
  • normalcy/deviance
  • ethical issues (e.g. autonomy; informed consent)
  • decision-making, etc.
Example of reassurance

45. GC: ...for this particular mutation of yours (.) .h actually, in the past, in those patients with Long QT,
46. C: Mm.
47. GC: there was the same mutation.
48. C: Yes.
49. GC: .h so you are not the first case in the world.
50. C: Mm mm.
51. GC: .h there’re already reported patients.
52. C: Mm.
53. GC: they also have the same mutation, which also occurs in this gene.
54. C: Yes.
Analytic themes

- Analytical concepts which provide the theoretical background for the construction of meaning in a particular encounters:
  - discoursal and rhetorical devices (contrast; constructed dialogues; metaphor, hypothetical scenarios)
  - contextualization cues and inferences
  - face and face-work
  - social identity, etc.
Important aspects of interdisciplinary collaborations

- Mutual interests and relevance.
- ‘A friend of a friend’ approach to establish the initial contact.
- Introducing the key components of the methodology (Mullany 2008) to avoid participants’ unrealistic expectations.
- Your time budget and “hot” feedback (Sarangi 2002).
- Forms of feedback: Chinese participants’ preference for indirect feedback.
- Doing things not only *with* participants but also *for* participants: triangulation of feedback.
Feedback

Researchers

Participants

(Clients)