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The dietetic interview: towards a critical social pedagogy

Linda Tapsell

University of Wollongong

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THE DIETETIC INTERVIEW

TOWARDS A CRITICAL SOCIAL PEDAGOGY

A thesis submitted in fulfilment of the requirements for the award of the degree

DOCTOR OF PHILOSOPHY

from

UNIVERSITY OF WOLLONGONG

by

LINDA TAPSELL, BSc, Dip Nutr Diet, MHPEd.

DEPARTMENT OF PUBLIC HEALTH AND NUTRITION

1995
I hereby declare that this thesis is my own work and that, to the best of my knowledge it contains no material previously published or written by another person nor material which has been accepted for a degree to any other university or institution, except where due acknowledgement is made in the text of the thesis.

Signed:

Linda Tapsell
1995
ABSTRACT

The dietetic interview is defined as the interaction between dietitians and clients who seek professional nutrition counselling. Like the medical interview it has certain characteristics which are constructed and reproduced by organisational constraints and the actions of interview participants. In the teaching clinic these constraints are even more defined by the presence of the supervising dietitian, and the task of assessment. This study argues that dietetic education would benefit from an understanding of the social organisation of the professional interview in the context of the teaching clinic. The gains of this added dimension would lie in better prepared students and the development of quality public dietetic services in teaching clinics. These claims are bracketed in a critical social epistemology, which recognises the social construction of 'what counts' as effective practice and in turn, how this is construed in the pedagogical environment.

The study was conducted in three stages. During 1992-93, thirty two case studies of audio recorded interactions between student dietitians and clients were analysed using methods of conversation analysis. The findings were then developed as teaching concepts which would inform students of the social organisation of talk in the teaching clinic. During 1994 a teaching intervention was introduced whereby communication techniques derived from the study were discussed in class and reviewed by students on listening to audio recordings of their own performances. At the end of 1994 another 30 interactions were audio recorded and analysed to examine the effects of the teaching intervention.

The results indicated the production of well directed and organised interviews from relatively inexperienced practitioners. This was seen as the effect of vicarious experience which preempted that usually gained by constructing numerous interviews and establishing a 'feel' for attending to the social constraints which the interview works through. From an educational perspective, this was clearly a productivity gain. The form of interview produced, however, raised a number of questions on the nature of the dietetic interview in this context, and the relative problems which the current combination of performance indicators hold for practice. Challenges for dietetic educators include a re-definition of the entry level
dietetic interview and questions concerning the effects of observing performance. Finally, it is recognised that all of these features represent the current political and social climate of dietetics in Australia, determining in the end 'what counts' as dietetic practice.
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Linda Tapsell
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INTRODUCTION

This thesis concerns the social construction of the dietetic interview in the context of professional education. The dietetic interview is taken as referring to the interactional encounter between a dietitian and a member of the community seeking professional advice (cf the medical interview, the nursing interview).

At the outset, I draw a distinction between pedagogy based on idealised versions of practice and that which is based on the analysis of everyday practice. I argue that there are certain benefits in a pedagogical approach which draws on everyday practice, but that all forms of pedagogy are in themselves open to criticism (cf Baker and Luke, 1991). In order to address the former, I evaluate the effects of an educational intervention which is based on the social analysis of the dietetic interview in the teaching clinic. To address the latter, I describe the pedagogical process for the educational intervention, demonstrating from a position within this process, how acceptable forms of practice are constructed.

The study is conducted from three concentric epistemological positions. At the core is the study of everyday practice in the teaching clinic. Methods of conversation analysis are applied to interactions between student dietitians and clients to explicate the social organisation of the interview in this context and to use this as a basis for teaching. On the next level is an ethnographic description of the pedagogical environment which establishes the relevance of the CA findings to the educational intervention, and which exposes the pedagogical process to critique. On the outer level is a critical epistemological position which acknowledges the research process as social construction and positions the research outcomes in terms of a narrative which makes a particular contribution to dietetic pedagogy.

In the first chapter I begin with a review of pedagogical approaches to the dietetic interview, pointing to the dangers of self-definition and self-perpetuation in evaluating outcomes. I outline recent developments in competency standards for dietitians in Australia and review professional texts which support the pedagogical process. These texts are found to reflect the position of research in dietetics practice, a position which is seen to be limiting and which would benefit from a much wider field of research perspectives, including social perspectives in general and the study of everyday practice in particular. I then take an epistemological position
which argues that all forms of research and practice are socially constructed, and that an analysis of everyday practice should take its place in a critical social pedagogy which espouses that there are many ways from which to view practice.

The starting point for providing an alternate version based on everyday practice, however, would be to research the social organisation of the teaching clinic interview. This was done in the recognition that, given the applied nature of the study, it fell within the category of 'sociology in medicine' (cf Turner, 1987). In the second chapter I begin the process with a review of relevant research on healthcare interviews. The review starts with an examination of interactional analysis process systems, recognising their significance in drawing to attention problems in client-professional communication, but concluding that there are substantial methodological problems with this approach. This is followed by a review of the work of three outstanding medical anthropologists, Arthur Kleinman, Howard Waitzkin and Elliot Mishler, each of whom have acknowledged the need to broaden the use of methods and epistemologies to suit the essentially social nature of communications research on the medical interview. Limitations in their approaches to date, however, warranted a further step in the review to that of contextual studies of the medical interaction, notably ethnographic studies and those incorporating the principles of ethnomethodology and methods of conversational analysis. Of particular relevance to the study of the dietetic interview was research on communication formats in AIDS counselling (cf Perakyla and Silverman, 1991a) and on the client perspective in medical interviews (cf Maynard, 1991a; 1991b).

Having established that studies which employ an ethnomethodological approach relate well to the study of the dietetic interview, the third chapter extends the argument with a review of ethnomethodology (EM) and conversation analysis (CA). This chapter highlights specific issues which are relevant to the examination of the social organisation of healthcare interviews, and the critique of the learning context.

To begin with, EM concerns the study of the rational methods people use to go about everyday life in a social world (cf Garfinkel, 1967). Thus it incorporates a view of the social construction of reality, one of the epistemological positions of the thesis. Significantly EM focuses on the action of social construction, implicating a position on social organisation
which is not static, but rather continually developed through its own processes. Thus it is possible to view the development of professional competence as aligned to social competence, which in turn is continually constructed through the actions and sanctions of the professional community - and indeed the research processes which inform this community. In this sense a critical ethnomethodology is proposed (cf McHoul, 1994), which allows for a thinking distance between the research process and its outcomes, to suggest that this is one of many ways to view the phenomenon under study.

Conversation analysis is given as a distinct stream of ethnomethodology which focuses tightly on the action of talk as social construction. In this third chapter I briefly outline the epistemological foundations of CA and its methodology. Three levels of research in this field are presented, traditional CA which has its base in ordinary conversation, the study of institutional talk, which has ordinary conversation as a reference point but considers the constraints which institutionality impose on talk, and applied CA which involves the use of outcomes from CA research in such matters as professional education. Clearly this thesis fits within the applied CA category. With reference to the dietetic literature and local pedagogical concerns, structural organisation was established as the focal point for analysis of the dietetic interview. With this in mind, studies of talk in institutions which dealt with structural organisation are reviewed in this chapter.

Having reviewed the pertinent theoretical literature, I then outline the methodological aspects of the study in Chapter 4. I begin with a broad overview of the study design and outline the basic assumptions. The chapter is organised to sequentially expose the research process as one of learning and discovery. It begins with an initial identification of the research problem and works through from pilot study to baseline data collection and finally the evaluation of the educational intervention. Methods of interactional analysis are explicated as is the design of the evaluation process. The relationship between CA and ethnography is outlined and issues of validity and reliability are discussed. In the end, I found that although a I drew a distinction between idealised versions of practice and those grounded in everyday practice, the two became necessarily intertwined in the research process. Just as students refer to the idealised
versions as a reference point for practice, so too the idealisations provided a reference point for designing the study of everyday practice.

In Chapter 5 I provide the results of the empirical component of the study. This is arranged in three sections. The first section deals with an analysis of exemplary interactions involving students and clients in the teaching clinic, where the students have studied nutrition counselling by conventional means. The analysis focuses on the structural organisation of the interview with special reference to the management of the diet history phase and negotiating dietary change. The task of the interview is identified as are phases throughout the interview. Ways in which participants co-construct the phases and work across phase boundaries are examined. The diet history is presented as having a distinctive structure based on story telling (cf Sacks, 1987). Negotiating dietary change is viewed in terms of perspective invitations and their consequences (cf Maynard, 1991a). The section finishes with implications for teaching.

In the second section of Chapter 5, I provide a description of the educational intervention and focus on an analysis of worksheet material completed by students during this time. Basically, the intervention comprised classroom seminars, experience in the clinic and independent student activities. The latter involved the completion of worksheets following the observation of either myself or a tutor in the clinic, following the student's own performance in the clinic and after listening to audio recordings of their own performances. By analysing the contents of these worksheets and linking them to the pedagogical process, I show how the teaching process either privileged certain student responses or was reflected back in student records. This demonstrated one of the ways in which a mutual understanding on acceptable forms of practice was pursued, and also how organising pedagogy around actual practice assisted this process.

In the third results section, I present the analytic findings from the interactions involving students who were party to the educational intervention. These are presented in terms of the structural organisation of the interview with particular reference to the diet history phase and negotiating dietary change. The results indicated well directed and organised interviews from relatively inexperienced practitioners. From an educational perspective this was clearly a productivity gain. A closer inspection of the data, however found that the highly constrained nature of
the interview raised concerns about the particular form it takes in this context. I then discuss the implications of these findings for the construction of dietetic pedagogy.

The final chapter is devoted to a review of the research process, its strengths and limitations. I summarise the major findings in terms of recommendations for dietetic education, beginning with an overview of the social organisation of the dietetic interview in the teaching clinic, and moving onto a more specific discussion on the ways in which idealisations emerge in everyday practice. I raise issues concerning the nature of the dietetic interview in the teaching context and finish with a wider discussion on dietetic pedagogy. The thesis ends with a call for an approach to dietetic education which addresses the social aspects of practice from a position of reflexivity.
CHAPTER 1:

THE DIETETIC INTERVIEW: THEORY AND PRACTICE

One of the main tenets of this thesis concerns the construction of the pedagogical process for teaching nutrition counselling to student dietitians. As a starting point I draw a comparison between pedagogy which relies heavily on theoretical or idealised versions of the interaction and that which is constructed from an analysis of everyday practice. I do this in the recognition that 'everyday practice' is situated in a learning environment informed by idealisations, such that the two are not ontologically exclusive.

Theoretically constructed pedagogy draws on reference frames outside of the actual interaction. Examples would be psychological theories of behaviour, such as cognitive behavioural therapy, which are 'imported' into the practice scheme. The intention is to incorporate certain techniques into practice so that certain behavioural outcomes may be achieved (cf King Helm and Klawitter, 1995). Theoretically constructed competency standards in part reflect these incorporations. In the Australian case a consensus definition of practice was derived by a team of expert practitioners and dietetic educators (including myself) in consultation with entry level practitioners and the profession generally (Ash et al, 1992). The resultant list of assessable student behaviours (performance indicators) represents an idealised construction of the counselling session to which students and supervisors may refer.

On the other hand, pedagogy grounded in everyday practice examines the way in which student dietitians and clients co-construct the interview and reflects back on actual events in the learning cycle. The co-construction of the interview reflects its social organisation. The conception of everyday practice as social construction, however, is itself a theoretical position. The only non-theoretical aspect is the actual counselling event which is soon passed. For this reason, it is perhaps more accurate to refer to the former description as pedagogy based on idealised versions of practice and the latter as pedagogy based on an analysis of actual practice, noting that the knowledge claims of the two positions are constructed in different ways.
This puts a conceptual frame around the distinction between the two forms of pedagogy, a frame which recognises that nutrition counselling pedagogy at any one point in time will reflect history, professional culture, ideologies and political circumstances (cf Luke and Baker, 1991). Maintaining this critical stance then allows for the progression of the thesis argument which aims to show that pedagogy based on actual practice has certain benefits over pedagogy based on idealisations, but that all forms of pedagogy are in themselves open to criticism (Baker and Luke, 1991). The value of introducing new forms of teaching, however, lies in the different ways in which students and teachers are able to view the phenomenon under study.

1.1 The dietetic interview in context

Before entering into discussion on the relative merits of pedagogical approaches, a definition of the phenomenon under study is warranted. The focus of student learning is the interaction with clients whereby dietary assessment is provided and advice is imparted. Professional texts refer to this as communication and education skills (Holli and Calabrese, 1986), nutrition counselling (Snetselaar, 1989) and nutrition therapy (King Helm and Klawitter, 1995). As the study of everyday practice draws substantially on the context in which the interaction occurs, the social and institutional definition of the parties, and their roles and responsibilities in the interaction are significant. To emphasise this distinction, the term 'dietetic interview' is used because it identifies with the professional group under study (cf the medical interview, the nursing interview).

1.2 Problems with idealised versions of practice

Context is one of the central issues in arguing the relative merits of the different forms of pedagogy. To begin with, the interaction is constructed by two people, not one, so whilst the students may have certain interactional strategies in mind, they still have to respond to what the client has to say. In addition, there is no doubt that certain communication techniques have been seriously researched and that students would benefit from a knowledge of them, but the techniques are not generally grounded in practice and are so numerous as to be potentially problematic for implementation. In considering the
application of health education theories to dietetic practice, Anderson (1979; 177) summarises the issues as

1. the practitioner has to work within a limited time frame
2. few of the theories are universally accepted, and fewer are actually practised in educational settings
3. the theories are not grounded in dietetic practice
4. the techniques appear as solutions in search of problems.

To expand on this last point, the performance indicators (which incorporate communication techniques) would also be problematic for the supervisor who is left to search for specific instances which could be categorised into pre-determined theoretical actions. This search would have to involve a certain degree of interpretation which raises the question of the self-defining nature of pedagogy based on idealisations and its distance from actual practice.

A recent report of a teaching intervention for student dietitians in the United States exemplifies this point. In this project students studied counselling micro skills in an integrated fashion using videos, tapes and mock counselling sessions (Cotugna and Vickery, 1995). At the end of the program this group of students were found to perform better on a counsellings skills rating checklist than those who had simply gone through conventional classes and a practical placement program.

The program itself shows how the teachers and students 'co-constructed' nutrition counselling in terms of counselling micro skills, how the students, through practice, developed the cultural norms of counselling skills, and how the rating scale constructed what counts in the final outcome. Here we see how, at the end of the day, teaching practices and assessments define competence (cf Baker and Luke, 1991). Indeed, in her work on teaching pedagogy, Baker (1991) has shown that the ways in which teachers and students interact is fundamental to the construction of knowledge and social order, that teaching is in fact a 'cultural practice'.

The title of the dietetic paper was 'How students learn counseling (sic) skills best' and the authors raised the question of whether current practical placement programs are a case of the 'blind leading the blind.'
That the authors were so damning of their supervisor-colleagues is a reflection of the self-defining and self-perpetuating approach of this study (cf Habermas, 1988; 20) and the potential distancing from experienced practice created by the application of idealised forms of practice (and assessment). It appears nutrition counselling is assumed 'better' following this intervention, because the students were able to be rated more highly by those who teach them despite the claim there is no one way to counsel correctly.

This disparity between the performance of intervention and placement groups should be a concern for the competency standards movement, given the definitional relationship of competency to the work environment (cf Heywood et al, 1992). The problem is further encountered in the results of a survey of dietitians in the United States which reported that less than half of the respondents indicated they were using counselling techniques defined in the survey (Hauenstein et al, 1987). These outcomes suggest a need to study everyday practice with a view to the critique of competency standards. It would appear that this is a much neglected area of research (cf Luke, 1991).

1.3 Competency standards

In 1993, the Dietitians Association of Australia (DAA) published the Competency Standards for Entry Level Dietitians (DAA, 1993) which, by its nature, would have a large impact on teaching and assessing the dietetic interview in educational institutions. In this context, competence was defined as 'the abilities to perform the activities within an occupation or function to the standard expected in employment' (Heywood et al, 1992; 3). The link between education and industry had been strongly forged by the National Training Agenda (NTB, 1992), with the teaching challenge focusing on bringing 'real life' into the classroom.

The competency standards for Australian dietitians were developed as a special project funded by the Department of Employment Education and Training. The manner in which they were developed reflects the social construction of the notion of competence. There were five stages.
• workshops involving expert practitioners and educators, using a process of functional analysis to develop drafts
• critical incident interviews with recent graduates to refine drafts
• review and consultation of drafts across the profession
• conference presentations
• further workshops with experts (Ash et al, 1992; 6).

The standards therefore reflected the view of certain levels of the professional community on adequate practice at entry level. Although recent graduates were interviewed to assess the congruence of their accounts with the expert-contrived descriptions, the results were for all intents and purposes, idealised versions of practice.

The assessment of competency is based on a collection of evidence, drawing on a number of methods and occasions of assessment (Gonczi et al, 1993). The validity of the exercise is based on the sufficiency and appropriateness of evidence and the clarity of assessment criteria (Jessup, 1991). Observation in the work environment is considered central to competency assessment (Fletcher, 1992), although there are obvious contingencies. Eraut and Cole (1992; 11), for example, argue that

'When work has to be reorganised to ensure that particular things happen when an assessor is visiting, we are moving towards simplified practice rather than natural observation.'

Viewed another way, there are particular social constraints on an observed, assessed performance. Eraut and Cole suggest the use of recordings as one way of overcoming this problem, albeit in consideration of the intrusion. Simulated situations were another suggestion, although the further one moves from the work context the less one is assessing competency and indeed the more one is moving from actual practice. Professional competency in particular is defined as the integration of professional qualities within the task, not simply the performance of the task (Hager, 1992). It may be that these additional qualities incorporate notions of social competence in the institutional context.
With all of this in mind, the next task for the DAA expert group was to develop an assessment protocol for the competency standards (Ash et al, 1993). The assessment of nutrition counselling in an outpatient clinic was chosen as the central feature of the task. The outcome of this part of the project was a set of performance criteria which supervisors could use in assessing students in the teaching clinic. Given the effect of evaluation on students, particularly in the university context (Sappington, 1984) it would be expected that these performance indicators would have a significant impact on the actions which students would take in the interview. In a study of everyday practice, therefore, the competency standards would provide a useful reference point.

1.4 Textbook resources

With the competency standards in hand as a pedagogical resource, dietetic educators and students could also refer to various texts to develop a conceptual framework for practice. Like the competency standards, the textbooks written specifically for dietitians refer strongly to counselling skills or techniques, and idealised versions of practice.

Holli and Calabrese (1986; 8) define nutrition counselling as 'the application of the science of nutrition to the health care of people'. They argue that counselling has replaced 'diet instruction', which King Helm and Klawitter (1995; 5) refer to as 'educational in nature'. There is little reason given for this change, however, and the distinction which these authors draw may in fact reflect the phenomenon advanced by Armstrong (1984) of old ways of medical practice presented in new frames. Nevertheless, there is common agreement that developing relationships and helping people is now a prime concern for the dietetic interview (Holli and Calabrese, 1986; Snetselaar, 1989; King Helm and Klawitter, 1995). In terms of its regular features, the contact time for an interview could be anything from 45 minutes to more than 12 hours and follow up appointments were considered important (Holli and Calabrese, 1986).

References to theoretical frames are almost entirely based on behavioural psychology (see Table1.1). Eclectic models for practice are proposed, with suggestions that practitioners select components which they felt best fit the situation. Again, practice becomes informed by
idealised versions of events rather than versions grounded in everyday practice.

The counselling texts provide information on counselling micro skills such as questioning and listening skills. Snetselaar (1989; 55) argues that the structure of the interaction is important and provides a framework of practice which suggests stages through which the interview may progress. This is given as:

- initial information
- assessment
- treatment
- evaluation.

Snetselaar (1989; 61) also presents idealised forms of speech to demonstrate ways in which the dietitian could work from the client perspective and notes that clients attend clinics with pre-conceived ideas and expectations. The additional aspects outlined above all have relevance to the social construction of the interview, but this is not made explicit in Snetselaar's text, and all aspects are framed with an idealised view.

Table 1.1 Theories referred to in nutrition counselling textbooks

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<td>- Rogerian client-centred counselling</td>
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<td>- Kinlaw model of 4 stages of counselling</td>
<td>- Rational emotive therapy</td>
<td>- Existential-humanistic (Rogerian and Gestalt)</td>
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<td>- Directive and non-directive counselling</td>
<td>- Behavioural therapy</td>
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Other general healthcare counselling textbooks which have relevance to dietetic education are likewise found to refer to psychological models of behaviour and how to influence people using these frameworks. (Harris and Ramsay, 1988; Egan, 1990). With a central claim to client-centred practice, Egan (1990; 17) states that 'the only way to acquire (counselling skills) is to learn them experientially, practice them and use them until they become second nature'. There is a strong implication that talk in the counselling interview is strategic and provider driven. The notion of 'second nature' suggests the cultural norms of the professional to which the novice would aspire.

