INTERDISCIPLINARY COLLABORATION BETWEEN HUMANITIES AND MEDICINE

KE LUNCH MEETING TALK 22 SEPTEMBER 2014

Dr. Olga Zayts

School of English &

Dr. Brian Chung

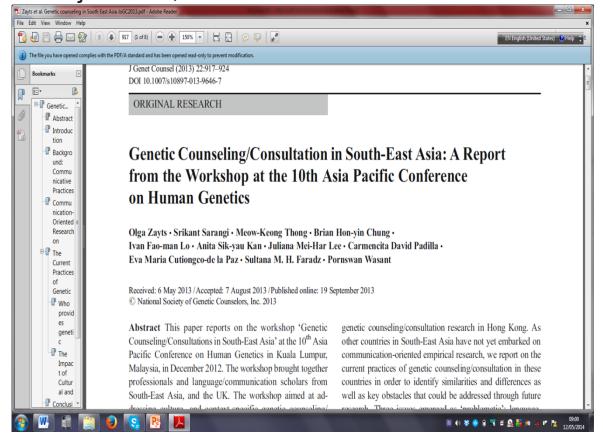
Department of Pediatrics and Adolescent Medicine

Contact: zayts@hkucc.hku.hk; bchung@hku.hk

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

- Research (cont'd)
- Conference presentations and manuscript preparation for publication in international peer-reviewed journals, edited volumes.



- 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:
- http://www.obsgyn.hku.hk/whatsNew/
 MMSciGeneticCounselling/MMSci%20Genetic %20Counselling%20-1.htm

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/)



- Knowledge exchange activities (cont'd):
- 13th Communication, Medicine and Ethics (COMET) conference



2015



Communication, Medicine and Ethics

fourteenth international conference

The conference aims to bring together scholars from different disciplinary backgrounds, involving various healthcare specialties and the human and social sciences. A special emphasis will be on the dissemination of ongoing research in discourse/communication studies and practical ethics which engages directly with healthcare practitioners.

The University of Hong Kong

26 - 28 June 2015 Hong Kong

Organizing Committee

International Advisory Committee

Olga Zayts Susan Bridges Brian Chung

Srikant Sarangi Peter Schulz Paul Crawford

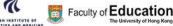
For more information, please check out our website at english.hku.hk/events/comet2015!





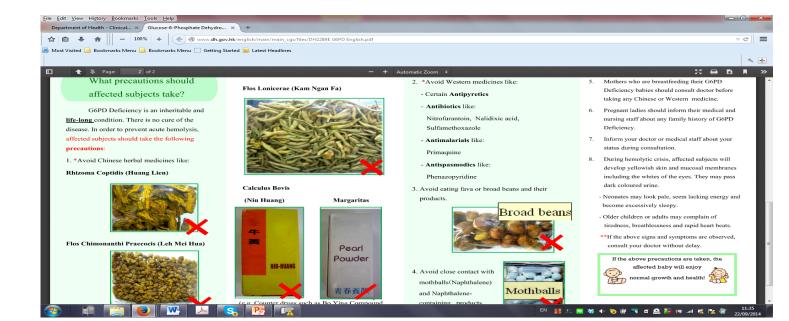






- Knowledge exchange (cont'd):
- Language in Healthcare (LiH) initiative: http://hkulih.hku.hk/
- "... An inter-disciplinary academic initiative seeking to research, facilitate, and enhance healthcare communication. A team of linguists, medical professionals, and organizations have come together to create 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..."

- Knowledge exchange (cont'd):
- Mentoring KE projects by postgraduate students, development of patient information resources: G6PD deficiency: http://www.dh.gov.hk/english/main/main_cgs/files/ DH2289E%20G6PD%20English.pdf



How we work together

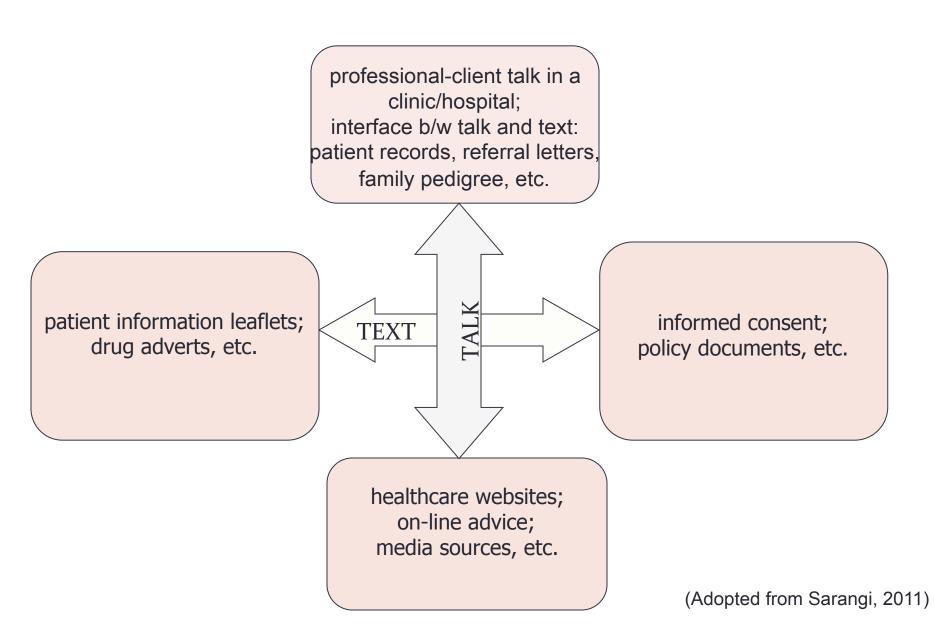
1. Points of first contact: establishing trust and demonstrating credibility of interdisciplinary collaborations

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

- Data collection: ensuring authenticity and representativeness of sources
- 2. Data transcription
- 3. Data mapping and categorizing
- 4. Data analysis: 'thick description' (Geerz, 1973) through 'thick participation' (Sarangi, 2007)
- 5. 'Experimental' expert appraisals: validating the analysis
- 6. Dissemination: reflexivity and relevance of research

Data collection in healthcare sites

(synchronic; diachronic; across cultures; across conditions)



Transcription: Chinese-English (SADS)

[GC=Genetic Counselor, C=Client]

57. GC: 噉成日 話 改變 改變 .hh 講 返: <少 少> 遺傳科 gam sengjat waa goibin goibin gong faan siu siu waicyunfo so always say change change tell back little little genetics

哟 資料俾你聽先:.hh噉>我有 啲<圖片</th>di ziliubei neitengsingamngo jau di toupin

解 俾你聽 gaai bei nei teng explain to you listen

'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'

58. C. Mm.

Transcription: interactional details

```
[MP = Medical Provider; P = Patient]
               Or, can you decide today? Or you want- you prefer to talk to your husband first?
     MP:
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 other test.
               (10)
     P:
                ((patient looks at the papers in front of her)) huh huh huh .hhh ((chuckles))
4
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

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

not very sure?

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

Clinic A		Clinic B	
Turns	Phase	Turns	Phase
1-4	Opening	1-4	Opening
5-9	Symptoms	2-26	Symptoms
10-14	Treatment	27-31	Treatment
14-16	Symptoms	31-40	Symptoms
16-20	Examination	41-43	examination
20	Diagnosis	44-51	Symptoms
20-28	Treatment	52	Treatment
28-31	Symptoms	53-54	Examination
32-36	Treatment	55	Casual explanations
37-39	Closing	56-58	Symptoms
		59-63	Examination
		64-65	Non-medical
		66-72	Symptoms
		73-83	Causal explanation
		83-85	Treatment
		116-121	Closing

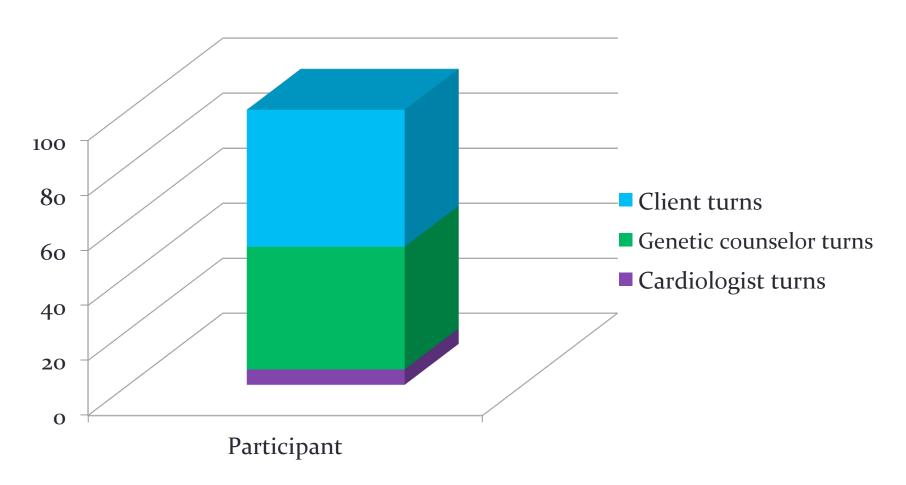
(Sarangi, 2010)

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

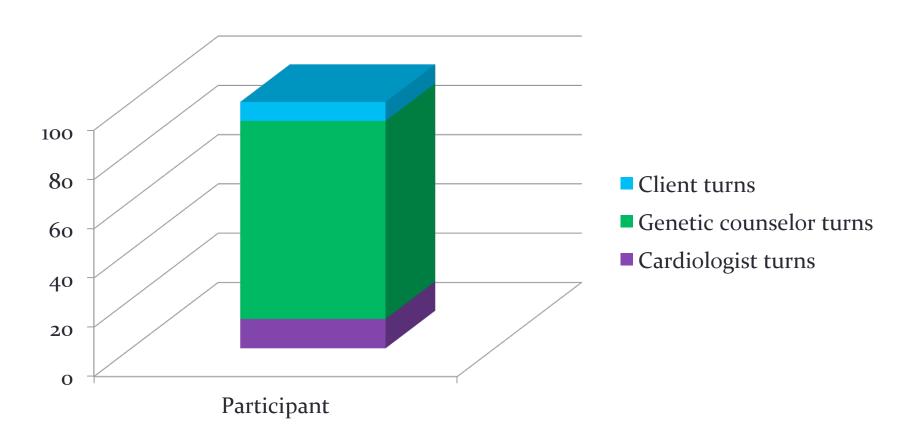
Interactional mapping (SADS)

Figure 1. Distributions of turns by frequency



Interactional mapping (SADS)

Figure 2. Distributions of turns by volume



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 <u>also</u> have the <u>same</u> mutation, which also occurs in this gene.
- 54. C: Yes.

Analytic themes

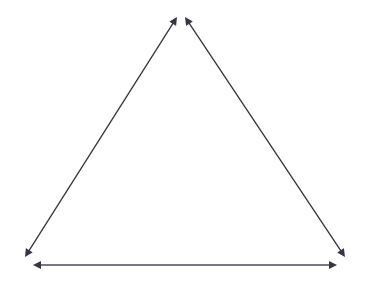
- Analytical concepts which provide the theoretical background for the construction of meaning in a particular encounters:
 - discoursal and rhetorical devices (contrast; constructed dialogues; metaphor, hypothetical scenarios)
 - contextualization cues and inferences
 - face and face-work
 - social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

Researcher



Participants

(Clients)