Basically this review shows that the textbooks available for nutrition counselling have a strong theoretical bias towards behavioural psychology and a pedagogy based on counselling micro skills. Whilst the latter may suggest atomistic practice of skills in the classroom, both the theoretical and practical elements of learning are working from an idealised version of the dietetic interaction and are therefore limited in providing an adequate framework for the dynamic co-construction of the actual interview. This has implications for the relationship of the teaching program to actual practice, but it is also possibly a reflection of the position of research in nutrition and dietetics generally.

1.5 Research in nutrition and dietetics

Research in the field of nutrition and dietetics has slowly progressed to a recognition that the nutritional sciences alone do not adequately inform practice. In a review of nutrition education research, Achterberg and Clark (1992) found that over the past ten years the approaches to methodology and interpretation of results in three quarters of published papers were consistently atheoretical in nature. Where research incorporated an explicit theoretical framework this was usually taken from behavioural or cognitive psychology (for example see Axelson and Brinberg, 1989, 1992; Glanz and Eriksen, 1993; Gregory et al, 1995). In the same special issue of the Journal of Nutrition Education, Gillespie and Brun (1992; 225) argued that
We must develop an explicit theoretical base, broaden the research questions and designs to consider the external environment as well as the internal motivators of individuals.

There is clearly a recognition that nutrition and dietetic practice has much to gain from a wider field of research perspectives (Powers and Wheeler, 1993). That this would come from a unified 'theoretical base' is questionable. As we extend the research questions we must of necessity study the methodologies which address these questions to ensure valid and reliable interpretations. The incursions of behavioural psychology have been mentioned, but there have also been some developments with interpretive research (Devine and Olson, 1991; Chapman and McLean, 1993) and sociological studies (Crotty, 1995) which suggest that quite different perspectives can be applied productively to dietetics practice. Indeed, in her critique of dietary advice Crotty (1995; 109) challenges us to conduct research that has more to do with everyday life and points to the lack of discussion on 'how dietitians do their work (and) how their work is received by clients'. These apparently simple proposals require explicit consideration of the social context because a study of the everyday practice of the dietetic interview is also a study of its social organisation.

1.6 The social context of the dietetic interview

Studies on the professional image of dietitians (Wardley and Dalton, 1993) and the effectiveness of dietary counselling (Glanz, 1979; Matthews et al, 1987; Sullivan, et al, 1988) demonstrate the utility of a professional dietetic service, but this is only the starting point for addressing the social context of the dietetic interview. One way to move forward in the social analysis is to explore the notion of compliance. By starting from a construct such as compliance it is possible to demonstrate the relevance of social research, and how it might differ from other theoretical approaches, notably behavioural psychology.

In a medically constructed world, dietary compliance is defined as 'the extent to which the individual's food and dietary behaviours coincide with the dietary recommendations and prescriptions' (Holli and Calabrese, 1986; 9). In this context, compliance with dietary
recommendations has been found to produce health benefits, particularly in the case of diabetes (Glanz, 1980; Holmes et al, 1987), which makes compliance of particular research interest (Hackett et al, 1988; Schatz, 1988; Kurtz, 1990). As with nutrition education, compliance is frequently studied within a psychological framework (de Weerdt et al, 1989; Amir et al, 1990; Beeney and Dunn, 1990), but problems with the reductionist approach are often identified, usually resulting in a call for further research to fill the gaps. At the same time a move toward more 'client-centred' medicine has emerged, reflected in compliance studies which deal with the notion of the client perspective, albeit using questionnaires with pre-determined answers from which to choose (Ary et al, 1986; Connell, 1991).

There are others who argue that such an approach will not get to the client perspective at all and that a more open ended approach to research which gives voice to the client is required. Interpretative research on interview data has found that clients and professionals come from different social backgrounds from which they construct different views of compliance (Donovan and Blake, 1992; Roberson, 1992; Scheid-Cook, 1993). One research group suggests that compliance is not the issue, rather better communication between clients and professionals is needed to elucidate the ways in which treatments could be best implemented in the circumstances (Donovan and Blake, 1992). The problem here, however, is that the medical interview is co-constructed by participants whose actions are likely to reflect cultural norms (cf Heritage, 1984a). Using a more 'client-centred' approach in medical interviews does not change the social fact that one is a professional and the other a sick person seeking help. As Armstrong (1984; 737) plainly states:

'attempts to establish the authentic version of what the patient says is misplaced, as investigation can only reveal what is heard, not what is said. The changes in perception which enable some things to be heard, and not others, are traced through medicine and the social sciences during the last 50 years and it is suggested that recent interest in the validity of the patient's view are no more than artefacts of these changes in perception.'
Armstrong questions whether it is possible to find an environment where the lay voice may be heard, and indeed this may well be pursued, as Lupton (1994) argues, in the interest of social equity. From a practitioner perspective, however, it is worth noting that the cultural dilemma is shared by both clients and practitioners (Silverman, 1987) and that implications for research should acknowledge this duality.

This brings us to the point of examining communication from an interactional perspective, where the social roles of the participants are implicated in the analysis. Now Crotty's call for a greater interest in how dietitians do their work and how their advice is received by clients becomes pertinent. The social context of the dietetic interview comprises a dynamic co-construction where the institutional frame - the place, the task, the roles of those involved, the time constraints, the assessment procedures, etc - provides a reference point for the actions of all parties (cf Drew and Heritage, 1992). In the teaching clinic context the institutional frame is even more defined, placing even greater constraints on participant action.

1.7 Developing a critical social pedagogy for dietetic practice

Like practice itself, a social view of the pedagogy of professional practice has received little attention, but there are indications of a need for change. Research into client-professional communication has been claimed as a significant consideration in the pursuit of social equity (Lupton, 1994a), but, health services research (and by implication, health personnel education) serves many masters. Navarro (1993) asserts that in the Anglo-Saxon world health services research has a narrow focus and is not accountable to the community. In calling for more critical research studies he implies an examination of not just research questions and methods, but of the way in which knowledge is constructed through the research process. In terms of health services practice, a greater degree of reflexivity is required to deal with the public health problems which we face today (Legge, 1994). The process of socialisation into health professional roles might incorporate such critical values by working from a pedagogical position which acknowledges that there are a number of ways to view practice.

The recognition that knowledge and competency are both socially produced (Chene, 1983; Brookfield, 1985; Robertson, 1987; Garrison,
1992) suggests that a critical pedagogy may assist students to be more actively engaged in the learning environment (Brookfield, 1991; Candy, 1991). Given that no form of pedagogy is value or theory neutral (Freire and Shor, 1987), critical pedagogy exposes the assumptions of the learning process (Brookfield, 1991) and encourages students and teachers to become 'critical agents in the act of knowing' (Freire and Shor, 1987, 33). Having said this, it remains important that practitioners be aware of their own assumptions behind a critical pedagogy, in a sense both doubting and believing in their actions (Inkster, 1988). Just as McHoul (1991) argues from the field of school-based education, that there can be no single practice called 'reading', there can be no single practice called 'nutrition counselling'. Instead we have a social construction of nutrition counsellings which is historically situated in a time when competency standards represent a political injection into the university-workplace relationship and counselling psychology has a strong influence within professional texts. The 'diet instruction' of yesteryear becomes no less valid as a form of practice than the 'nutrition therapy' of today. Given the discussion above, what is important is the recognition of this social construction and the incorporation of a critical view into the pedagogical process (cf Baker, 1991). Like nutrition counselling, there is also no single best way of teaching (Brookfield, 1992).

A critical social pedagogy would therefore be appropriately informed by research practices which explicate claims to knowledge and expose the research process to critique. A study of the everyday practices of dietetic pedagogy which positions the researcher in the research process would partly attend to this requirement. Attending to the way in which information obtained from students is presented as research data is another (cf Luke, 1992). In addition, viewing the everyday world as problematic would provide for a legitimate study of practice from a particular position in the field of study. Here the case of dietetic education at the University of Wollongong becomes a point of entry for the explication of dietetic pedagogy, a position from which others may extend, where further research in the area may be developed (cf Smith, 1988).

Having established this position, I return to my review of dietetic pedagogy which began by distinguishing between a pedagogy which is
based on idealised versions of practice and that which draws on an analysis of actual practice. A review of the professional literature demonstrated that there were benefits in providing students with an additional version of practice based on the latter, and that evaluating the associated pedagogical outcomes may contribute to the critique of the former. The first step would be to research the social organisation of the dietetic interview to provide this alternate version.
CHAPTER 2: RESEARCH ON THE MEDICAL INTERVIEW

Having established that there are benefits in addressing the social organisation of the dietetic interview as a contributing pedagogical discourse, the aim of this chapter is to review and critique relevant research on healthcare interactions. Through this process it will be shown that although a range of methods are implicated, studies which employ an ethnomethodological approach incorporating conversation analysis relate best to the purposes of this thesis.

At the outset, however, it is necessary to draw the distinction between studies concerning the sociology of medicine and those concerning sociology in medicine (cf Turner, 1987; 1). The former concerns the development of sociological theory and the latter uses sociological methods to address practical issues. Clearly the study of the dietetic interview lies within the bounds of sociology in medicine, but it is useful to review studies from both categories in establishing a methodological base.

The review begins with an examination of interactional analysis process systems, recognising their historical significance in drawing attention to problems in client-professional communication, but concluding that there are substantial methodological problems. This is followed by a review of the work of three outstanding medical anthropologists, Arthur Kleinman, Howard Waitzkin and Elliot Mishler, each of whom have acknowledged the need to broaden the use of methods and epistemologies to suit the essentially social nature of communications research on the medical interview. Limitations in their approaches to research to date, however, warranted a further step in the review to that of contextual studies of the medical interaction, notably those incorporating the principles of ethnomethodology and methods of conversational analysis.

Overview

The term 'medical' is used here in the broader sense of practices which pertain to the science of medicine (such as dietetics). Published studies
on client-professional interactions in health services predominantly concern doctors, although there are a number which include other health professionals (Anderson, 1979; Roter et al, 1984), and there are calls to broaden the focus (ten Have, 1995). Patterns identified within medical interviews may be similar to those involving other health professionals (Waitzkin, 1989a), and one would expect this to be the case for the dietetic interview, given its involvement in the culture of medicine (Lupton, 1994b). Like the dietetic interview, the client-professional relationship is on the agenda of medical education (Federman, 1990) and indeed there are established philosophical positions as to why this should remain so (Mishler, 1984; Kleinman, 1988; Waitzkin, 1991).

The broad perspectives of research in medical interactions reflect the array of disciplines attracted to the study, including sociology, linguistics, psychology, law, anthropology, economics, political science, philosophy and clinical medicine (Inui and Carter, 1985). Within this field of inquiry, methodological issues are vigorously debated. Central to the debate are the research purposes and the theoretical assumptions underpinning the research, both of which are highlighted in contemporary review articles (Mishler, 1984; Tuckett and Williams, 1984; Inui and Carter, 1985; Stiles, 1989; Charon et al, 1994; Silverman and Gubrium, 1994).

In studies of the medical interview, methodology is often argued from a perspective of method, that is a qualitative versus quantitative divide (Waitzkin, 1990; Roter and Frankel, 1992). Although there is variation in how both these methods are applied (and in theoretical frameworks), there are some common characteristics of method implementation. Quantitative methods are characterised by coding and counting components of the interview in order to establish correlational relationships (cf Stiles, 1989). Within this paradigm, validity and reliability are argued on a numerical basis, for example through random sample frames, large numbers of 'subjects' and measurements of inter-rater reliability on coding outcomes. In this way the interview is presented in terms of interrelated variables. Qualitative methods focus more on patterns in the talk itself, as well as the investigation of meanings and processes associated with these patterns (Clavarino et al, 1995; 226). In the case of conversation
analysis, for example, validity is argued on the basis of a collection of 'instances', where deviance is sought to demonstrate normalisation. Reliability is established through the exposure of raw data for open comment and challenge. In this sense, the strength of the analysis lies in its relationship with the theoretical position which informs the analysis and the adequacy of this theoretical position (cf Silverman, 1989). These dichotomous approaches have resulted in what Clavarino et al (1995) describe as a 'paradigm war', one which is perhaps false and unnecessary. In a carefully contrived study they were able to show that validity and reliability issues, raised in the context of coding studies, can be made transferable and relevant to qualitative data analysis. Problems encountered with inter-rater reliability, for example, could point to areas of the interview which deserve greater attention in a qualitative sense. On a more general note, Silverman (1989; 58) asks, 'why should we assume, for instance, that we have to choose between qualitative and quantitative methods?'. What is required is careful consideration of the research questions and the ways in which issues such as validity and reliability are attended to (Silverman, 1985; 1989; 1993). Atkinson (1992; 417) argues that while there is no single best way of 'reading data' (and multiple approaches may be useful), it is important to remain critical of all methods.

This does not imply, however, that methods may be easily combined, as suggested by some (see Roter and Frankel, 1992). Rather, dialogue on key issues such as validity could be established between different approaches to improve communication between research teams (cf Waitzkin, 1990). What will continue to separate various disciplines are differences in basic theoretical assumptions on which researchers develop consensus opinion (for example, see Stiles, 1989; Cappella, 1990; Mishler, 1990; Hammersley, 1993 and also Young, 1981; and Garfinkel, 1967). To quote Garfinkel (1967; 3), 'recognizable sense, or fact, or methodic character, or impersonality, or objectivity of accounts are not independent of the socially organised occasions of use'. In the ethnomethodological field, for example, all human interaction is a social construction, including the research process.

With this backdrop I will now review a range of studies of the medical encounter. I refer specifically to studies which aim to investigate the
interactional aspects of the interview, usually by means of tape recording the actual event.

2.1 Interactional analysis systems

Interaction process analysis systems are an example of the quantitative methods described above. Invariably these studies concern an evaluation of health service practice in terms of communication processes and outcomes. These outcomes may be defined as compliance measures or patient satisfaction scores, reflecting current cultural concerns in health services research. Implications for medical education are often inferred although rarely articulated in practical terms. One of the problems which subsequently emerges is the pedagogical difficulty of translating idealised categories into tangible practices.

The interactional process analysis method is based on coding specific details of the interview in order to examine the process of client-professional interaction (Tuckett and Williams, 1984). Amongst the first to use the approach were Korsch, Davis and their colleagues who used an expanded version of the Bales Interaction Process Analysis System (Freemon et al, 1971; 299). These studies were aimed at examining whether current medical practices resulted in effective communication with clients. The categories for interaction analysis were given as in Table 2.1.
Table 2.1  Categories of medical interaction (Freemon, et al, 1971: 299)

<table>
<thead>
<tr>
<th>Positive affect</th>
<th>1. friendliness, shows solidarity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. shows tension release, jokes, laughs</td>
</tr>
<tr>
<td></td>
<td>3. agreement and/or understanding</td>
</tr>
<tr>
<td></td>
<td>3a. simple attention</td>
</tr>
<tr>
<td>Neutral statements</td>
<td>4. gives instructions</td>
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<tr>
<td></td>
<td>5. gives opinion</td>
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<tr>
<td></td>
<td>6. gives information</td>
</tr>
<tr>
<td></td>
<td>6a. introductory, parenthetical expressions</td>
</tr>
<tr>
<td>Neutral questions</td>
<td>7. asks for information</td>
</tr>
<tr>
<td></td>
<td>8. asks for opinion</td>
</tr>
<tr>
<td></td>
<td>9. asks for instructions</td>
</tr>
<tr>
<td>Negative affect</td>
<td>10. disagrees</td>
</tr>
<tr>
<td></td>
<td>11. shows tension</td>
</tr>
<tr>
<td></td>
<td>12. shows antagonism, hostility</td>
</tr>
</tbody>
</table>

Each statement made by the doctor and client was coded according to these categories and from this patterns of relationships were established. These concerned, for example, the relative number of statements made, and topics raised by respective participants (Freemon et al, 1971). The Parsonian notion of task versus maintenance roles of individuals is evident, but the local interactional relationship between roles is lost. In this sense the idealised representation of communication processes makes it difficult to transfer findings to actual practice.

In the United Kingdom, the Byrne and Long study of some 2000 medical consultations, saw the development of another variation of categorical systems, this time focusing on the doctor's behaviour. The purpose of this study was to address communication issues in medical practice (with implications for medical education). The study notably produced six phases which characterised the structure of the medical interview: opening, primary complaint, examination, diagnosis,
treatment and closing (Byrne and Long, 1976; cited in Heath, 1992; 237). Within these phases further categories of activities were developed. There is some disagreement on the products of this study. Tuckett and Williams (1984; 574) suggest that the approach allows for the categorisation of consultations as 'client-centred' or 'doctor centred', but Mishler (1984; 43) contends that the form of presentations does not lend the findings to summary. Mishler points further to a weak and difficult coding system, but his main objection is that the system is essentially context-free: it does not account for what precedes or follows a coded unit (Mishler, 1984; 44). Like the Korsch and Davis studies, the notion of interaction co-construction is lost, although the concept of phases within the interaction provides a structural picture.

Throughout the literature there is a wide range of interactional systems reported, using a range of coding systems derived in a number of different ways (for example Bartlett et al, 1984; Waitzkin, 1985; Kaplan, et al, 1989; Beisecker and Beisecker, 1990; Becker and Nachtigall, 1991; Street, 1991; Butler, et al, 1992; Street, 1992). Reviews of these studies indicate the preponderance in the field of medical communication (Hall et al, 1988; Roter et al, 1988). In each case interactional categories are related to factors which researchers test empirically, usually against outcome measures or social variables. Some studies use methods established elsewhere such as those proposed by Bales (Stewart, 1984) Roter (Roter et al, 1984) and Stiles (Meeuwesen et al, 1991).

The Bales method has been implicated in previous discussion. The Roter system is a further modification of the Bales system aimed specifically at medical interactions (Roter et al, 1984). Each speech fragment by both client and professional is categorised and counted. Interactions are coded directly from tapes by a number of trained coders. As coding is based on sentences the interaction inevitably becomes disintegrated. Sentences become detached from the surrounding talk with associated loss of contextual meaning, a problem raised earlier in reference to the Byrne and Long study. Inui and Carter (1985; 536) are particularly critical of this effect.

'This approach is analagous to describing 'Hamlet' as a play with 21 principal characters, a ghost, a group of players, and various numbers of lords, ladies, officers, soldiers, sailors, messengers
and attendants - one of whom is already dead, one of whom dies by drowning, one poisoned by drink, two poisoned by sword, and one by sword and drink!

The approach to the study of Hamlet of course would be valid if the intention were to count the number of players, but, like Shakespeare's play, research questions on the medical interview are more complex. Stiles (1989; 215) adds to this concern with a critique of process-outcome correlations in studies of medical interviews. He argues that the results are misleading 'because this implicit assumption of randomness (of single statements) is absurd'. He argues that the problem of method has not been resolved and is unlikely to be so until more detailed analysis of the interaction has progressed.

The Stiles method attempts to overcome the disintegration of the interview to some extent by considering the notion of exchanges as a categorical unit of analysis. The result is a form of discourse analysis based on speech acts (Stiles and Putnam, 1992; Putnam and Stiles, 1993). The method is derived from the concept of 'verbal response modes' which are given as 'analytic rather than empirical; that is the modes are defined by principles of classification rather than by verbal descriptions of standard examples' (Stiles, 1978; 694). In applying these theoretical descriptions to recordings of actual medical interviews, Stiles and Putnam (1992) derived seven principle exchanges: exposition, closed question, checking, direction, inquiry, explanation, and instruction/contracts. Implications for medical education were then outlined (Putnam and Stiles, 1993). Correlational studies have been conducted using this method (Meeuwesen et al, 1991), although it is doubtful whether these studies have addressed the issues which Stiles himself raised in an earlier paper (see Stiles, 1989). There is still the problem of interpretive categorisation and a lack of an empirical base for the original categories.

One final point for consideration is that the interaction is essentially a social act. As Kuipers (1989) suggests, these studies lack a theoretical framework which addresses the social context of the interview: how ideology may be relevant, and how a sense of meaning may be obtained through interaction.
2.2 Analysing medicine as discourse: Kleinman, Waitzkin and Mishler

The need to broaden the use of methods and epistemologies to suit the essentially social nature of the medical interview has been emphasised by three outstanding medical anthropologists, Arthur Kleinman, Howard Waitzkin and Elliot Mishler. Each has taken a slightly different approach to examining the interactional process but their presence continues to be well documented in a broad range of contemporary research.

Kleinman's most famous work, 'The Illness Narratives' is based on ethnographic studies of the medical interview (cf Pappas, 1990). The ethnographic approach relies on observations and descriptions of what people do (Silverman, 1985) and how they make sense of their world (Cohen and Manion, 1989). Kleinman developed rich descriptions of professional-client interactions to develop his concept of competing 'explanatory models' which function in the medical setting. To quote Kleinman (1988; 49),

'The illness narrative is a story the patient tells, and significant others retell, to give coherence to the distinctive events and long-term course of suffering. The plot lines, core metaphors, and rhetorical devices that structure the illness narrative are drawn from cultural and personal models for arranging experiences in meaningful ways and for effectively communicating those meanings...

To fully appreciate the sick person's and the family's experience, the clinician must first piece together the illness narrative as it emerges from the patient's and the family's complaints and explanatory models; then he or she must interpret it in light of the different modes of illness meanings - symptom symbols, culturally salient illnesses, personal and social contexts.'

Kleinman (1988; 252-259) urges medical education to incorporate this understanding if medical practice is to become more humane. He suggests the medical curriculum finds place to teach students how to interpret illness narratives and to conduct 'mini-ethnographies' in the
medical setting. In addition the learning environment needs to be conducive to these changes by means of supportive action and mentoring.

The work of Kleinman and others has contributed to the recognition that there is a social side to medical practice. The concept of explanatory models however, has been described as essentially cognitive, focusing on the meanings which people attach to illness and how this shapes their actions. (Lazarus, 1988). Approaches based purely on what people say have been criticised for their focus on agency (the action of individuals) at the expense of the broader structural impact of the social world (Kuipers, 1989; Pappas, 1990).

In contrast, Waitzkin's critical medical anthropology views medical encounters as 'micropolitical situations' where action occurs in a context forged by 'macro-level structures in society'. (Waitzkin, 1989, Waitzkin and Britt, 1989). His central concern is the unequal distribution of power in the medical interview which in turn reconstructs the social order of medical dominance (Waitzkin, 1991). This perspective is relevant to medical education whose critics also recognise the concept of ideological reconstruction as a central issue (Atkinson, 1984; Good and Good, 1993).

Waitzkin also takes an ethnographic path to the study of the interaction and then uses a structural perspective to argue social causality (Waitzkin, 1991). His publications represent the use of a range of methods (Waitzkin, 1985; Waitzkin, 1991; Waitzkin and Britt, 1993) with a tendency to quantitative approaches. His main thrust, however, remains a strong theoretical stand on medicine as discourse. In contradistinction to the work of Kleinman, Waitzkin's theorising has been criticised for its emphasis of structural issues at the expense of human agency (Pappas, 1990). Waitzkin's approach is to start from a theoretical position and work the analysis through this position, which Silverman (1985; 187) criticises as partisan in nature. His writings, however, recognise that social structure is not an entity detached from society but rather continuously emerges in the concrete actions of individuals (Waitzkin, 1991; 121).
Working from Harvard Medical School, Mishler (1984) shares ideological views with both Kleinman and Waitzkin. His 'dialectics of the medical interview' focus on a struggle between the 'voice of the lifeworld' and the 'voice of medicine'. He argues that reform in medical education begins with reform in medical research practices, including that of medical communication (Mishler, 1984; 195). Without due attention to the assumptions and methods for conducting such research, Mishler believes the development of more humane practice will be hampered.

Mishler's research on the medical interview draws on tape recordings of interactions in the clinical context. He is critical of interactional process analysis systems suggesting that the application of categories to talk invokes theoretical and social biases and that concepts of coding reliability are 'essentially meaningless' (Mishler, 1984; 20; 38). With the focus on how professionals and clients construct conversation, Mishler's research method calls for highly detailed transcriptions akin to that of conversation analysis. He then analyses talk in terms of the 'voice of the lifeworld' and the 'voice of medicine' focusing deeply on specific interactional sequences (for example, see Clark and Mishler, 1992).

Like Waitzkin, Mishler works from a theoretical position which in turn informs his approach to analysis. This position concerns the ways in which the two 'voices' are heard and the inherent meanings behind what is said (Mishler, 1984). There are limitations created by this position in that it exposes the data to a singularity of explanation (cf Silverman, 1989), and may bias data selection (cf Waitzkin, 1990). The issue of validity is made more serious in the Clark and Mishler (1992) study where conclusions are based on the analysis of only two case studies. Mishler (1990) frames validity in terms of the social construction of knowledge, recognising that ongoing discourse between researchers and the successful application of research findings to practice support what counts in the end. Be that as it may, Hammersley (1993) contends that to constitute theoretical description, it is necessary to establish whether the conclusions drawn can be linked to the target population.
It would seem that the value of Mishler's work leans toward an educational contribution, given that it focuses strongly on talk-in-action, but as a work of theory it has yet to be developed. As such, from the position of studies of sociology in medicine, it is worth pursuing his approach, at the same time attempting to address the problems raised. Starting with the positive aspects, Mishler proposed an in depth analysis of contextualised naturally occurring data in order to improve practice. A review of like-minded studies in the medical settings would seem warranted.

2.3 Contextual studies on the construction of talk in the medical setting

The starting point for Mishler's work was the need to examine actual talk in the medical encounter by means of attention to detailed transcripts (Mishler, 1984). A range of studies has appeared in the literature in the last decade which apply this approach in a systematic and informed way. There is (still) discussion on whether and when to incorporate ethnographic data in the analytical process, but essentially these studies highlighted ways in which the interview itself was co-constructed by the participants.

2.3.1 From meanings to action

The ethnographic influence is obvious in Fisher's (1983) early paper on how treatment decisions are negotiated in medical talk. Here Fisher argues that a concern for certain practical outcomes implicates the strategic use of questions by both parties in the interview. Although not specific in her recommendations, Fisher acknowledges that an awareness of such interactional processes would improve communication in this setting. This essentially ethnographic study was conducted through participant-observation at a reproductive medicine clinic over a 13 month period of which 8 months was spent audio taping medical consultations. The notion of a study population, or context was therefore well defined and this would partly address validity claims, but the transcripts of interviews did not show details of talk and the analysis focused more on talk in relation to ethnographic details rather than on conversational action.
By comparison, Hughes (1982) analysed recordings of 120 first visits to a specialist cardiology clinic and focused on question-answer sequences. He found the interactions to have a distinctively rigid form which he argued was the result of not so much the strategic use of questions as the conversational 'competence' of the client in being able to take opportunities to change this form. Hughes' transcripts demonstrated far more detail and focused on the action in talk rather than ethnographic background. In a similar fashion Marshall (1988) examined 215 videotaped recordings of medical consultations in a respiratory medicine facility and suggested that forms of 'conversational co-operation' were required to improve communication. He established this by means of a sociolinguistic analysis of turns at talk, use of pronouns and problems with discourse structures. Marshall proposed the use of recorded interviews in medical education where students could learn to analyse their own performances and discover ways of improving 'conversational co-operation'. Like Fisher (and Cicourel, 1983) he also argued that doctors tended to follow a line of clinical reasoning isolated from the interaction, but suggested that studies of power inequity exposed as interactional asymmetry should not overlook an adequate analysis of the talk in action (Marshall, 1988; 215).

Starting from an ethnographic perspective, these studies were beginning to show that there was more to the interview than could be assumed from a basic social description and that an understanding of this dimension could be exposed by close analysis of carefully prepared data on talk-in-action.

Following this line of reasoning Shuy (1983; 193) took the crucial analytic stand that the medical interview did not constitute normal conversation. His paper on inference in the medical exchange was based on argument using three exemplary medical histories. With care he noted that the aim of the exercise was not to characterise medical interviews, but rather to demonstrate certain structural features, an understanding of which could be of benefit to practice. Given that the history format was based on a set of questions, he found, predictably, that the overall structure was rigid, but unpredictably, that the way in which it was produced varied greatly. This variation included the sequential order of topics, the recycling of topics and the topic initiator.
(not always the doctor). Thus the interview was a structured discourse co-constructed by both participants.

The second important finding was that the nature of the interview changed a number of features of talk:

1. It restricted the ways in which participants could interact (as compared to unbridled conversation). Clients had limited options for responding to the doctor's statements than they would in normal conversation. Given their relative positions the clients could not expand, change, disagree or ignore topics introduced by the doctor. They had limited opportunities for interrupting, pausing and requesting clarification.

2. Regular conversation tokens such as 'uh-huh' (yes), 'huh hu' (no), 'huh?' (what?) were used ambiguously out of the ordinary conversational context. The ambiguity was further presented in two different responses to the question 'How are you?'. One response accounted for the question as a greeting the other as an inquiry into her health. Attaching the qualifier 'pretty good' removed the ambiguity.

3. Openings, closings and transitions in talk were far more abrupt. There was less evidence of pre-closing statements ('well, that's it'), and transitions were sharp, ('OK, next question'), exemplified metacognitive behaviour ('what I'll do now') or demonstrated place holding while the next question was being thought up ('uh', 'ah', 'okie dokie', 'alright', 'now').

Shuy (1983) argued that these features of the medical interview made it imposing and unwelcoming. He suggested that attempts to make the interaction more like ordinary conversation may be one way of overcoming difficulties with communication. Atkinson (1982), however, warns of such moves, arguing that formality has a lot to do with managing the task at hand (see Chapter 3, this document).

Fisher (1984) extended these concepts by arguing that the medical interview is a social event, not unlike the classroom situation, where a specific task is undertaken by those present. The interaction is
achieved within certain constraints which reflect the institutional organisation. In a similar heuristic fashion to that described in Shuy's article, Fisher demonstrated the sequential and vertical organisation of the medical interview by close examination of examples from medical encounters. Using the concept of adjacency pairs (Sacks et al, 1974; see also Chapter 3, this document), she exposed the asymmetry in the interaction and called for an 'alternative collaborative approach' between discerning clients and the doctors who would treat them (Fisher, 1984; 221).

The final study to be reviewed here takes the issue of asymmetry further and ends by focusing on the need to extend the theoretical components of research in medical interviews, with perhaps less immediate attention to the practical implications. In a close examination of 21 family practice consultations West (1983) demonstrated that although the interaction was mutually accomplished with both parties implicated in the production of asymmetry, patient-initiated questions were 'dispreferred' (not supported by the doctor). This study is particularly interesting because West spent time articulating the definition of a question with reference to the concepts embedded in the tradition of conversation analysis (Sacks et al, 1974). Part of the empirical treatment of her data involved counting the number of professional and client initiated questions. This provided a useful reference point for the accompanying close analysis of question-answer sequences. Although she made reference to medical and client education, West (1983; 103) contended that in doing so 'empirical investigation of the structure of communication is itself surely the first priority'.

The research discussed thus far has highlighted the co-construction of the interview rather than implied that participants' actions are guided purely by structural forces. The findings were established by the systematic inquiry into actual practice using articulated methods and checks for validity such as accounting for phenomena across the database or establishing empirical argument based on principle. The studies were able to make practical suggestions for medical education given that they worked from the basis of actual talk and did not move off onto idealised versions of activity. For these reasons, reviewing
the dietetic interview using this approach would clearly address the aims of the study of the dietetic interview.

Inevitably as research in an area progresses, however, the theoretical perspective becomes much stronger (as we may see develop in research on dietetic practice). Referring back to the dichotomy of sociology-in-medicine and sociology-of-medicine, the continuation of the review of studies of the medical encounter demonstrates that care needs to be taken to ensure the proper grounding of the study on the dietetic interview. In the following section the development of research on talk-in-institutions as a separate discipline is outlined. This discipline would fall within the frame of the sociology of medicine.

2.3.2 The medical interview as institutional talk

From the few investigations reviewed so far it is apparent that Mishler's notion of disparate and competing 'voices' in the medical interview is too simple as a theoretical position (cf Atkinson, 1992; 470), but useful as a starting point for examining issues such as asymmetry (cf Maynard, 1991a). Research on the close analysis of actual talk in the medical interview has supported the claim that theoretical principles developed in the study of talk in ordinary conversation can provide the bedrock for building a theoretical framework for talk in institutional settings (cf Drew and Heritage, 1992). For example, the concept of 'preference', raised in the West study is associated with the notion of 'turn design' one of the tenets of conversation analysis (Sacks et al, 1974). Applications of conversational analysis to talk in medical settings has resulted in a range of applied studies (Psathas, 1990; 20) and the development of a separate category of research in 'institutional talk' (Drew and Heritage, 1992).

Contemporary studies of interactions in the medical setting have been identified as contributing to this latter research tradition (Drew and Heritage, 1992). These would include studies in AIDS counselling (Silverman and Perakyla, 1990; Perakyla and Silverman, 1991a; 1991b), gynaecological consultations (Weijts et al, 1993), general practice consultations (Frankel, 1990; Heath, 1992), health visitor reviews
(Heritage and Sefi, 1992), and specialty clinic consultations (Silverman, 1987; Maynard, 1991a). Some have companion articles which inform the researched of the relevance of findings to practice (for example, see Silverman et al, 1992a; Silverman et al, 1992b). Although focusing on developing theory within the sociology of medicine, a number of concepts contained in these studies may be applied to studies of sociology-in-medicine, and by implication, medical education. With this in mind, the concepts of communication formats in AIDS counselling and the perspective display series in presenting diagnostic assessments are presented and their relevance to the study of the dietetic interview is discussed.

2.3.3 Communication formats in AIDS counselling

Although a number of papers have been produced from this particular study, the review presented here focuses on an article which appeared in the practitioner journal AIDS CARE (Silverman et al, 1992a). This article is relevant to the study of the dietetic interview because it clearly outlines the products of the study in terms of implications for counselling practice.

Like the dietetic interview, the authors noted that counselling practice was informed by idealisations and institution-generated definitions. Research to date had focused on behaviour change, education and psychosocial support rather than the communication process itself (Silverman, et al, 1992a; 70). In contrast, this research would look at how counselling works in practice and the consequences of different approaches to communication within the counselling process. Interactions between clients and counsellors were recorded from 5 centres in England and 2 in the United States resulting in 90 cases involving pre-(HIV)-test counselling and 10 post-test counselling sessions.
Close analysis of the full database revealed the presence of three 'communication formats' within the counselling session.

- The interview format was characterised by the counsellor asking questions and the client providing answers. This format was also found to elicit client perspectives and understanding of the issues relevant to the session, but it took time which had implications for clinic management. The time issue became apparent when abrupt shifts in topic were required to progress the session.

- The information delivery format presented as the counsellor talking within extended turns. One of the features of this format was that it did not require the client to expand on delicate issues, but at the same time, the client perspective was not obtained. The result would be good time management, but superficial counselling.

- The service encounter occurred when the client asked the counsellor questions.

In discussing the relevance to counselling practice, the authors looked at the competing effects of information delivery and interview formats (but stressed the need to bear in mind the sequential order of the interview as a whole). They noted that 'clients are not usually able to claim the floor in the same way as professionals' (p79). Time management aside, asking questions encourages people to participate in the interaction and in reference to a companion article, encouraging this participation is often a difficult task for counsellors (Silverman and Bor, 1991).

This raised the question of what constitutes effective counselling. Silverman and co-workers referred to the Byrne and Long (1976) study of medical encounters which on finding that two thirds of doctors simply announced diagnostic assessment and instructions for treatment, introduced the notion of client-centred practice. This was operationalised as asking the client for their opinions and negotiating treatment protocols. If this were the aim of counselling, then the interview format for counselling would seem to have advantages over the information delivery format. There are no claims to validate these
proposals, but it does suggest that evaluation studies on educational interventions would be of interest.

There are a number of issues to raise from the review of this article. First, it can be shown that careful analysis of data derived from actual practice can produce results which have tangible relevance to practice. The interpretation of these results, however, are highly dependent on the contemporary cultural definitions of what counts as effective practice. We are reminded of Armstrong's (1984) critique of 'the patient's view', and move now to examine this in closer detail with Maynard's working of the issue in the context of an asymmetrical encounter.

2.3.4 The perspective display series

The perspective display series (PDS) is an interactional phenomenon which Maynard (1991a; 1991b; 1992) grounded in the contemporary medical interview. In ordinary conversation it constitutes a strategy for 'trading information and opinions on ordinary social objects' (Maynard, 1991a; 449), presenting as sequences which might begin with utterances such as 'what do you think?'. In the medical interview, Maynard (1991a) has shown that the PDS takes a different slant, whereby doctors are able to present information which co-implicates the client, having first invited the client's opinion. Thus we have a situation where the patient's view is elicited for the purpose of presenting a qualified assessment which in previous times was bluntly announced. To this extent, Armstrong's (1984) concerns would appear to be validated, with the qualification that this outcome is a mutual achievement (see below).

Maynard's (1991a) seminal work was based on 50 interviews between specialist physicians and parents at a paediatric clinic. Using Mishler's (1984) analytic sequence of question-reply-response implicated in medical interviews, he categorised the data into 13 question initiated segments. From a close analysis of these segments using techniques of conversation analysis, Maynard was able to describe and account for the PDS in this setting. His analysis drew on a deal of material already established through the discipline of conversation analysis. These included Button and Casey's work on receipt and announcement of
news, Schegloff's findings on the preference for agreement, Pomerantz's work on agreeing and disagreeing and by implication through Mishler's medical sequence, Sacks' work on adjacency pairs and sequencing. In extending the discussion on the PDS in the medical interview, Maynard worked from the principle that, given the orientation of parties to the institutional environment, talk in institutional settings will differ from that of ordinary conversation and will display specialised sequential mechanisms (cf Heritage, 1984a; 239-240).

Using the news announcement-receipt as a reference point, Maynard (1991a; 459) described the PDS as a sequence of four turns. The first two turns would take the form of preliminary talk to the news turns. Thus the sequence appears as:

First turn at talk = invitation to express opinion (PD invitation)
Second turn = provision of opinion (reply)
Third turn = delivery of information (news announcement, report)
Fourth turn = response to information (topicaliser)

One of the benefits of this sequence was that the first speaker could withdraw from the third turn if the reply to the first turn was unfavourable. The series could also be expanded using probes to obtain further details of the client view before delivering the information. The process therefore represented a cautious way of communicating, given that a straightforward opinion may present with problems, particularly if the parties did not know each other well (Maynard, 1991a; 466; 1991b; 189).

From a practical perspective, demonstration of this phenomenon using extracts of actual talk would enable practitioners to see how various ways in which they present assessments may be received by clients. Extending on the earlier comments proposing the value of the interview format (Silverman et al, 1992a), practitioners would be able to gain further information on question formulation and the possible consequences of putting proposals in various ways.
In addressing the issue of the co-construction of asymmetry, Maynard distinguished between a PD invitation that is marked versus one that is unmarked (Maynard, 1991a). Marked invitations are 'suggestions or proposals that require acceptance' (Psathas, 1995; 63). Thus, the invitation, 'what do you think of the problem?' is marked because it requires acceptance that there is a problem. Of course, the client may disagree at this stage and say 'well I don't think there is a problem' which makes further discussion on the diagnosis difficult. On the other hand, unmarked PD invitations (for example, 'how would you see this?') invites the client to formulate a problem, because the reason for the visit (the orientation to the institutional environment) means the client will work in that direction. Either way, both forms of PD invitation attend to the same task of problem formulation. It is in this light that Maynard (1991a; 486) views the asymmetry of the interview, summarising his findings that

'\textit{the asymmetry of discourse in medical settings may have an institutional mooring, but it also has an interactional bedrock and the latter needs sociological appreciation as much as the former.}'

Research on such discourses can take seriously the ethnomethodological proposal that, regardless of the setting, (his emphasis) there is indigenous orderliness to everyday scenes of social interaction.

Maynard thus leaves us with a highly developed view of the medical encounter and a strong theoretical framework from which to design research. There are obvious benefits in incorporating an ethnographic approach in defining the study population and establishing claims across the study sample. From an ontological perspective, however, an understanding of ethnomethodology and conversation analysis is warranted.
CHAPTER 3: ETHNOMETHODOLOGY AND CONVERSATION ANALYSIS

A review of research on the medical interview has revealed that studies which employ an ethnomethodological approach relate well to the purposes of the study of the dietetic interview. This chapter will extend the argument, with a limited review of ethnomethodology (EM) and conversation analysis (CA), highlighting issues which are specifically relevant to a study which aims to examine the social organisation of a healthcare interview and critique the learning context. For the purposes of clarification, the study of the dietetic interview has two interactional dimensions: the interview in the teaching clinic and the pedagogical process. Both these dimensions are subject to social construction and as such would lend themselves to scrutiny.

Issues concerning the pedagogical process have been raised in Chapter 1. Here the problems of viewing pedagogical processes in a self-defining, self-perpetuating manner were raised. A critical social pedagogy which espouses that there are many ways to view practice was presented, and a research approach which examined everyday practice from a position within dietetic education was argued.

In relation to the interview in the teaching clinic, a review of studies of the medical interview found a number of problems with the range of methods employed. This was particularly the case when the aims of the study were to undertake a micro-analysis of the interview process.

- Interactional analysis (coding) systems had the effect of disintegrating the interview with a concomitant loss of sequential organisation, and thereby meaning and relevance. The analytical process was based on single grammatical units (eg sentences) or speech acts, both of which have origins in theories of language which are not based on actual talk (cf Goodwin and Heritage, 1990; 285). Amongst other issues, these studies reflected a need to examine talk-in-action within a theory of language which reflected its everyday use.
• Anthropological studies were found to be limiting when they restricted their task to interpretations of meanings within the talk at the expense of examining the influence of social structures, or alternatively interpreted talk purely in terms of social structures without attending to human agency. Where attempts were made to address both, there was a need to articulate a theoretical frame on which to base analytic assumptions and establish validity claims.

• Ethnographic studies were found to demand more than a basic social description of interview context, and an interpretation of meanings within the interview. A number of these studies began to incorporate an examination of the nature of talk-in-action.

• Sociolinguistic studies which recognised the medical interview as a form of institutional talk were able to approach the analytical task using a systematic and defined process drawn from the discipline of conversation analysis. The results of these analyses were more developed in terms of describing in detail the actual phenomena contained in interactional discourse, providing tangible reference for practice.

The essential question which emerged from this process concerned the nature of talk itself. If this were to be the 'object' under study, then a clear understanding of how it may be constituted was required. A theoretical position on this understanding is provided by ethnomethodology.

3.1 Ethnomethodology

The term ethnomethodology is attributed to Harold Garfinkel following his original systematic studies of common sense knowledge (Turner, 1974). Garfinkel (1974) himself acknowledged there was a search for the meaning of the word and that researchers would likely change this meaning with time. In essence however, ethnomethodology concerns the study of the rational methods people use to go about everyday life in a social world. Language and conversation provide for some of these methods.
Ethnomethodology (EM) is linked ontologically to the Berger and Luckmann (1966) concept that human reality is socially constructed, and to Wittgensteinian views of language as meaning in action. Rather than having single meanings, words are seen to belong to 'families' of meanings which are developed through action. Thus language becomes 'indeterminate, negotiable and subject to change'. (Heritage, 1984a; 145). As Bakhtin was to argue, given the dialogic nature of language, it is not possible to give a precise scientific description (Lodge, 1990).

Within this view of language, EM, asks 'how is the social order possible?' (McHoul, 1994; 108). Garfinkel (1967) claimed that social order was, in the first instance, observable. Starting from a Parsonian position of society, his studies of students acting as social and cultural 'dopes' found that actions outside of social norms were 'sanctioned'. This sanctioning action exposed both the common understandings and the moral order which defined social norms. Thus one of the main assumptions of ethnomethodology is that people act within 'normative reference standards'. This does not imply that people's actions are governed by these standards, rather the standards act as constraints or reference points (Heritage, 1984a). Conceptually this was a major shift from the Parsonian view of the social world. Thus, in conversation, a greeting is usually met with a greeting response (though not always). In a sense the social action we observe is a self-fulfilling prophecy: we live up to social expectations (Garfinkel, 1967), and deviation from the norm becomes the 'exception which justifies the rule'. At the same time social expectations continue to be constructed and calibrated through action and the of testing norms, so the system is not static.

The principle of social action has informed research in a range of areas. For example, Green and Meyer (1991) were able to show how acceptable forms of reading are constructed by means of correction in the classroom. The cultural norm for reading is exposed when the norm itself is 'breached', exposing by difference the acceptable alternative. In the study of the dietetic interview, the privileging of student comments which fit the cultural norm for teaching is another example of how the pedagogical process may construct what is to count as learning.
3.2 Cultural knowledge and professional competence

A central theme in Garfinkel's (1967; 53) ethnomethodology (EM) is that 'common sense knowledge of the facts of social life for the member of society is institutionalised knowledge of the real world'. In Garfinkel's sense, competence refers to the use of methods in everyday social action, where lack of competence is sanctioned through the moral order. In this sense then, scientific knowledge is sanctioned by the scientific community, and what counts as adequate professional practice is sanctioned by the professional community. The student, lacking experience, does not have the cultural knowledge to function competently in the social context of the professional interview (cf Heritage, 1984a; 103). The theoretical position of EM is therefore quite attractive for the study of the dietetic interview.

In the teaching clinic each participant would bring certain life experiences and expectations of the professional interaction. A lack of experience on the part of the student will include a lack of social competence in taking on the role of the professional. The social competence of the professional is achieved by the individual keeping company with the group of interest and developing a sense of the norms of what is expected (cf Heap, 1991). This would normally be achieved through practical training where students observe experienced practitioners and mould their actions through the feedback they receive on their own performances. An educational program which pre-empts this lack of experience by attending to issues of social competence should result in fewer sanctions on the part of the student and 'speed up' the learning process.

In the educational sense, 'competence' is defined in a very different way. Instead of a concept for understanding social order, it is presented as an idealised version of practice (see Chapter 1 this document). Professional versions of competence focus on the knowledge base of the professional and his/her ability to perform certain tasks. In practical assessment terms it presents as a list of student behaviours. Given that interactions are constructed by two people, however, this unilateral approach is potentially problematic.
From a practical point of view the EM perspective would help view idealised competency in terms of actual practice. Professional performance indicators provide specific direction on how the interview should be conducted by the student, but such institutional intentions are subject to imperfect conscious control (Heritage, 1990/91). Moerman (1988; 30) draws the distinction between the broad overview of an interaction and talk at the micro-level, arguing that the latter is 'undeliberate, unanticipated, unconscious and unremembered'. It all happens too fast.

3.3 Ethnomethodology as social construction

Earlier we saw how Garfinkel himself alluded to the construction of EM through the action of researchers. McHoul (1994), and Baker and Luke (1991) call for research practices which expose this construction to critique, to not rush to a position of 'logocentrism' where theory or method has the license on truth. In social research the 'objects' of study are not available in the same way to researchers as they are to the people being researched, such that 'the phenomenon always escapes' (Silverman, 1989a). In addition, because the study of ethnomethodology involves the very actions which people (including researchers) use on an everyday basis, 'principled methodological footing (is) extremely difficult to achieve' (Heritage, 1984a; 159).

McHoul (1994) suggests we should work toward a 'critical ethnomethodology' which allows for the 'opaque' relationship between research practice and the phenomenon under study. Teaching the social construction of the interview from research outcomes will represent another form of cultural practice which creates and sustains knowledge and authority relations - in determining what counts as practice (cf Baker, 1991; 166). Adopting the epistemology of ethnomethodology will serve the research purposes for the study of the dietetic interview more than adequately, but the application of results should still considered in a critical, reflexive light so that an awareness of teaching as cultural practice is maintained.
3.4 Conversation Analysis

Conversation analysis (CA) is a distinct stream of ethnomethodology (EM) (Heritage, 1984a; Lee, 1987; Heritage, 1988; Heritage, 1989). Theoretically and historically, CA draws on the epistemologies of both EM and phenomenology (Goodwin and Heritage, 1990). It shares with EM the descriptive study of naturally occurring phenomena and the assumption that talk as a social activity is based on social competencies which people demonstrate on an everyday basis (Heritage, 1984a; 241). Within the tradition of Garfinkel, this social competence is acted out with reference to normative standards. That deviance is sanctionable exposes the inherent morality of the social frame. Talk-in-action is therefore accountable, there is little need for overt explanation of what is going on or what is implied (Heritage, 1988).

CA also strongly acknowledges the significance of context, hence its links with phenomenology (cf Goodwin and Heritage, 1990). Specifically CA incorporates a number of concepts developed by Goffman (1981b), notably ritualisation, participation frameworks and embedding. Through his research, Goffman argued that people would attend to the social acceptabilities of an occasion, change their alignments (footings) depending on how the interaction progressed, and choose their words reasonably carefully. Talk is not neutral, as Goffman(1981b; 4) was to say,

‘Deeply incorporated into the nature of talk are the fundamental elements of theatricality.’

Although Goffman was a contemporary of early CA researchers, he maintained a different theoretical stand on normative order, perceiving it as functional rather than produced through action (Psathas, 1995).

The ground breaking work of CA was initiated by students of Garfinkel and Goffman over 20 years ago and is epitomised in the seminal paper of Sacks, Schegloff and Jefferson (1974). The 'Simplest Systematics' paper outlined rules of conversation that were akin to rules in a game of chess. Talk is far more complex than chess, but there are some general principles which could be described as 'moves', some working
better than others (Wardhaugh, 1985). At the base of this action is the principle of conversational co-operation, known as Grice's maxim which became the third of CA's theoretical legacies (Goodwin and Heritage, 1990).

Assumptions

CA was thereby founded on four basic assumptions (Heritage, 1989; 22)
1. interaction has a structural organisation
2. what parties say and how they say it is shaped by the current context and then generates the context for what is to be said next (turns at talk are context-shaped and context-renewing)
3. every detail in the talk is relevant and admissible
4. the study of social interaction is appropriately achieved by the study of naturally occurring talk.

Given this understanding of talk in interaction, category based systems of analysis were considered highly inadequate on the basis that

• preformulated categories distorted and misrepresented the features of talk
• they reduced talk to a finite set of variables
• they replaced the meanings in the actual context with those embedded in the category system
• they were biased toward quantification, and ignored the finer details of talk in a given context (Psathas, 1995; 8).

Unlike category methods which worked on large masses of data, CA established itself on the detailed analysis of specific 'instances' of talk. These fundamental differences remain at the base of mutual criticisms today (cf Psathas, 1995). CA is still very much a developing field. Whilst Heritage (1988; 144) summarises the framework for data analysis as 1) inductive search for regularity, 2) deviant case analysis and 3) theoretical integration into other findings, he asserts that 'the effectiveness of CA research is not guaranteed by the application of a fixed set of methodology canons, but rather by the resourceful use of current knowledge'. Although coming from a different perspective, Lynch and Bogen (1994) also argue this point, warning against too rigid a notion of analytic competence.
3.4.1 **Conversation analysis as method**

Given the commitment to the study of everyday activity, CA's laboratory is the 'real world' (Heritage, 1989), absent of researcher induced experimental control. In the naturalist tradition, the researcher collects specimens of data (Heritage, 1988) and builds on this to establish and continuously mould a descriptive account of the interactive social order. This is an inductive analytic process with the task of demonstrating that the regularities identified are produced by participants in a norm-referenced fashion (Heritage, 1988).

The research process begins with the assumption that these regularities are discoverable (Moerman, 1988; Psathas, 1990). Talk-in-action is audio recorded or video recorded (Goodwin and Heritage, 1990; 289). Careful listening enables the researcher to discover particular instances of talk which are of analytic interest. This is called the 'candidate phenomenon' (Moerman, 1988). The first stage of the analysis is a detailed description of the phenomenon or 'instance'. A detailed transcription is developed as an analytical aid, but constant review by listening to the recording is essential (Sacks, 1984; Silverman, 1985; Hopper, 1989).

The next stage of the analysis is to find other such 'instances' across a wider database with the aim of broadening the collection. Variation in form is to be expected, and indeed helps to define and frame the instance (Moerman, 1988), at the same time providing testimony to its complexity and richness (Psathas, 1990). The search for deviant cases is central to the analytic task, because it is through their analysis that the role of the regularity observed in the database is exposed (Heritage, 1988). Finally the case is presented of the phenomenon, but in its 'raw' form, not as idealised categories.
Transcription

The provision of data in its raw form is one of the most important components of CA's claims for validity and reliability (cf Sacks, 1984; 26). The extent to which the transcription replicates the actual talk is a measure of the validity of the data. Thus the conventions for transcription are highly detailed. The reliability of the claim is established by means of presenting the raw data, laying it open to counter claims. Continued analysis is welcomed, aimed at extending and deepening the understanding of the interactional regularity (Psathas, 1990).

The transcriptions and recordings are of course representations of the actual event and can never replace all that soon becomes past, no matter how good the recording technology or how detailed the written text. Despite the proffered availability of recorded data, the transcript has the wider distribution, appearing in learned journals and books. Bogen (1992; 280; 290) suggests that transcripts 'function as a literary genre' where the task of the analyst is to expose the actual event as accurately as possible, resulting in a 'technically prolix notation'. He argues that the rigour of the analytic writing in guiding the reader through the action represented in the text creates a convincing plot which strengthens CA's position in the scientific community.

Data presentation

Data are presented as single episodes which demonstrate the phenomenon under study. As Moerman (1988; 36) explains, 'actual inspection of the phenomenon and the definition and analysis such inspection yields is concentrated on clear and simple cases'. For a study of order in the social world, Schegloff (1987) points out that the single case provides the locus, and as such social theorizing is answerable to it.

Moerman (1988; 40) draws on medical analogues, aligning CA research with clinical case studies as opposed to epidemiological research. Clinical case studies do not exist in isolation of other theoretical frames. They draw on theories from other areas of biomedicine such as pathophysiology, biochemistry and immunology and often incorporate social and environmental data. Likewise CA has strong theoretical
reference links with sociolinguistics, anthropology and ethnomethodology. For a student of medicine, the clinical case study is invaluable as, unlike esoteric areas of biomedicine, it deals with actual medical problems with all their complexities and interrelatedness. As all people are different, clinical case studies vary, but the student is able to learn certain principles of practice through the analysis of regularities across cases. This would be similar to the contribution which conversation analysis would make to the study of social action.

**Units of analysis**

Given that CA attends to context, both as influencing and influenced by the action of talk, the starting point for analytical work is the turn by turn sequence (Sacks, 1984). Button and Lee (1987; 5) refer to this as the 'analytic dynamo of CA'. Within sequences, the unit of analysis is the adjacency pair (Sacks, 1992). The *adjacency pair* is represented as one person initiating talk and the other responding, which is itself a form of organisation. The concept provides for a display of methods people use to connect with each other through conversation. Their actions indicate an acknowledgement of what the other has said and the inferences taken by what was said. The adjacency pair is defined as

1. a two part sequence
2. the two actions are adjacent
3. the actions are produced by two speakers
4. the parts are ordered as first and second pair parts
5. the pairs can be typed, for example greeting-greeting ; question-answer ; summons-response. A second speaker shows a particular understanding of a first pair part by the provision of a second pair part. (Heritage, 1984a; 246)

The concept of the adjacency pair acts as entree to the 'machinery' of conversation (cf Sacks, 1984; 26). Loosening up the concept allows the analyst to view other forms of organisation based on 'next action' (Goodwin and Heritage, 1990). Within this system of analysis, there is no claim to invariance in the way in which the conversational machinery is operated so CA studies do not lend themselves to interesting statistical analyses (Heritage, 1984a; Goodwin and Heritage, 1990; Psathas, 1995). Rather, the analytical approach is to expose the
normative framework by means of the close examination of deviant cases.

An example of a regularity of conversation may be that 'an answer usually follows a question'. Using CA, this phenomenon is confirmed by the close examination of deviant cases. Heritage (1984a; 248-249) explains the process through analysis of an extract from Atkinson and Drew (1979; 52).

<table>
<thead>
<tr>
<th>Child:</th>
<th>Have to cut these Mummy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1.3)</td>
<td></td>
</tr>
<tr>
<td>Child:</td>
<td>Won't we Mummy</td>
</tr>
<tr>
<td>(1.5)</td>
<td></td>
</tr>
<tr>
<td>Child:</td>
<td>Won't we</td>
</tr>
<tr>
<td>Mother:</td>
<td>Yes.</td>
</tr>
</tbody>
</table>

The case is deviant after the first turn at talk because the mother has not provided an answer. The child, however, pursues the response. The moral order is exposed through this pursuit and through the mother finally giving an answer. The child has demanded her right of a response and the question is accounted for in the child's persistence and the mother's final answer.

How could this initial deviance be explained? The first thing to notice is the system of turn taking. The child takes the first turn, addressing the recipient as 'mummy'. There is a silence. The mother does not take up the turn and the child provides another version of the first utterance, this second version taking its meaning from the first utterance, inferring the mother has heard. There is another silence and the child takes a third turn: a repeat of the last utterance minus the reference to 'mummy'. The mother provides an answer in the fourth turn. Note that the mother did not take her turn until much later, despite having the opportunity (made evident by the pauses).

This turn design has to do with the orientation of the mother and child to each other. The term 'mummy' is a 'membership categorisation device' which accounts for this form of 'category bound activity' - activity which would normally be seen in certain membership categories, in this case, between a mother and a child (cf
Sacks, 1974). The way in which the two respond to each other is the recipient design. An interesting aspect in this case is the child's calibration of her turns as she gets no response from the mother. Her first turn could be a statement which she then clarifies with more of a question form and finally drops the polite 'mummy' as her demand for a response escalates.

In this single 'instance' it has been possible to view the core features of CA's analytic apparatus, the final outcome being a demonstration of how the participants co-constructed the interaction with particular reference to each other as mother and child and in attending to the task within the talk.

A collection of such cases would likewise show that when people do not answer a question immediately inferences are drawn which are apparent in the subsequent turns. (Note the emphasis is on the action, implying there are many 'answers'). Thus subsequent questioner turns may take the form of repeated or reformulated questions, and answers may take the form of excuses or accounts and so on. In each case the question is accounted for.

3.4.2 Research in conversation analysis

In addition to the features described above, an increasing number of other features have emerged in the discipline of CA which are now available for reference and consideration in further studies. Jefferson's (1986) work on 'unpacking a gloss', for example looks at resources parties use to deal with an inadequate response (gloss) and overcome misapprehension. Similarly, Pomerantz's (1984b) work on pursuing a response looks at actions conversationalists take when they fail to get a coherent response with respect to assertions they have made. Avoiding conflict has been found to be a key feature in the analyses so far (Goodwin and Heritage, 1990). This is represented in two features in particular, agreeing vs disagreeing, and the use of pre-sequences.

**Agreeing and disagreeing**

In a detailed study of ordinary conversation, Pomerantz (1984a) found quite distinct differences in the way in which people act out agreement and disagreement in talk. Agreements were quickly offered,
straightforward, and would occupy the entire turn. They could be strong (upgrading the proposal), weak (same as the proposal), or downgrade the proposal. Disagreements were often prefaced with delay, hesitancy and only partial agreement. They could present as strong contrastive statements, as a repair on the proposal (by questioning, 'is that so?'), or as a delay with no response. Disagreements were often prefaced with displays of reluctance or discomfort, such as 'well', 'uh'. A form of response which presented as [token + 'but' + weak disagreement qualifier] could only be considered a weak agreement.

In contrast, Pomerantz (1984a) considered this phenomenon in the light of self-deprecating comments, given that it would be difficult to agree with these statements on polite grounds. In this context recipients would tend to disagree through hesitation, partial repeats, negations or compliments. They may try to undermine the criticism by offering a more favourable assessment or by disaffiliating from the sequence.

Acknowledgements such as 'uhuh', 'mhm' were different from agreements (Pomerantz, 1984a). These comments acknowledge the prior speaker but make no claim to independent access to the original claim. Along with 'yeah' they may preclude a subsequent version of events (Davidson, 1984).

Davidson (1984) in her review of responses to proposals states that 'uh' before a response suggests attempts at error avoidance and thinking time. In this sense it displays problems or trouble with the reply. Inbreaths (.hhhh) fill in the gap before talking. When an offerer receives a rejection, 'okay' displays acceptance with the unlikely offer of subsequent versions.

Research in CA has consistently found that the orientation of conversation leans toward agreement rather than disagreement (cf Sacks, 1987). Thus, Davidson (1990) adds that, in order to deal with real or imagined non-acceptance, proposers may add to their proposals, and rejecters may qualify their rejection statements. This is aligned with the notion of self-correction or repair. Repair is a key component of interaction (Jefferson, 1987). Empirical studies have shown that the
preference is to self-correct rather than other-correct (Schegloff et al., 1977), which again contributes to conflict avoidance (Heritage, 1989). There are obvious theoretical links with Goffman's (1981a) concept of face saving.

**Pre-sequences**

As a function of this agreement rule parties may pre-empt what they are going to say to 'test the water' before even making a proposal. These are sequences of talk which are 'pre-delicate'. Schegloff (1980) refers to these actions as 'preliminaries' or action projections. In another fashion, preliminaries may be employed to project an action, such as a sequence of story telling. The preliminary 'announcement' (for example, 'guess what?'), not only indicates that a story is to come, but carries with it conversational rules such as a right to an extended turn at talk. (Note, a response of 'tell me later, I'm in a rush' confirms the orientation). Story telling is another key feature of conversation worth expanding on.

**Story telling**

Story telling can be viewed in a number of ways. Ascham (1982) observes that the telling of stories is a common feature of conversation. The study of linguistics shows that the linear nature of language results in our organising messages in a sequential way (Bestgen and Costermans, 1994). We use temporal markers to begin stories, such as *once upon a time*, and expect a form of delivery which is to follow - we understand without so much being said. In the literary sense, the narrative or story has a plot, but its principal property is that of sequence (Bruner, 1990). Accounts of the day fit a definition of narrative, and mealtimes serve as linguistic markers which partition the day (Bestgen and Costermans, 1994).

From a conversation analysis perspective, stories have a distinctive sequential ordering: they have a beginning and an end (Sacks, 1974). The task of speakers is to know when they have the right to speak within this frame. This requires co-operation as the story is progressing (such as the hearer providing *continuers* such as 'mhm'), and a recognition by the hearer that the story is complete. Bearing in mind
that there are a number of possible completion points, the hearer can signal the end by a display of understanding (Sacks, 1984). As mentioned earlier, the story preface is significant. It will provide the first indications of where the story will end and how the recipient should respond (Goodwin and Heritage, 1990). A story initiated by a recipient will be different to that initiated by the teller (Goodwin and Heritage, 1990; 299). These features demonstrate that story production is a dual effort. Both parties analyse and direct its progress and show understanding of the story as a whole (Goodwin, 1984).

Response tokens

Within the structural unit of the story are microcosms of interaction which ultimately construct it. In supporting the story production, the recipient may produce a number of response tokens, which research has demonstrated carry slightly different inferences. Heritage (1984b) has shown that, as opposed to continuers such as 'mhm' and 'yes', the utterance 'oh' indicates a news receipt, a change of state in terms of knowledge. 'Oh' is seen in informings, counter-informings and repairs. Sacks (1987) argues that 'u-huh' indicates that the recipient hears there is more to come. 'Wow', 'really' and 'did you' are particular forms of news receipts (Heritage, 1984a; 287). The recipient may also laugh.

Moerman (1988; 73) describes laughter as 'conversation's great device for conviviality and co-alignment'. Research on the use of laughter has shown that laughter is methodically produced. Transitions between talk and laughter are an organised action within talk, functions to bring people closer and to test responses to the direction of talk (Jefferson et al, 1987). When tales turn to trouble, there is a need for balance between resistance and receptiveness which may result in only one party laughing. Mutual laughter would emerge after a number of moves or during time out from the troubles (Jefferson, 1984).

Troubles telling

Troubles telling is itself an interactional issue which Jefferson (1980) says manifests itself in tension between the addressing the trouble and attending to 'business as usual'. The telling of trouble is managed by the participants: whether it is to be told, when and under what
circumstances (Jefferson, 1980). This also has to do with the organisational structure of the conversation, and in this light troubles telling will be referred to again under topics to follow.

The structural organisation of talk

The occurrence of boundaries within and across sequences is a key feature of structural organisation. Heritage (1989) argues that the management of topic organisation is an exceptionally complex area for research because it calls on a substantial knowledge of conversational features which all come to bear at the turning points. Schegloff and Sacks (1973) provided entree to this area with their work on 'opening up closings'. Identifying the closing sequence as sectional in nature, they proposed that closings provided two options: completing or re-opening the talk. Thus it is possible to end a conversation at any number of points along the way where closing sequences emerge (Button, 1991). Closing sequences often begin with 'OK' or 'well' (Schegloff and Sacks, 1973), but given the dual possible outcomes, they could function as rounding off a sequence and starting a new topic. Schegloff and Sacks (1973; 257) point out that since closing relates to the talk to date, these new topics would have to be related to the 'old material'.

Button and Casey (1984) found that conversationalists employed several different methods for initiating closings and introducing new topic initiation. Button (1991) summarised the possible approaches to closings as:

1. holding over indicating the topic is exhausted (OK, Alright)
2. formulating summaries indicating the topic is complete
3. projecting future activities
4. explicit announcements of closure
5. reintroducing the topic with 'anyway'.

In each case, the topic is summarised, shut down or not elaborated on and closing becomes initiated. Three options then appeared for the conversation: closing the sequence, collaborating on the development of a new topic or the unilateral initiation of a new topic.
Button (1991) went on to show that new topics were positioned in relation to other topics and (with reference to the earlier work of Scheglof and Sacks) this was achieved by 'positioning markers'. Common markers were 'so', 'well', 'well now' (p265). Parties could schedule in topics to give them 'known-in advance' status, or assume the topic was 'possibly known'. They could then trade on this status with the marker 'now', or 'well' respectively. Initiating topics in this way gave them particular status.

Finally, Button (1991) examined specific features of closings and found that arrangements and troubles tellings tended to occur at this juncture. He argued that this had to with the way parties oriented toward each other in talk. The relationship between troubles telling and closings is further discussed by Jefferson (1984). Referring to Sack's original contention that certain topics are 'embarrassing' or difficult and are therefore resisted in conversation, Jefferson finds that entry into closings is one way out of talking about troubles. Another is a step-wise disengagement, linking up topics to gradually move away from the troubles. In closings, the shift is 'topically disjunctive', for example the recipient may refer directly to prior arrangements, a feature of closings. The position of trouble-telling in the structure of the interaction would therefore seem to be significant. How it converges with other interactional components would be of interest.

**Category bound activities**

Troubles telling can be seen as a category bound activity, discussed previously. A review of recent work by Jefferson and Lee (1992) in this area is of particular interest. Having located a notion of troubles telling as a unit within interactions and noting that it was associated with closings, Jefferson and Lee (1992) analysed occasions where it presented alongside segments of advice giving. In each case they found the advice was rejected. This rejection could have been accounted for by 1) the troubles telling representing disorder or asynchrony and 2) the advice being presented 'prematurely'. They then argued

'acceptance or rejection may be in great part an interactional matter, produced by reference to the current talk, more or less
independent of intention to use it, or actual subsequent use.'
(Jefferson and Lee, 1992; 531)

The next task was to unravel the interactional features which would account for the phenomenon. Referring to Sacks' concept of category bound activities, Jefferson and Lee proposed a relational algorithm:

- troubles teller + troubles recipient = good fit
- troubles teller + advice giver = does not fit
- advice seeker + advice giver = good fit

For a troubles teller to accept advice would require a shift from the current membership category and all its relational features. For a troubles recipient to give advice would require a similar shift. The category bound activity suited to advice giving was called the service encounter. This activity would focus on the problem and its properties, whereas troubles talk concerned the teller and his/her experiences. The strong convergence of these two activities resulted in a clash (evidenced by rejected advice) because one party was shifting talk to problems and properties whilst the other was maintaining talk on person and experience (Jefferson and Lee, 1992; 535). The authors suggested this disparity could also be seen everyday, for example with complaints departments being 'impersonal'(dealing with problems when people were telling troubles). Further, with reference to a help line show, they demonstrate that 'sufferers of trouble do not welcome the 'humanising' of a service encounter' - there are problems when advice givers make attempts at reciprocity.

Although this research fits within traditional CA research by virtue of drawing on ordinary conversation, it has obvious implications for research in the applied field. This review has provided a broad general background of CA research targeting areas which would be of relevance to an applied study such as that of the dietetic interview. One area which has been omitted is that of the effect of non-verbal communication such as gaze. This was not to downplay its significance, which is substantial, but to point out that video recordings would be required to incorporate this factor in the analysis. The dietetic studies used audio recordings, which were a limitation in this regard.
3.4.3 **Applied conversation analysis**

The discipline of CA begun by Sacks, Schegloff, Jefferson and others focused on mundane talk in everyday conversation. In recent years an applied field has developed which recognises that people interact outside of mundane conversation and that in these changed circumstances distinctive features of talk would be noticeable (Psathas, 1990). For example, in an earlier chapter we saw how Shuy (1983) came to the conclusion that forms of talk are restricted in his study of medical interactions. Applied CA uses ordinary conversation as the benchmark and works on the basis that the options for talk become limited by the institutional context (Heritage, 1989). One aim of this research is to determine how participants construe the institutionality of the interaction (Drew and Heritage, 1992). This has to do with the 'procedural consequentiality' of the interview (Schegloff, 1992).

Talk in institutions is taken as different from ordinary conversation in a number of ways. The first two are that the options available to participants are limited and conversational actions are slightly modified. Heritage (1989; 34) articulates the case clearly.

> 'These narrowings and respecifications are conventional in character (his emphasis): they are culturally variable, they are sometimes subject to legal constraints, they are discursively justifiable and justified by reference to considerations of task, equity, efficiency, etc., in ways that mundane conversational practices manifestly are not.'

Associated with these features is the third main difference: talk in institutions has a different participation framework (cf Goffman, 1981b). In this light, Drew and Heritage (1992; 22) summarise three ways in which it is possible to view institutionality in talk:

1. The talk is strongly **goal oriented**. This orientation restricts the ways in which people will relate to each other, invoking roles and forms of talk which relate to the goal.
2. There are *special and particular constraints* on the way in which people will talk to each other. Certain forms of talk are allowable, others are not.

3. Talk is characterised by certain *inferential frameworks* which are specific to the institutional context. These frameworks carry with them certain institutional procedures.

Because these features would be evident in talk-in-action, detailed studies of institutional settings would be able to produce a characteristic blueprint of the event. Again this does not mean that people simply act out the roles, as Heritage (1989; 37) reminds us, 'institutional conventions are so intricately tied to the exercise of human agency'.

Research in institutional settings has provided a map of ways in which institutionality may be exposed through applied CA studies. Drew and Heritage (1992; 29-53) summarise the research focal points:

1. **Lexical choice** (choice of words): people use words depending on their role in the organisation. For example, 'we' may be used by a professional instead of 'I' in an ambiguous fashion, invoking the institution or seeking collaboration (cf Silverman, 1987a). For an answer to the same question, professionals may have a preference for 'facts' (numbers, dates etc) whereas clients may respond in a referential, descriptive way (cf Pomerantz, 1987).

2. **Turn design** (ways of talking): when people take a turn at talk they 'act' in a certain way which has an effect on the progress of talk. In institutional talk this presents as an array of systematic forms of talk which fit the institution, for example law courts and classrooms. Because there are many ways of saying something, how this is done can be taken as deliberate and implying something. In this way turn design is strongly linked to carrying out the institutional task and issues of turn design focus on the roles which parties are enacting (Drew and Heritage, 1992; 36).
3. **Sequence organisation** (patterns of turns at talk): parties in an interaction orient to certain patterns of talk. For example in the classroom where teacher questions, child answers, and teacher evaluates answers, we have a [Q-A-E] pattern (cf Mehan, 1979). News receipts in ordinary conversation tend to follow a sequence of [Q-A-'oh'], but the pattern is rarely found in institutional settings (Heritage, 1984b).

4. **Overall structural organisation**: parties in an interaction also orient to the overall pattern of the institution interview. The standard patterns tend to be shaped by the professional who leads the client through (Drew and Heritage, 1992). Early studies in this area point to phases in the interview (cf Byrne and Long, 1976), but contemporary research redresses the impact of locally managed routines in establishing overall structural organisation (cf Zimmerman, 1992). Local management is achieved by taking on organisational policies and procedures and using conversational machinery to enact it (Zimmerman, 1992; 460).

5. **Social relations**: professionals tend to be cautious in their actions with clients (cf Maynard, 1991), attending to the inferences which the professional task may carry. Professionals and clients also have quite different social and cultural backgrounds which contribute to 'asymmetry' in the interaction, but attention also needs to be paid to the context in which the two are drawn together and the institutional task which binds them (cf Maynard, 1991; 486; ten Have, 1991)

In studies of talk in institutions, participants are still seen as requiring certain competencies to perform, only this time in a very specified context. There are obvious links here for education. With reference to medical interviews, Frankel (1990; 233) points out that

'Although an element of pre-specification has been introduced as a limiting condition on the types of speech activities which may appear in an interview system, for instance, little if any insight is gained as to how such a system is administered and what the distribution of rights, duties and obligations concerning these delimited activities may be.'
In suggesting the development of new methods for teaching, Psathas (1995; 21) argues that:

'we should be able to say what preparation, training or prior interactional performance skills are vital for new entrants in these systems'

Applied research would provide a path to this outcome. Psathas (1990; 21) suggests a number of directions for this research.

1. the delineation of features peculiar to the interaction under study;
2. the comparison of patterns found in (1) with those of similar studies in other settings;
3. the description and analysis of particular phenomena in the interaction under study;
4. the selection of particular competencies in these systems for the purposes of education and training of novices;
5. the evaluation of the effectiveness of these teaching interventions.

There would be obvious ramifications in this approach which would need attention, such as how the competencies are selected and on what basis. The important feature of these studies would be to ensure that a full critique of the process was maintained throughout.

Thus we have three areas for viewing research in conversational analysis: traditional CA grounded in ordinary conversation, talk in institutions (which could be seen as an applied form of CA, if not a variant) and applied CA (which could be seen as applied talk-in-institutions). Given that CA is essentially sociological in character (Sharrock and Anderson, 1987), and referring to previous discussion on the relative positions of sociological studies, those involving evaluations of teaching interventions would fall within the frame of sociology-in-medicine. This is where the study of the dietetic interview, the core of this thesis, is positioned. Having progressed to this point it is now necessary to review studies of institutional talk which would have relevance to the study of the dietetic interview.
3.4.4 *Research on institutional talk*

In order to select appropriate research to review it is necessary to first describe the peculiar features of the dietetic interview. Recall that the study is also set in a pedagogical context. Thus the particular dietetic interview under study is different again to a dietetic interview involving general dietetic practitioners. It is set in the context of the teaching clinic. The reason for choosing the 'novice' interview over that of the experienced practitioner concerned claims to validity and research purpose. The goals of the interview, special constraints and inferential frameworks associated with the novice interview all differ substantially to that of the experienced practitioner. It can be reasonably assumed therefore that the interview produced will have a different appearance. If the purpose of the study is to utilise the analysis of the interview in the education of student dietitians, then we need to know how it would look for *them* in the context of the teaching clinic.

The dietetic interview in the teaching clinic comprises three people: the student, the client and the supervisor. The particular features of this interview which would apply constraints can be summarised through a number of points.

- Apart from introductions and final closings, only two parties actually talk, the supervisor is the 'silent audience'.

- The supervisor assesses the performance of the student in the interview, thus there is an element of judgement, part of which concerns the taking of a diet history.

- The assessment is based on an observation of performance indicators developed by the profession as constituting effective nutrition counselling at entry level. This forms a protocol or procedure to which students must attend.

- Within these performance indicators there is a strong reference to 'client-centred practice'. Thus, not only would students be expected to work through certain procedures, they would be expected to do this with attention to the client perspective.
• The speaking parties in the interview formally agree to undertake the task: they are fully and independently informed of the situation by the supervisor and they sign a consent form allowing the interview to be audio recorded and analysed for teaching and research purposes.

• The interview takes place in outpatient clinics in public hospitals. The clients have generally been referred by their local doctor. The interview lies in a similar context to the medical interview and its structural organisation would befit these constraints.

• The referral note provides evidence of a medical problem which is related to diet. Thus the student and client will orient to this evidence in formulating their actions.

Each of these features would have an impact on the way in which parties orient themselves to the task and to each other. There is no doubt that the student is not an expert practitioner and that her performance is being assessed. On a finer point, the student is aware of the performance indicators but the client is not. The clients are assured of quality service however, by means of an explanation of the student's training (including the fact that they are post-graduates, have studied the area and are now 'doing their time' in the clinic), and the presence of the supervisor, who as a registered dietitian takes professional responsibility for the interview. Given these contextual features, the next step is to determine the educational purpose of the analysis and in this way define aspects of the interview which are of analytic interest. Educational concerns focused on structural organisation (see Chapter 4, this document), so studies which dealt with this issue became relevant. These studies are now reviewed bearing in mind that some have already been dealt with in the previous chapter.

*The structural organisation of the medical interview: phases and turns*

Describing the overall structure of the interview is one way of accounting for its institutional nature. The structure, shaped by context, provides a broad view of how participants talk the institution 'into being' (cf Heritage, 1984a; 290). Earlier we saw how the Byrne and
Long (1976) study of medical interviews resulted in a description of distinct phases. Heath (1992) describes it in terms of two sections: information gathering and diagnosis / management. These sections were found to be the same for both new and return appointments. By providing no reply or minimal responses such as downward tones of 'er' or 'yeh', patients allowed the doctor to continue through the phases of the interview. When there was greater incongruence between doctor and patient assessments there was more discussion between the two. Overall, however, patients preserved the expert-lay distinctions which contributed to the mutual accomplishment of the interview structure.

In his studies of the medical interview, ten Have (1995) surmised that the organisation of phases within the interview was a very important feature of the way in which the doctor and patient acted out what was essentially a service encounter. He suggested that patients have a reasonably clear idea of what they want from the interview and actively collaborated in its construction. In this light medical interviews could be analysed as structural events comprising locally managed sequences in 'a strategic 'game' played in an asymmetrical format' (ten Have, 1995; 254).

In a detailed analysis of 10 interactions in a general internal medicine clinic, Frankel (1990) examined the way in which the medical interview took to ceremony as opposed to ordinary conversation. He argued that when there are constraints on a speech exchange system there are signs of preference in the management of turns at talk. Unlike patients, physicians did not use preliminaries to questions and would indicate shifts in talk with expressions such as 'so' and 'awright'. This 'reduction rule' was part of controlling the information levels in the interview and working through the task. Frankel makes the point that the rules of the medical interview are not the same as for ordinary conversation. The medical interview structure represents the products of speakers rights and obligations in this context and the roles which they take on. Thus the observation that doctors ask a lot of questions and 'good patients' simply answer may have more to do with the expectations of the task than necessarily of professional dominance (Frankel, 1990; 255)
These studies demonstrated how the interview was shaped by means of working through phases in a particular fashion, with a focus on minimising client response and on the physician taking next action. Like the medical interview, the dietetic interview has an assessment and treatment phase, which implies that questions need to be asked first before the professional service can be rendered. It is likely that the dietetic interview would exhibit a similar structural organisation to the medical interview.

Routine emergency calls: attending to protocols

In medical interviews action is constrained by the task at hand. In studies of routine emergency calls, the constraints implicated by the task are all the more imperative. Like the medical interview, the calls to 9-1-1 studied in a number of counties of the USA had a distinctive configuration (Zimmerman, 1992). The task here was for callers to get their emergency message across as clearly and quickly as possible in order for call takers to formulate 'dispatch packages' (coded descriptors) to emergencies services. Whilst there were protocols for operation, call takers had to deal with a range of ways in which callers presented the problem. For the call taker the procedure would be 'business as usual', for the caller the event was special. Methods employed by call takers included establishing the agenda for the talk very early on. Different devices and strategies were then employed to 'package' the information as required.

Zimmerman (1992) proposed that institutional talk is undertaken in a repetitive way with limited variation due to the constraints of the task. Because of this distinct structures were observable in the interaction. He describes this as a 'density or concentration of repeatedly deployed conversational machinery'. Where organisational policies and procedures are deployed, it is this conversational machinery which 'does the work' (Zimmerman, 1992; 459). Where novices in the workplace are concerned we may then assume that the benefit of repetition has not been gained. Lack of experience would not allow for the full array of devices and strategies which experience shows. Exposing students to these devices may 'speed up' the learning process.
News interviews: agreed roles, neutrality and the 'overhearing audience'

The structural organisation of the news interview provides another example of institutional talk working within the constraints of the task. Through an analysis of audio tapes of news interviews from the UK, Heritage and Greatbatch (1991) described the structure in terms of a turn taking system based on continuous sequences of interviewer questions and interviewee answers. The analytical task was to demonstrate how this could be, given the identities of the speakers, their orientation to each other and their situation in the broadcasting context. Heritage and Greatbatch argue that there is an understanding that the interviewer will ask questions, and that these questions will have an agenda to them. In turn, interviewees are confined to responding, they cannot introduce or close the interview, nor can they direct turns. The normative character of the interview is demonstrated when interviewees seek permission to ask a question. The nature of interviewer questions tend to be two part, (to include a preliminary statement), and interviewees tend to take extended turns at talk which the interviewer does not interrupt.

There are two contextual features which impinge greatly on the structure of the news interview in the UK: the presence of an 'overhearing audience' and the charter of impartiality. Unlike ordinary conversation, the interviewer does not utter continuers (such as 'mhm') throughout the extended turns of the interview. Heritage and Greatbatch (1991) argue that this action is an abrogation from the role of primary audience, which then transfers to the silent 'overhearing' audience. The interviewer maintains his/her position by not commenting or giving personal opinions and maintaining the questioner role. This also contributes to the neutral stance of the position, the result of 'shifting footing' (cf Goffman, 1981a). In turn the interviewee collaborates by answering questions automatically and allowing for the two-part question format. In this way we see how the characteristic news interview format is constructed by the actions of the participants.

The constraints of the supervised dietetic interview would be similar to those of the news interview, in terms of agreed roles and the
presence of the overhearing audience. In this sense the interview may appear highly structured and neutral. In the dietetic interview it is the interviewer, however, who is accounting to the audience and it is her questions and responses which would be directed 'both ways'.

The 'overhearing audience' is a feature of a number of studies of institutional talk. Baker and Keogh (1995) and Silverman (1987b) for example, show how the child is established as the overhearing audience in parent teacher interviews in Australia, and in paediatric clinic consultations in Britain respectively, where the 'audience' in these cases has more of a referential function in structuring the interview. The issue of neutrality in the presence of an overhearing audience is also raised in studies of courtroom exchanges (Atkinson, 1992). Where it is all the more ambiguous and complex is in the case of murder interrogations.

**Eliciting confessions in murder interrogations: the suspect's story**

Watson (1990) examined the features of murder interrogations where confessions were elicited. Based on the video recording of two murder suspects in a large North American city, the analysis produces the interview structure as being 'story -like'. The suspect is invited to tell a story and the police interviewers work throughout to keep the story 'on track' in terms of relevancies and known facts about the case. The interrogation is different from story telling in ordinary conversation because the listener has a large stake in the production of the story. (This stake has not only to do with the completion of the task, the video can be used as evidence and the interviewer can be judged on his performance in the light of citizens' legal rights). Referring to Garfinkel's writings on the 'documentary method of interpretation' (Garfinkel, 1967; 76-103), Watson observes that the particulars taken suggest a pre-supposed underlying pattern. The interrogation begins with the directive that the suspect 'start at the beginning' and at the completion of the story 'anything else' is queried.

The story is developed through a series of questions and utterances. Watson (1990; 278) shows that the participants are jointly oriented to the start and finish of the story and the story has an internal narrative structure 'where the teller arranges the order of events being narrated'.

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He argues that the mutual co-construction of the interview has to do with Sacks’(1974; 221-4) notion of the membership categorisation device whereby the suspect’s position on the crime orients the way he produces the narrative. Evidence is presented to the suspect who is then invited to tell his story. The suspect refers to this evidence to interpret how he will proceed. Watson(1990; 287) states that this is important in determining the nature of the confession. He concludes that the confession is a speech act produced in a judgmental context.

There are strong links here to the elicitation of the diet history. The client is presented with the results of clinical tests which suggest that there are problems in the diet. This is the evidence to which both parties will orient. The client is then invited to present an account of usual eating patterns so that problem areas may be identified and solutions negotiated. The conceptual frame for the history is based on an account that begins with the first foods consumed in the day to the last. At the end of the account the client is asked if there is anything else to add. The way in which the student acts is important because she is being assessed on the interview and the production of the history has a significant impact on the treatment phase of the interview which involves the provision of dietary advice in negotiating dietary change.

The structure of classroom lessons: pedagogical sequences

The performance indicators for effective dietary practice stipulate the provision of appropriate information on diet-disease relationships and dietary protocols. This is often referred to as nutrition education, and it is possible that students would use a pedagogical approach to this aspect of the interview. Hugh Mehan (1979) examined the structure of classroom lessons by the close analysis of nine lessons in a school. He outlined phases within the class session which reflected the teacher’s need to maintain order and work through her teaching agenda. The main sequential unit within the pedagogical context was question-answer-evaluation. This third turn evaluation was important because it highlighted ‘what counts’ as learning in this context. The occurrence of the Q-A-E sequence in the dietetic interview would be significant, providing an indication of the ‘footing’ of parties at that particular stage.
Formal interaction: the function of formality

All the studies described above concern some feature of interaction in a formal setting which may have relevance to the study of the dietetic interview. Heritage and Greatbatch (1991; 96) point out that constraints on turn taking in formal interactions present as sharply defined procedures characteristic of the occasion, where departures from these procedures incur 'overt sanctions'. This results in little variation in presentation, a strong form of compliance with the procedure. Further, if the moral order is being assessed, there will be even less diversion from the standard pattern.

Atkinson's (1982) paper on formality also provides a useful overview of the situation, a good point on which to conclude the review of the literature. In his view, formality as an extreme form of constraint on interaction, has an important role to play in circumstances where all parties do not share equal access to the interaction. This is particularly so in situations where there is an observer.

Formality is readily recognisable, whereas informality is more chaotic, the latter understood by the intimacy of engaged conversationalists. In a group situation if everyone speaks at once there is a 'call to order', which formalises the sequence and this serves a specific function.

Drawing on the example of court proceedings, Atkinson (1982; 109) notes that in comparison to ordinary conversation, observed institutional talk is produced at a greater volume, at a slower pace, with longer pauses and with few problems. Turn design is usually quite restricted. If the 'formality' of these proceedings were to be taken out then the audience may need to go too. As Atkinson (1982; 114) argues

'Evaluative interpretations or policy recommendations designed to eliminate or reduce 'formality' from various settings may have the effect of eliminating or reducing the chances of certain sorts of practical tasks being accomplished at all.'

Thus he advises there are practical limits of the achievements of particular tasks.
With reference to the studies reviewed, the features of the supervised dietetic interview indicate that it is very likely to be highly constrained. In this sense dietetic educators need to think carefully about the context of assessment and the nature of the interview which is produced in this context. If competency assessment requires observation, then the effect of this observation needs to be taken into account in deciding what is reasonably possible for the student (and client) to achieve under these circumstances.
CHAPTER 4: METHODOLOGY

This study concerns teaching nutrition counselling to student dietitians in the outpatient clinic setting. As participant-observer in the research process I aim to demonstrate the social organisation of the dietetic interview in this context and to argue the benefits and limitations of a pedagogical approach which focuses on this social organisation. The overall framework for the study is that of a case analysis as a point of entry into the study of dietetic pedagogy (cf Smith, 1987).

At the outset, I draw a distinction between pedagogy based on idealised versions of practice and that which is based on the analysis of everyday practice. I argue that there are certain benefits in a pedagogical approach which draws on everyday practice, but that all forms of pedagogy are in themselves open to criticism (cf Baker, 1991). In order to address the former, I evaluate the effects of an educational intervention which is based on the social analysis of the dietetic interview in the teaching clinic. To address the latter, I describe the pedagogical process for the educational intervention, demonstrating from a position within this process, how acceptable forms of practice are constructed.

The study is constructed from three concentric epistemological positions. At the core is the study of everyday practice in the teaching clinic. Methods of conversation analysis are applied to interactions between student dietitians and clients to explicate the social organisation of the interview in this context and to use this as a basis for teaching. On the next level is an ethnographic description of the pedagogical environment which establishes the relevance of the CA findings to the educational intervention, and which exposes the pedagogical process to critique. On the outer level is a critical epistemological position which acknowledges the research process as social construction and positions the research outcomes in terms of a narrative which makes a particular contribution to dietetic pedagogy.

The overall study is classified as one of sociology-in-medicine, given that the aims were to use sociological methods to develop theoretical areas for teaching and practice (cf Turner, 1987). Although all materials
of the thesis may count as 'data', the empirical component of the study, defined in terms of three discrete analytical actions, comprised three parts:

- Analysis of exemplary interactions in the teaching clinic: demonstrating the institutionality of supervised dietetic interview.

- Analysis of student evaluation records based on observations, self assessments and review of audio recordings of their own performances in the clinic: establishing 'what counts' as dietetic practice.

- Analysis of interactions following the educational intervention: evaluation of communication competencies.

Ethnographic methods were used for collecting materials for the overall analysis and methods of conversation analysis were applied to audio-recorded data from the clinic. Combined with a literature review from a range of sources, results were integrated into establishing an argument for a critical social pedagogy of the dietetic interview.

Drawing on ethnomethodology/CA and critical pedagogy, the assumptions of the study are:

1. The interaction in the teaching clinic is socially organised and contextually grounded. Participants co-construct the interview with reference to the task at hand and an orientation to the roles and procedures which frame the event (cf Heritage, 1984).

2. This social organisation is institutional in nature (cf Drew and Heritage, 1992).

3. The institutionality of the interaction is bounded by the special constraints of the supervised student encounter, which by nature are different to those of unsupervised encounters involving experienced dietitians.

4. The institutionality of the interview is exposed by means of conversation analysis of naturally occurring talk in the clinic.
5. Communication competence in the teaching clinic concerns an ability to attend to the social constraints of the interview. These competencies draw on methods of social action employed in everyday life but are refined to suit particular circumstances through experience and practice.

6. At the outset, some students display greater degrees of social competence in the teaching clinic than others, evidenced by the lack of supervisor intervention in the process. An analysis of interactions involving these students would highlight aspects of social organisation from which future students may be able to learn.

7. A pedagogical treatment of the dietetic interview with access to its social organisation would 'speed up' the development of social competence in the clinic.

8. The social organisation of the interview is appropriately addressed with reference to representations of actual rather than theoretical versions of events in the clinic.

9. Professional competence in the clinic is defined through the social and political action of the professional community. Performance indicators represent theoretical versions of competence which are produced through this action. As a corollary, research processes which inform alternate versions of practice are also situated within a social context and as such are open to scrutiny.

10. Teaching the dietetic interview is a further social construction, whereby the teaching process also establishes 'what counts' as effective dietetic practice.

These assumptions are addressed in the various chapters of the thesis, through argument developed in conjunction with the literature and through empirical analysis of the interactional and ethnographic data.
4.1 Ethnographic process

Silverman (1987a; 1) begins his introduction to 'Communication and Medical Practice: Social Relations in the Clinic' with an acknowledgement that research is often presented in a 'too polished' fashion. He says

'They read as if researching were just a matter of going from A to B, a direct path without diversions or doubling back from cul-de-sacs. As we all know this is a gross misrepresentation of how most research is done, particularly qualitative sociological research, which, traditionally, is rich on observation and poor on hypotheses.

The unrealistic character of the polished research monograph is a serious matter. It conceals the cognitive, temporal and political processes through which a relationship was constructed with parties in the setting, and how sense was read into (what came to count as) data. This is confusing and frustrating for apprentice-researchers who cannot understand why their own material will not so readily speak for itself. It also represents a sad wastage of data.'

This is indeed the case of the study of the dietetic interview, which essentially concerns the social nature of the interaction in a pedagogical context. Apart from the polished outcomes, there is so much to tell of the process, and in the telling one would hope there are benefits for future researchers.

In preparing this chapter with such a mind, I draw on the method of conversation analysis (CA) as an analogous process. The participants in a conversation do not have access to the future, they apply methods of social interaction to produce talk which is both context sensitive and context renewing (Heritage, 1984a). The analyst in contrast is able to read the interaction 'backwards', so to speak, by virtue of the recording and the transcript. As discussed previously, these materials can only ever be a representation of events soon past, but it is the way in which the researcher leads the reader through the analytic process which establishes the scientific rigour of the study (cf Bogen, 1992). This chapter thus becomes a record of the study, a representation of events which have a beginning and an end, but which were set within the
context of a particular research problem and developed through the progressive actions of the research process. This chapter will expose to the discerning reader the methods utilised in constructing the study. As in social interaction, these methods were employed in response to progressive action, sensitive to research requirements, interactions with members of the scientific community (including their writings), and the continual learning process. There were many cul-de-sacs to double back from (cf Silverman, 1987a) and this end result is the product of events at a particular point in time. The learning process is of course, endless.

4.2 Identifying the research problem

The impetus for this study came from my practice as a teacher of student dietitians. After long hours of observing interactions between students and clients in outpatient clinics, I became acutely aware that there was something missing from the teaching program. The deficiency had something to do with the interaction itself, it was not predictable, yet somehow regularised. I had worked with the professional community to develop competency standards as a reference point for students and supervisors (DAA, 1993), and while these were useful, the students still had to 'make them work' in this unpredictable environment. Professional texts also focused on theoretical constructions, drawing on psychological frameworks rather than the everyday practice of dietetics (see Chapter 1, this document).

From a teaching perspective, taking the students to the clinic was akin to a swimming lesson where, after some basic instruction they still had to dive into the water and learn how to swim. Students were invariably anxious if not fearful of the event. Most needed coaxing, some needed a push. Some were naturals, others required spirited rescue. I was to learn that these variations describe the range of social competencies in the context of the teaching clinic (cf Heritage, 1984a), competencies which are developed through experience. A teaching program which aimed to 'speed up' the development of these competencies would have obvious benefits. The teaching clinics were also set up to provide a free service for the community, and quality was an issue. With these two factors in mind, there was certainly room for improvement.
A review of the literature on dietetic practice highlighted the need for theoretical development in this area, but most research to date had been atheoretical. A study of the everyday practice of dietetics was seen to be well justified (see Chapter 1, this document). The aim of the study then, was to analyse the outpatient interview for the purposes of developing a social basis for teaching and student practice. Thus began a long search on how this could be done and to what ends.

4.3 Pilot data collection

The first step was to have a closer look at the everyday practice of dietetics in the teaching clinic. During 1992, nine interactions involving students and clients in the teaching clinic were tape recorded and transcribed with informed consent. These comprised interviews involving nine different students and nine different clients who had agreed to participate and who were able to construct the interview successfully without the intervention of the supervisor. Given this lack of supervisor intervention, the resultant interview would represent a level of practice which was considered exemplary for novice dietitians. The interactions contributed a small component of the student assessment for the subject and as such were observed by the supervisor. A competency assessment form was used for this purpose.

The students were all in their first year of the two year MSc(Nutrition and Dietetics) course at the University of Wollongong. There are normally twenty students in the class each year. The data were collected during the second semester when students had completed classroom studies of nutrition counselling, with reference to professional texts and some practice at role playing. The clients were members of the Illawarra community who had been referred to the clinic by their local doctor for advice on dietary measures to treat such conditions as non-insulin dependent diabetes mellitus, hyperlipidemia and related overweight. This was their first visit to the clinic. The students had completed an undergraduate degree in the nutritional sciences and were generally in their early twenties. The clients came from various backgrounds (see Appendix 2), but were mostly older than the students. All participants were women, a reflection of both the clinic and student dietitian populations.
Before the interactions, the students and clients were asked privately and independently if they would give consent for the interaction to be tape recorded and analysed for teaching and research purposes. Whether they agreed or not would have no bearing on their education or the provision of service respectively. Copies of consent forms are contained in the appendix (Appendix 3).

As an adjunct to the recording of interviews I had also obtained consent from the clients for a recorded interview at a later date on their perceptions of the clinic (cf Fisher, 1983). Armed with an open ended interview schedule I discussed aspects of the session with the clients, this time in their own homes. The interviews went very well, they were friendly and congenial events, but I felt the clients were telling me what they thought I would like to hear. For me there was still something missing.

There were a number of significant 'first noticings' from the clinic transcriptions. These concerned differences between the professional and client talk. In answering questions on diet, clients tended to tell stories about their lives, but the student needed to record a list of foods consumed. There was a noticeable difference between the language and use of terms between clients and students: they would describe matters differently. For example, students would be concerned about the size of the meat portions consumed, translating this into numbers of grams, whereas clients would use categorical and relational terms like, 'We're not meat eaters'.

There was also a very strong sense of morality in the talk. Clients would qualify accounts with self-deprecating comments such as 'that's my failing', and students would maintain positive comments such as 'that's good'. It was difficult to break up the interviews to make generalisations about the database. The talk seemed to 'flow' from one item to the next and in this sense each case was very different. Breaking up the transcripts tended to lose meaning. The structure of the interview varied as well. The diet history, for example could 'bleed' throughout the whole discussion, but in other cases it seemed contained in the first half of the session. Sometimes the questions from students appeared to dominate the interview.
On examination of the literature in retrospect, these observations lie at the base of a great deal of theoretical work on talk in action (for example see Heritage, 1984a; Pomerantz, 1987; Silverman, 1987b; Drew and Heritage, 1992) At this stage, however, it was only clear that there were significant issues to examine from actual practice, and these were very different from issues raised in theoreticised versions. The problem was in finding a rigorous and systematic method with which to undertake the analysis.

### 4.4 Researching methods

Coming from a health service background, my first line literature search lay within the field of sociology-in-medicine. A review of research on the medical interview found a preponderance of quantitative studies which categorised elements of the interaction and drew correlations between interview components and research defined outcomes (see Chapter 2, this document). One of the immediate pedagogical problems with this approach was the difference between idealised categories and actual practice. This problem already existed with the competency standards, so studies of a categorical nature would not deal with the research issues as described.

Within this body of work, however, articles by Waitzkin (1985; 1989; 1990; 1991) stood out as different because of the grounding in sociological theory. These studies were joined by Kleinman's (1988) work on the illness narratives and Mishler's (1984) on the voice of the lifeworld versus the voice of medicine, to provide conceptual theoretical inroads for the study of the social basis of dietetic interview (see Chapter 2, this document). A path to these works was found through review articles which recognised the limitations of categorical systems and the promise which a more integrated qualitative approach would hold (Tuckett and Williams, 1984; Inui and Carter, 1985; Stiles, 1989). Kleinman and Mishler had also written user-friendly books on the topic (Mishler, 1984; Kleinman, 1988).

Mishler's work was of particular interest because his analyses kept to the actual talk, rather than moving onto categories. In this way the pedagogical problem described for category systems was overcome, and
his work was exemplary for linking research with teaching. To critique the methodology behind this research, however, required further excursions, this time into the sociological field itself.

The guiding light in this next step was provided by Silverman's numerous texts and articles on medical sociology and qualitative methodology (for example, Silverman, 1985; 1987; 1989a; 1989b; 1993; and later, Silverman and Gubrium, 1994; Clavarino, Najman and Silverman, 1995). It became increasingly clear that the study of method could not be adequately managed without a deeper reading of the philosophical underpinnings. Having been influenced by the works of Mishler (1984) in medical education and Freire (1972) in education generally, there was a small excursion into reading critical theory and the works of Jurgen Habermas. This period may be called a cul-de-sac because it did not progress the empirical side of the study very far. Having determined that the research problem lay in the talk itself, I returned to the data.

4.5 Baseline data collection

My reading of the literature and reviewing the data had led to a decision that the empirical focal point was the clinic interaction. I decided to dispense with the in-depth interviews with clients because these interviews held something as yet intangible and I wanted to concentrate on one problem at a time. I was still examining the transcripts from a position of content analysis but in retrospect, the issue was to be resolved through the study of ethnomethodology/conversation analysis.

In 1993 forty interviews involving twenty first year students were observed in the clinic of which eleven were selected for analysis. This selection was based on the same criteria as the pilot study: observed interviews without the intervention of the supervisor, recorded with informed consent from eleven different students and eleven different clients, the latter all with similar dietetic problems. Again, all participants were female, reflecting the clinic and student population. Two follow-up interviews were included in this group. The interviews represented exemplary performances by students at this level of training, given the lack of supervisor intervention. As such they
would be suitable resources for developing an approach to a social pedagogy.

As a validation exercise, case studies involving second year students were added to the database. The students had completed a practical term in various healthcare sites throughout New South Wales, meaning their entry level performance was considered satisfactory by the profession. They had only a research project to complete to qualify. These students agreed to conduct the interviews in the teaching clinics and were given feedback, but obviously were no longer in a position to be formally assessed. Using a constant comparative technique, no deviance in aspects under study across the database would validate the selection of first year cases as representing exemplary performances for entry level practitioners. Nineteen interviews involving second year students were observed in 1993 of which twelve were selected for analysis.

Combining the pilot study cases with the latter two groups resulted in a database of thirty two case studies. These interactions would be analysed in order to establish a social basis for teaching the dietetic interview.

4.6 Ethnography and CA: materials and methods

Having made the decision to focus on the interview, and to keep the interview intact for the analysis, the discovery of conversation analysis in the literature was a significant turning point (see Chapters 2 and 3, this document). In this study I aimed to provide a social description of events in the clinic which attended to their unpredictable yet orderly nature. The purpose behind studying student interviews as opposed to expert interviews was to embed the pedagogical approach as much as possible in the student experience. Clearly CA provided an appropriate methodology for this part of the study. It was necessary, however, to define the position of CA within the study as a whole.

Strictly speaking traditional CA research does not refer to ethnographic details in the analysis. The focus is on the action of talk, regardless of the social setting. Both Silverman (1993; 141) and Moerman (1988; x) argue for a close relationship between ethnography and CA in cultural
studies. Ethnography concerns the description and analysis of 'how people make sense of their lives' (Moerman, 1988; x), whereas, CA focuses on the micro-level, on talk itself. CA concerns the contextual nature of talk 'as a vehicle for social action' (Drew and Heritage, 1992; 16), and stays with description whereas ethnography moves onto interpretation. In contrast to the canons of traditional CA, Moerman (1988; x) takes the position that CA studies can 'show how actors can be both agents and objects in the social world only when coupled with ethnography - informed by context and sensitive to purpose'.

Silverman and Gubrium (1994; 194) approach the problem of combining CA with ethnography by recognising that 'we cannot do everything at the same time without muddying the water'. They suggest undertaking the fine detailed analysis of CA first, and then following this up with ethnographic material. In this way it is possible to succeed 'practically and analytically'. In applied CA research it would be difficult if not inappropriate to progress without reference to ethnographic materials. The micro-analytic stage, however, would aim to focus on participant action as informed through the interactional data alone.

Deciding on the scope of ethnographic material is another problem for research design. Sharrock and Anderson (1987) point out that additional research materials do not have an intrinsic value, it depends on the definition of the research problems. The study of the supervised dietetic interview was framed within problems concerning the construction of the pedagogical process. Thus materials collected for the study would need to have a pedagogical relevance. This issue would also provide direction for the CA components of the study.

A review of the professional literature indicated the value of providing an everyday version of practice in the pedagogical process which, on evaluation, would contribute to the critique of current standards of practice (see Chapter 1 this document). A useful starting point for the analysis of everyday practice would therefore be the aspects of the interview stipulated in the current standards. These standards covered a range of areas, but from my own experience and those expressed to me by field supervisors, a grouping of these areas into structural organisation, managing the diet history and negotiating dietary change
using a client perspective provided focal points for the pedagogical process. Similar areas of concern have emerged in the professional literature. For example, Gregory et al (1995; 204) claimed that

'A consensus definition of important process skills appears to include at least the interviewer's ability to (1) organise the interview efficiently; (2) use certain effective questioning techniques; and (3) show respect and sensitivity to client concerns to establish rapport.'

Having decided on this, the CA components of the study focused on structural organisation with specific attention to the diet history and advice giving stages of the interview. Ethnographic materials were collected to support the discussion on the outcomes of these analyses. This included materials from the pedagogical process such as completed student worksheets, an analysis of which would allow for a critical review of the pedagogical process. Thus the scope and the purpose of the research materials were defined in the recognition that there are no pure data, only those mediated by practice (Hammersley and Atkinson, 1983).

The final step in this process was to attend to the nature of this mediation. My role in the research scheme required explication and the study as a whole needed to be placed in a broad conceptual frame. I drew on McHoul's (1994) proposal of a critical ethnomethodology and Smith's (1987) institutional ethnography as positions which recognised the social construction of the research process. The study was then defined as a particular form of narrative, drawing from the theoretical positions of ethnomethodology and conversation analysis, where the researcher was positioned within the research process and the study products represented a case study which could act as a point of entry to the explication of dietetic education. The relative nature of the epistemological positions has been outlined previously in the introduction to this chapter.

4.7 Educational intervention

The educational intervention took place during 1994. Seminars on institutional talk and the initial findings from the analysis of the interview data formed part of the intervention. Focal points for
learning were the structural organisation of the interview, managing the diet history and negotiating dietary change from a client perspective.

Classes were conducted using transcripts of interviews from previous years. Students were able to listen to audio recordings of their own performances in the clinic and record their evaluations on worksheets containing open ended questions on various aspects of the interview. These findings were also discussed in class (see Chapter 5.2 this document, for details).

The contents of student worksheets relating to their observations in the clinic and evaluations of audio recorded performances were summarised. The analysis involved linking these comments with the teaching agenda, demonstrating the way in which the pedagogical process was constructed, and the value of working from the basis of everyday practice.

4.8 **Intervention group data collection**

At the end of 1994 forty three interactions between student dietitians and clients were observed in the teaching clinic. This represented roughly two interviews per student. These students had studied the dietetic interview from examples of naturally occurring data and could see how the interview may present in real rather than idealised versions. Of the 43 interactions a number of cases were not available for analysis because tape recordings were not done, a family group was counselled or the supervisor was extensively involved in the talk. This resulted in a database of 30 audio recorded interactions involving 19 students, all of whom were female. The clients comprised 18 females and 12 males. All other features were similar to the pre-intervention group.
4.9 Analysis of interactional data

CA methods were applied to the interaction data from the baseline and intervention groups to serve two research purposes respectively:

1. to demonstrate the structural organisation of the interview with special reference to the diet history and advice giving stages, and
2. to evaluate the effects of a teaching intervention grounded in everyday practice.

4.9.1 Demonstrating the institutionality of the interview

Demonstrating the structural organisation of the interview is one way of viewing its institutionality (Drew and Heritage, 1992). For the study of the dietetic interview, similar research in this area provided guidance for the approach to analysis (cf Psathas, 1990; 21). In a summary of research on institutional talk, Drew and Heritage (1992) argued that institutionality is exposed by means of the goal orientation of talk, constraints on forms of talk and the social orientation of participants. In terms of research on structural organisation, features of the interview which were of interest included the task orientation, the construction of phases, movement across phases and the orientation of parties within phases (p44). Specific studies in this area were found to include exposing the formality of talk (cf Atkinson, 1982) and the co-construction of phases in the interview (cf Franklin, 1990; Watson, 1990; Heath, 1992; Zimmerman, 1992).

The analytical questions for addressing the social organisation of the interview thus became

1. what is the task of the interview?
2. what are the phases of the interview?
3. how are the phases achieved by participants?
4. what is the orientation of participants within phases?
5. how do parties negotiate crossing between phases?

As the diet history and negotiating dietary change are known features of the interview, these were viewed in more detail through this analytical process.
The task of the dietetic interview

This was identified from the talk itself and later supported by ethnographic materials. Documentary evidence of the task was found within professional publications such as those on the competency standards (DAA, 1993), or from textbooks (cf Holli and Calabrese, 1986; Snetselaar, 1989; King Helm and Klawitter, 1995). These represented idealised versions of the task (see Chapter 1) but nevertheless provided a useful reference point. As Zimmerman (1992) indicated there is a place for institutional procedures and protocols, we just need to recognise that the 'conversational machinery' turns them into actualities.

Phases of the dietetic interview.

Studies of the medical interview suggested that phases (cf Byrne and Long, 1976; Heath, 1992; ten Have, 1995) act as a systematic organisational feature of the interview. Identifying the phases of the dietetic interview was achieved by close analysis of the sequential turn taking system (cf Sacks et al, 1974). For example, moving from introductions to business matters was identifiable through the examination of paired sequences which were first typically introductions, such as greetings, and later question-answer pairs on the nature of the visit. This analysis was done by listening to the recordings of interviews and noting segments on the transcription (cf Hopper, 1989).

Phase construction, phase crossings and the orientation of participants

Having established the phases of the interview, the next step was to return to the database and examine each phase in detail. For example, once the start and finish of a phase were noted on the transcript, this segment of talk became the focus of analysis. The movement across phases provided evidence of the way in which the institutionality of the interview was enacted by examining the sequential organisation of events (cf Sacks et al, 1974) and critiquing participants' rights and obligations through their actions (cf Bogen, 1992). The segments representing phases were listened to repeatedly and the cycle of 'first noticings' repeated (cf Psathas, 1990). Patterns in the interaction were sought and particular instances identified and described in detail.
Having closely defined the phenomenon under study, the database was searched for deviance. The regularity in the phase thus became described and tested and discussed in terms of similar research.

4.9.2 Evaluation of the educational intervention

Evaluation of the educational intervention implied that certain questions required answering. Psathas (1990; 22) suggests

'Do those trained actually show change in their actual interactions in the same settings across a series of encounters with persons other than those with whom they participated in training or instructional settings? Do trained persons display, in naturally occurring instances, the interactional patterns they have been 'trained' to produce?'

Given that the outcomes of the educational intervention would have implications for educational design, the second question was more pertinent to the study. Rather than just focusing on individual behaviour, however, the evaluation also considered interactional products. This would provide further insight into the utility and effects of specified interview practices on the form of interaction which is produced. Given that the educational intervention had drawn on the analysis of the institutionality of the interview, the focus of the evaluation was the same as the baseline analysis: the structural organisation of the interview with special reference to history taking and advice giving.

Evaluation concerns judgement, so a further step was taken to establish certain criteria or standards from the features of structural organisation (cf Green and Kreuter, 1991). Given that an evaluation of the educational intervention would provide a way of viewing the performance indicators 'in action', the criteria implicated in the relevant performance indicators would provide further direction for the evaluation process. The evaluation plan was thus developed as a series of questions and evaluative criteria, linked to performance indicators which were addressed to some extent in the educational intervention.
1. Structural organisation of the interview

Performance indicators: Responds to client needs and manages the interview. Negotiates commitment to achievable goals in a time frame. States expectations.

Question: How were the phases of the interview co-constructed by the participants?

Criterion: The phases of the interview were clearly evident as demonstrated by smooth border crossings and a consistent co-operative direction in achieving the institutional task.

Question: Was the institutional task of the interview achieved?

Criterion: Goals for dietary change were successfully negotiated by both parties.

2. Managing the diet history phase

Performance indicators: Elicits sufficient information to define the problem correctly. Enhances subsequent phases of the interview. Builds relationship.

Question: How was the diet history initially established?

Criteria: The initiation of the diet history attended to strategic features identified in the first analysis and resulted in forms of talk which met the institutional agenda.

Question: How was the diet history phase co-constructed?

Criteria: The diet history phase provided for the client's presentation of the problem and did not comprise more than 50% of the
interview to allow for mutual discussion on any problems in the remaining time.

3. Negotiating dietary change with a client perspective


Question: How was the assessment of dietary intake presented?
Criterion: Assessments were achieved with a client perspective.

Question: How was dietary change negotiated?
Criterion: Changes were proposed to incorporate a client perspective and were followed by signs of agreement.

Structural organisation

As in the first part of the study, phases of the interviews were identified as were sequences within phases. Ways in which participants co-constructed crossing phases were of particular interest because of the impact on structural organisation. Once specific phenomena concerning phases were identified, deviant cases were sought to test the observation. The task of the interview was taken as providing dietary assessment and advice, and a successful outcome was seen as mutually negotiated goals. Segments of talk which contained proposals and acceptances were identified in the body of data and collected as evidence of task achievement.
Diet history

The introduction to the diet history was identified across cases and results summarised. The overall shape of the history phase was examined as was its relative position in the overall time frame of the interview. Again deviant cases were sought to test the findings.

Negotiating dietary change

Finally, the provision of dietary assessments following the history phase were sought to examine ways in which students incorporated the client perspective into their presentations of dietary assessment. Individual instances of negotiated change were also examined in detail to evaluate the use of the perspective invitation in students' attempts at counselling.

4.9.3 CA method

In keeping with the conventions of CA, data from examples were presented as highly detailed transcripts. The extent to which the transcript represented actual talk was a first claim to validity at the interpretive level (cf Maxwell, 1992). Following the process of a search for deviance, the extract from the case study represented a regularity found throughout the body of data (cf Silverman, 1989b; 61) and as such was a claim to generalizability in the study context (cf Maxwell, 1992). The extract was identified and analysed by drawing on theoretical constructs developed through CA research (see Chapter 3, this document). This theoretical grounding in ethnomethodology/CA established the validity of the case study analysis (cf Silverman, 1989b; Clavarino et al, 1995).

Reliability was established by means of exposure of the data in its raw form to the broader community. The CA process was established across a period of 18 months so the data presented in this document have been discussed at a number of venues with the CA community. The product at this point in time represents the outcomes of many discussions (cf Clavarino et al, 1995).

In addition to the presentation of extracts from the database, summaries of data were presented where appropriate. This approach overcame the
problem of anecdotalism, provided a picture of the whole sample and positioned deviant cases (Silverman, 1985). The end result was a thorough working of the full database in support of the analytical claims.

4.10 Summary

Working through this chapter has demonstrated the evolving nature of the research process and outlined key aspects of methods which were used to construct the study. In the end we find that although a distinction was initially drawn between idealised versions of practice and those grounded in everyday practice the two become necessarily intertwined because the study of everyday practice required a reference point if it were to have pedagogical relevance. The design features of the evaluation of pedagogy based on everyday practice further attest to the assumptions behind this version and open it up to critique as an alternate view of practice.
CHAPTER 5:

RESULTS AND DISCUSSION

This thesis concerns the construction of the pedagogical process for teaching nutrition counselling to student dietitians. This is achieved from a standpoint within the everyday world of dietetic education (cf Smith, 1987). As such I am, as researcher, situated in the research process. Although all materials of the thesis may count as 'data', the empirical component of the study, defined in terms of three discrete analytical actions, comprised three parts which are reported in this chapter:

• Analysis of exemplary interactions in the teaching clinic: demonstrating the institutionality of supervised dietetic interview

• Analysis of student evaluation records based on observations and audio recordings of their own performances in the clinic: establishing 'what counts' as dietetic practice

• Analysis of interactions following the educational intervention: evaluation of communication competencies.

In the first component of the study I aimed to demonstrate the institutionality of the dietetic interview in the teaching clinic with a focus on its structural organisation. In the period 1992-1993 interactions between clients and students were audio recorded and transcribed. These students had studied nutrition counselling by conventional (classroom) means. I examined the recordings using methods of conversation analysis. This analysis demonstrated the social construction of the interview and provided useful reference material for the intervention phase.

In the first results chapter I present the analysis of interactions in the teaching clinic. Drawing on previous studies of this nature, the institutionality of the interview is demonstrated by a number of means: outlining the task of the interview, identifying phases within the interview, examining how parties achieve the stages mutually, how they co-construct their orientation towards each other in each phase and how they negotiate the crossing through phases (cf Drew and Heritage, 1992; 44). Implications for teaching are then summarised.
The second part of the study saw the implementation of a teaching intervention where I as teacher related students' accounts of their experiences in the clinic with findings from the first stage of the study. As well as tape recordings of their own performances, students reviewed transcripts of interviews from the first stage of the study. Students were able to see how their colleagues from previous years co-managed the interview with clients and were able to identify elements of the interview's structural organisation.

In the second results chapter I demonstrate the way in which the pedagogical process was constructed to establish forms of practice based on the social analysis. Evidence of ways in which I was able to incorporate concepts raised by students (on reflection of their clinic experiences) into teaching the social organisation of the interview is presented. Data in this chapter are provided from student worksheet records relating to their clinic experience and to their review of audio recordings of their performances in the clinic.

In the third part of the study I examined ways in which the teaching intervention emerged in the clinic interactions involving the second group of students. This analysis focused on specific teaching concerns which were addressed in the first stage of the analysis: the organisation of the interview, the management of the history phase and means of negotiating dietary change. The third results chapter is an evaluation of the educational intervention, and like the first chapter, examines forms of talk in the teaching clinic. It centres on a specific evaluation plan which has relevance for the pedagogical process.
5.1 The institutionality of the dietetic interview in the teaching clinic

To date, my classroom preparation for the clinic experience has drawn on a number of theoretical frameworks, namely dietetic treatment protocols, general counselling and interviewing techniques, and performance indicators for professional practice at entry level. None of these frameworks, however, prepared the student fully for the actual conversation which would occur in the teaching clinic. I proposed an alternate pedagogical version which was grounded in the actual experience of students in the clinic, noting that 'actual experience' in the pre-intervention stage would have had some reference point in the theoretical teaching. The first step towards this process was to demonstrate the social organisation (or institutionality) of the teaching clinic interview in order to develop resources for the subsequent teaching intervention.

Drew and Heritage (1992) suggest there are three ways of viewing institutionality in conversation. The first is the goal orientation of the interaction where participants are seen to invoke identities and roles. The second is that institutionality puts certain constraints on the forms of talk available and thirdly, institutional talk carries with it certain inferential frameworks and procedures for the interaction. By examining recordings of actual interactions involving students, I was able to discuss with students ways in which clients may act towards them and how colleagues like themselves managed their turns at talk.

This vicarious experience was useful from two vantage points. A student is not an expert practitioner. Various levels of performance develop with time, as demonstrated in nursing practice (Bender, 1984), and it is not reasonable to expect students to perform at an experienced practitioner level. By learning from exemplary student encounters in the teaching clinic, students were exposed to a tangible form of interview which I as teacher had deemed acceptable within a novice's frame of experience. The second point concerns the power of context in establishing the social construction of the interview. The teaching clinic interview is a category bound activity (cf Sacks, 1974). Clients are likely to orient themselves differently to expert practitioners than to students, regardless of level of ability. The students are also likely to orient themselves to the 'silent audience' of supervisor who is judging
their performance. It was thus relevant for us to examine how the interview was constructed in the teaching clinic, as it was closely related to our own positions there. The relationship between myself as teacher and the students was crucial in this process. The judgement of successful student encounters relied extensively on my interpretation of the competency standards, so we had to work closely together and develop a strong common understanding of the interview process to achieve the educational task which bound us. Note that the action of analysing the process still required reference to idealisations represented by the performance indicators. In this way we see how the relationship between the performance indicators and actual practice emerged.

Focus of analysis

The analysis was driven by the educational agenda which was to draw out the structural organisation of the interview in the teaching clinic and use this as a learning concept. As outlined previously (see Chapter 4, this document), the analysis focused on three areas:

• the organisation of the interview
• managing the diet history phase, and
• negotiating dietary change

The first focal point was the organisation of the interview. My impressions of problems in the clinic concerned occasions where the interview appeared to lack structure, resulting in moments of confusion and indecision, and finally poor problem resolution. I decided I would need to provide students with a framework to assess the progress of the interview and develop common understanding on how to participate competently in its construction. The concept of interview phases would therefore be useful. Again, I chose to draw this framework from examples of naturally occurring interactions considering it more meaningful than idealised versions of practice, particularly as we could refer to actual segments of talk.

The second focal point was the management of the history phase. The performance indicators for this component of the interview indicated that students should obtain sufficient diet related information and that this should be the foundation for the counselling process (see Chapter
Often I observed this as a very long series of questions focusing on minute details of food consumption. By their very nature, it seemed, these questioning sequences could inhibit communication and stifle the counselling process. The analytical challenge was to identify forms of history taking which gave voice to both parties and which provided a tangible framework for teaching.

Following from the history, the third focal point was effective means of negotiating dietary change. The performance indicators strongly suggested using a client centred approach, working from the client perspective and negotiating change in a participative manner (DAA, 1993). This lay parallel to the professional task of providing accurate dietetic information. As in the case of the history phase, my goal was to identify communication formats which emerged from actual encounters (implicating student reference to these guidelines) and to integrate these formats into the teaching process.

In order to address these issues, and with reference to the literature on institutional talk (see section 4.9.1, this document), I derived the analytical questions for addressing the social organisation as:

1. what is the task of the interview?
2. what are the phases of the interview?
3. how are the phases achieved by participants?
4. what is the orientation of participants within phases?
5. how do parties negotiate crossing between phases?

**Ethnographic background**

The context of the study was provided by the nutrition teaching clinics in the Illawarra region, one located at Wollongong, the other at Bulli. The students in the study were completing their first academic year in the two year MSc(Nutrition and Dietetics) course at the University of Wollongong and were beginning practical experience in the clinic. Prior to this experience, they had studied nutrition counselling by conventional classroom means including seminars, role plays and reference to professional texts. There are normally twenty students in the class each year. The teaching clinics provided a free outpatient service for community members referred for the dietary management
of non-insulin dependent diabetes mellitus, hyperlipidemia and related disorders. Specific details on the contextual features of the interaction have been outlined previously.

**Study sample**

The educational purpose of the teaching clinic was to assist student dietitians in developing nutrition counselling skills. With reference to professionally defined performance indicators, a successful encounter would mean that the student and client were able to identify specific dietetic problems and come to mutual agreement on their resolution without considerable intervention by myself, the supervisor. Interventions occurred where I judged performance requirements to be breached, for example if I felt incorrect information was provided or components of the professional task were incomplete. This was done using my working knowledge as an experienced practitioner and teacher. Interventions represented one of the forms of overt sanction which characterised the formality of the interview (cf Heritage and Greatbatch, 1991). Thus, as the new pedagogical approach raised in this thesis aimed to provide resources from the successful institutional experiences of other students, only those interactions which I did not sanction were selected for analysis. This is clearly an occasion where the social construction of the pedagogical (and research) process is exposed. As a validation exercise, case studies involving second year students who had been judged competent by others were included in the database (see Chapter 4, this document).

During 1992 a pilot study of nine interactions involving first year students was conducted. This comprised interviews involving nine students who agreed to participate and who managed the interview uninterrupted. The nine clients, who had also agreed to participate, were all female, had very similar dietetic problems, and were attending the clinic for the first time. During 1993 forty interviews involving twenty first year students were observed in the clinic of which eleven were selected for in depth analysis. This selection was based on the same criteria as the 1992 case studies: successful interviews involving different students and clients with similar dietetic problems. All participants were female, reflecting the clinic and student populations. Two follow up appointments were included in this group. A further
19 interviews involving second year students were observed in 1993 of which 12 were selected for analysis. This created a database of 32 case studies for in depth analysis, details of which are provided in the appendix (Appendix 1 and 2). The profile of clients is summarised in Table 5.1 (over page).

From Table 5.1 we see the clients were all English speaking women, mostly in the 41-50 year age bracket, had attended high school and were either supported financially by themselves, others, or through pensions. There were no women of Aboriginal or Torres Strait Islander background in this group.

Method

With reference to the focal points of study, I closely examined interactions involving students taught by conventional means. Using methods of conversation analysis, patterns of talk which demonstrated ways in which the participants co-constructed the interview were identified. Examples of these interactions are presented as data, and an analytic description is provided. Where it is appropriate to demonstrate evidence of the phenomenon across the database, frequency tables are provided (cf Silverman, 1989a; 278). This is followed by ethnographic data and discussion to establish the relevance of the CA analysis to the research purposes (cf Moerman, 1988; Silverman and Gubrium, 1994).

Case studies were coded in terms of the year of the interview, the location of the clinic, the academic year for the student, the order of occurrence of the interaction and the location of the extract on the tape respectively. Thus case study 93:B:1-2 (002) relates to the second interview from the first year students of 1993, the clinic was at Bulli and the extract can be located on the tape with the counter at 002. Additional notations refer to specifics of the case, that is (2) indicates a second or follow up interview and (M) indicates the client was male. For ease of presentation in tables each of the thirty two cases chosen for analysis were given an identity number (indicated in the text as ID n). A summary of these identifying codes is provided in the Appendix 1. The extracts of talk presented in the text of the thesis are given in numerical order for ease of location.
Table 5.1  Profile of clients in the baseline case studies

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<th>Number</th>
<th>Percentage</th>
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<td></td>
<td>(N=32 for clinic status; N=30 for others)</td>
<td>%</td>
</tr>
<tr>
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<tr>
<td></td>
<td>second visit</td>
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</tr>
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</tr>
<tr>
<td></td>
<td>high school</td>
<td>23</td>
<td>76.67</td>
</tr>
<tr>
<td></td>
<td>tertiary</td>
<td>3</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>primary + technical</td>
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<td>3.33</td>
</tr>
<tr>
<td>Country of birth</td>
<td>Australia</td>
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<td>70.00</td>
</tr>
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<td></td>
<td>UK</td>
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</tr>
<tr>
<td></td>
<td>Other Europe</td>
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<td>3.33</td>
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<td>Language at home</td>
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<td>100.00</td>
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<td></td>
<td>plus other</td>
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<td>3.33</td>
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<tr>
<td>Income</td>
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<td>40.00</td>
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<tr>
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<tr>
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<td>6.67</td>
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</table>
5.1.1. The task of the dietetic interview

One of the definitive characteristics of institutional talk is the presence of a formal task (Drew and Heritage, 1992). In the teaching clinic the task of dietary assessment and negotiation of change is made even more formal by the observation of the student's performance by the supervisor. The task was regularly presented in explicit statements made by the student, as shown in extract 1.

Extract 1
Case study 93B:1-36 (125) (ID 20)

1 S OK, what we can do and what we'll do is go
2 through your diet habit as it is at the moment and see
3 if there's some areas that we can focus on

The student begins the turn with a positioning marker (Button, 1991) and presents a proposal which she immediately repairs with a qualification (line 1) which reduces ambiguity (cf Davidson, 1990). She uses the term 'we' which may be seen in a collaborative sense or as a reference to her relationship with the institutional organisation (cf Silverman, 1987b). These features not only display the task at hand but the formality of the interview. The actual explication of the task may also have to do with the 'silent audience'. Atkinson (1982) argues that such procedures assist the non-speaking participant to follow the progress of the interaction given that they do not have access to numerous interactional features (for example eye contact) limited to the speaking parties.

Professional definitions of the task

Given this social context where one party may need to explicitly indicate action to an observer, there needs to be a common understanding of what this action should be. The performance indicators would seem to provide the basis for this common understanding (cf DAA, 1993). Although I continued to refine and develop these forms over the years of the study, the basic features were constant (see Table 5.2). Originally I drew on a model of nutrition
counselling developed by Snetselaar (1989). Later, in 1993, I incorporated under these headings the performance indicators, as prescribed by DAA (1993), and then finally in 1994 I developed a new set of headings drawing on the published competency standards. Table 5.2 outlines the headings listed in forms which incorporated the Snetselaar model and the later competency model. The competency assessment form is provided in the appendix (Appendix 8).

Table 5.2  **Headings used in assessment forms for nutrition counselling**

<table>
<thead>
<tr>
<th>Snetselaar Model</th>
<th>Competency Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Opening</td>
</tr>
<tr>
<td>Explanation</td>
<td>Reason for visit</td>
</tr>
<tr>
<td>Assessment</td>
<td>Assessment</td>
</tr>
<tr>
<td>Treatment</td>
<td>Education</td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
</tbody>
</table>

Communication skills  
Client centred behaviour  
Structure  
Management  
Closure

It is important to bear these headings in mind. As students were familiar with the assessment format, the presence of the categories (headings) no doubt influenced the way in which students conducted themselves throughout the interview. They were also my reference points for providing students with feedback. This situation shares similarities with the construction of the news interview, in which case there is an understanding on the parts of the interviewee, interviewer and audience as to how the interview should progress and the parties maintain a structured format recognisable to all as 'the news interview' (Heritage and Greatbatch, 1991).

5.1.2.  **Phases in the dietetic interview**

Another way of demonstrating the institutionality of the dietetic interview was to identify the phases across the range of case studies. This was achieved by listening to each tape and noting boundaries on the transcript. These boundaries were often accompanied by
positioning markers such as 'right', 'OK', 'well'. In each event there was a change of state in the turn at talk, where speakers moved from one topic or conversational activity to another (cf Button, 1991). The different phases in the interview were named and grouped under more general headings on the basis of actions taken by the speaking parties. The results are presented in Table 5.3.

Table 5.3 Phases of the dietetic interview in the teaching clinic

Phase 1 Opening: the student and client are introduced by the supervisor and seating arrangements are organised. There may be some clarification of dietetic problems and roles of participants.

Phase 2 Introduction (establishing purpose): the student and client discuss the reason for the visit, and the student questions the client on previous dietetic experiences and medical issues. Weight is assessed and some preliminary advice may be given.

Phase 3 Diet history: the student requests an account of the client's usual eating pattern, which the client provides.

Phase 4 Negotiating dietary change: the dietetic problem is discussed by both student and client and ways of dealing with it are negotiated. Information and advice giving are key features of student action. Information seeking and responding are the main client actions. Students also make proposals and actively seek agreement.

Phase 5 Consolidation and close: outcomes of the interview are summarised, final details are sorted out and plans are made for future appointments.

Whilst the presentation of phases seems to suggest a uniformity and predictability about the interview, this is not the case. Phase structure really provides an organising principle for the interview, as the data show many overlaps and shifts. There was also a range of sequences of talk within phases. For example, information giving could occur in all phases but it would have different conversational features in different
phases (this is dealt with in detail in later sections). Indeed a large number of elements were identified, but they were not limited to a single phase. These elements are summarised in Table 5.4.

Table 5.4 **Summary of elements within phases of the supervised dietetic interview**

- clarifying perceptions / reason for visit
- clarifying medical referral and health details
- discussing family / medical / dieting / weight / social history
- measuring and assessing weight
- reviewing dietary treatment
- assessing goals
- evaluating / displaying knowledge
- eliciting / describing daily meal patterns
- cross checking food intake details
- evaluating dietary intake
- assessing exercise / lifestyle patterns
- giving / seeking dietetic information
- menu planning
- negotiating goals and / or strategies
- completing / imparting written information
- summarising outcomes
- organising future plans

The variable interweaving of these elements into the conversation provided evidence for a co-construction of the interview which was locally managed, albeit within the broad framework of a formal institutionalised interaction. This is discussed in greater detail in following sections which examine how participants manage the phases within the interview.

**Comparison to the medical interview**

On first glance the dietetic interview would seem to have some features in common with the medical interview. Heath (1992), for example, identified two distinct sections in the medical interview: information gathering and diagnosis / management, found in both new and return appointments. Referring to Table 5.3 the diet history is clearly an information gathering phase whereas negotiating dietary change has
diagnostic and management features. There are also similarities with the phases identified in the Byrne and Long study of the medical interview (Table 5.5), bearing in mind that these authors refer to doctor action only, and the patterns is presented in an idealised fashion, rather than as a heuristic device for analysing the interview.

Table 5.5  **Patterns in the GP-patient interaction**  
(Byrne and Long 1976; cited in Heath, 1992; 237)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Relating to the patient</td>
</tr>
<tr>
<td>II</td>
<td>Discovering the reason for attendance.</td>
</tr>
<tr>
<td>III</td>
<td>Conducting a verbal or physical examination or both</td>
</tr>
<tr>
<td>IV</td>
<td>Consideration of the patient's condition</td>
</tr>
<tr>
<td>V</td>
<td>Detailing treatment or further investigation</td>
</tr>
<tr>
<td>VI</td>
<td>Terminating</td>
</tr>
</tbody>
</table>

These structural findings compare well with those of the dietetic interview, implying a shared form of institutionality. The comparison is relevant because clients who have not seen a dietitian before are likely to have seen a doctor (clients are usually referred to the dietitian by a doctor), and this experience would provide them with a reference point from which to participate in the dietetic interview.

5.1.3  **The opening phase**

The first phase, the opening phase, was characterised by greetings and general organisational issues, such as seating arrangements. Given the nature of the teaching clinic, I participated in this phase which resulted in a third speaker for the interaction. For this reason, the opening phase was less available for analysis in terms of the student-client construction of the interaction, but its position in the sequence was significant in gaining an overall picture of the interview structure.

There was one instance in the opening phase, however, which clearly exposed the institutionality of the interview. This concerned a case where the student began with an utterance which in everyday
conversation would normally be taken as a greeting. The result shows how the dietetic interview has a common institutional character with that of the medical interview.

Extract 2
Case study 92: B 1-1 (048) (ID 1)

1  S  How are you today Mrs ((name))?
2  C  I haven't felt w-well today, er I know why it's
3          because the medication I am on, my body's got t'
4          start getting used to it. The high blood pressure.
5  S  Oooh right.
6  C  So I've had slight headaches toda:ay which the
doctor said I would suffer from.
7  S  An' how long have you been on the (.) medication?
8  C  Oh I have only been on it for a month.
9  S  mm ((shuffling papers))
10 C  Um Have you been t-, you haven't been to the
    dietitian before have you? [No]=
11          [No]
12  S  =and d'you know why you have been referred here
today?

The student begins by asking an everyday question in an institutional setting. Rather than giving the everyday response of 'fine' (or equivalent), the client begins with an account of symptoms as would befit a medical interview. The student responds with oh (line 5) indicating the receipt of news (Heritage, 1984) - the student may not have been expecting that response- and acknowledges the client comment with right which could be a repair on her first reaction. With this acknowledgement, the client uses her next turn to provide an extension of the original information (line 6). The student then takes up the institutional character of what may have begun as an informal greeting-response sequence but from the client's first response has turned into a formal question-answer sequence (lines 8-15). Here is a good example of how the institutionality of the interaction is quickly established in the early stages and how both participants work together to co-construct this institutionality. By means of form and content, it
also shows the strong links between the medical and dietetic interviews.

5.1.4 The introduction phase

Having outlined the goal orientation of the interview and identified the series of phases, the next task for establishing the institutionality of the interview was to examine how participants achieved the stages mutually and how they co-constructed their orientation in each phase. Unlike the opening phase, the introduction phase was managed by the student and client alone and I became the 'overhearing audience'. As mentioned earlier, the supervised context would place additional constraints on the forms of talk available to participants. These restricted forms would characterise the construction of phases. An example was found which demonstrates the formality of this construction and then common patterns across the database are presented. In the example, the student clarifies the form of address to use in the interview. The real name of the client has been substituted.

Extract 3
Case study 93:B:1-2 (002) (ID 10)

1 S Do you mind if I call you Kim?
2 C yeah [sure no, no]
3 S ['cause I'm gonna get tongue tired]
4 C [it's too hard anyroad]
5 S [he he.hhhhhh]
6 C c-call me Kim.
7 S so, Kim have you seen a dietitian before?
8 C no no
9 S right and ummm Do you have a referral note from your doctor?=
10 C =Yess—in the notes.

There are three question-answer sequences. The first turn by the student is a request which is accounted for in the client's immediate positive response (lines 1-2). Given that the co-construction of talk leans toward co-operation rather than non co-operation (Heritage, 1984) it is predictable that the client would not object. The fact that the
student asks in the first place is an indication of the constraints on the interview set by this context. The escalation of the assurance by the client (sure, no no) (line 2) is an acknowledgement of this break with formality which the student is proposing. To further this point, the student gives a reason for her request (line 3), the client responds collaboratively (line 4) and then gives formal permission as a directive (call me - ) (line 6). The student laughs alone (line 5) in conjunction with the client's collaboration, possibly testing the response to the direction of talk which she has just instigated (cf Jefferson et al, 1987).

In four turns at talk we have seen how the participants have dealt with a rule of formality which states that the client has the right to allow the use of her first name. In the student's next turn at talk she confirms this permission by using the client's name and getting to the first question of business (line 7). In institutional settings this pattern of talk is indicative of the caution which participants demonstrate towards each other (cf Drew and Heritage, 1992), particularly in the early phases of the interaction. Caution is a feature of ways in which participants orient themselves in the interview, and is another feature of institutionality.

**Sequences within the introduction phase**

Generally, the introduction phase comprised straightforward question-answer sequences, as demonstrated in extract 3. The institutionality of the interview was established in the first few utterances with the student taking first action and the client obliging. The answers were short and co-operative and the client allowed for the next question. In other cases, longer turns at talk occurred when the client provided a narrative account of an issue raised by a question, or the student gave a background summary of the diet-disease relationship. A summary of the sequences within the introduction phase is provided in the appendix (Appendix 5).

The summary demonstrates the common sequential organisation of the introductory phase of the interview, albeit with expected variation. The commonality is based on activities which could be construed as preliminary to history taking and advice giving. The variation is testimony to the unique nature of all interviews. There is also little
discernible difference between the organisation of the interviews conducted by the first year and second year students. The one deviant case, (ID26) where the parties dealt with a review of the diet, referred to a follow up interview.

5.1.5 Crossing into the diet history phase

Examining ways in which participants negotiate crossings into new phases is another way of highlighting the institutionality of the interaction. In the teaching clinic interviews, the movement across the initial phases of the interview was generally overt with explicit directions from the student. Given the procedural consequentiality of talk (Schegloff, 1991), one way of viewing this crossing was to examine the sequences which occurred on the border between the introduction and history phases. A summary of these sequences, categorised into three groups, is provided in Table 5.6. The three categories are termed 'business' crossings which were essentially sequences of question-answer pairs; 'strategic' crossings which were characterised by perspective invitations and 'educational' crossings which were preempted by information giving sequences.

Clearly the interactions involving first year students demonstrated a greater propensity for dealing with the diet-disease relationship immediately before the introduction to the diet history. This was likely to be a reflection of the assessment form, remembering that the second year students were not being assessed formally (they had already passed). The interactions involving second year students did incorporate this element, though it tended to occur earlier on in the introductory phase. The three categories are discussed in detail below.

**Business category crossings**

Business category border sequences saw a relatively straightforward change of phase. The previous sequences of talk generally took the form of student directed question-answer sequences representing the doing of initial business. The change in direction was explicit in the student's turn where she clearly selected next action. The turn to the history phase was often marked by positioning markers, as seen in extract 4. Here the participants are completing the introductory phase and the student takes her next turn as an entree to the diet history.
<table>
<thead>
<tr>
<th>Sequence category</th>
<th>Sequence name</th>
<th>No. of (1st years)</th>
<th>Cases (2nd years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>weight assessment</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>lifestyle assessment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>medical history</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>weight assessment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>family history</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>medical/family history</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dieting history</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>weight history</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dieting/social history</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>diet-disease</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>information giving</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>evaluation of client knowledge</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>offer of information</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>giving/seeking information</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Strategic</td>
<td>review of diet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>reason for visit</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>negotiation of goals</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
Extract 4

Extract 93:W:1-3 (022)(ID 11)

1  S  Right. Ok. .hh and how long have you been this uhm current weight
2  C  Since ummm, after I had my little boy about a year uhm 'bout fourteen months no:ow.
3  S  Ok (.) Ok “right” Ok ummm so ummm what I'd like to have a look at today first of all is um the types of foods that you eat um because as you know we can um reduce weight through diet um can you tell me about the sort of foods that, the usual foods that you eat throughout the week?
4  C  [aahhhh]
5  S  [from maybe] breakfast?
6  C  from breakfast...
7  S  u-huh

In this extract the student's first turn at talk is a continuation of question-answer pairs which were typical of the introductory phase of the interview (lines 1-4). The institutionality of the talk is evident in many features. The client establishes the relevance of the student's turn as a question by providing an answer. She in fact provides two answers, the first of a biographical nature (after I had my little boy) which she repairs to put in institutional terms (14 months). This institutional phenomenon of contrasting terms has been found in interviews with doctors and patients (Silverman, 1987) and in legal settings (Pomerantz, 1987). In the latter case, Pomerantz (1987) draws attention to the preference for official identifications, or 'raw data' over relational identifications or opinions in official settings.

The student acknowledges the response with OK (line 5) which serves the purpose of rounding off a sequence and connecting with a new topic. There is a pause but the client does not take it up as a turn, leaving the floor to the student who holds it with another OK and then right. This could be seen as a form of 'holding over', entering into a closing by indicating the topic is exhausted (cf Button, 1991). One of the conversational options following this action is to unilaterally introduce a new topic (Button, 1991). The next OK indicates again a rounding off and moving onto next action, but this is followed by filling in the gap
with ummm, displaying possible error avoidance and thinking time (cf Davidson, 1984). The next utterance so begins next action, and there is a repeat of ummm - further error avoidance which serves to hold the floor until the actual statement of next action (lines 5-7). The first part of the statement could be heard as 'thinking aloud' (lines 5-6), the next part qualifies or accounts for this (line 7) and the third part is a direct request (line 8-9).

There are six ums in the student's second turn, the first two more drawn out. These initial utterances would seem to hold the floor as a preliminary to proposing next action. A number of the following ums occur at clausal breaks, each serving as possibilities for interjection by the client. They are ambiguous handovers, however, because the student still holds the floor by saying um. Without interruptions forthcoming, the students asks an explicit question- can you tell me (line 8). The student appears to be formulating her way through to the appropriate question and the client co-operates with this process and does not take up her turn until the student clearly hands over. At this point the client signals an uptake of her turn (aahhh) (line 10). At the same time the student qualifies the question with a repair statement (line 11) which the client in turn repeats. The student acknowledges the response and signals that there is more to come (u-huh) (line 13). The turn has been negotiated and the change in phase begins. These features point to the institutionality of the interview by means of the student's formulations to ask the right question and the client's holding back and allowing the student to select next action. The latter is also a representation of the institutional asymmetry produced through the roles and task-oriented actions of participants in medical settings (cf Frankel, 1990).

Strategic category crossings

Rather than comprising factual business like questions before moving to the diet history, this pre-sequence contains turns at talk which deal with the task of the interview itself. The extract below gives an example of a strategic category.
Extract 5
Case study 93:W:1-30 (023) (ID 18)

1  S  So what do you expect to get out of this today like=
2  C  I know all the things I'm not supposed [ to do:oo ]=
3  S  [(laughter)]
4  C  =I know[that much]
5  S  [Well], what we might do is um we'll just go
6  through your diet=
7  C  =mhm=
8  S  =and what you eat=
9  C  =mhm=
10  S  =and um and then we'll just look for a couple of things
11  there=
12  C  =right=
13  S  = and see what we can do for you?
14  C  Right
15  S  What would be the first thing you eat in the day?

The students' first turn at talk is an unmarked perspective invitation for the client (cf Maynard, 1991). Despite the apparent openness of the statement, the client responds in terms of problems, exposing the nature of the service and thereby its institutionality. If there were no problems she would not be there. This response could also be seen as a form of troubles telling which is occurring early on in the interview. The student laughs alone (line 3), a feature which Jefferson (1984) has shown is linked with establishing a balance between resistance and reception of troubles telling. The moral overtones of the client's response and her repeat version (line 4) could be seen as self-deprecating. The students' next turn (line 5) shows a disaffiliation with these comments, the opening utterance well, possibly indicating reluctance or discomfort (cf Pomerantz, 1984). Either way, the student takes a sharp turn in direction, indicating next action. As in the previous extract, the student gives a number of formulations, using we instead of I in the first instance (signalling institutional alignment), repairing terms from official to everyday language (lines 6 and 8), and explicating the institutional task. The formulation is given in a sequential form (and then) which the client agrees to immediately. Her upward tone suggests a question-proposal (line 13) which the client
strongly accepts (line 14). This allows for the student to ask the introductory question to the diet history (line 15). This particular sequence supports Jefferson's (1980) contention that participants will manage when and how troubles telling will occur in the sequence of talk. In this case it is agreed not to deal with it first as there are other matters to attend to. That there are other matters suggests the institutionality of the interview, made all the more explicit by the student outlining the formal process. In terms of relevance to practice this analysis does suggest that seeking such perspectives at this particular point of the interview could be potentially problematic, particularly if the student and supervisor have an understanding that a history will be taken.

**Educational category crossings**

The third category of border sequences was identifiable by the educational/informational content. This category was again more complicated than the business category as it moved further away from straightforward question-answer pairs to turns within sequences which could eventually lead away from an early progression to the diet history. In the next extract (extract 6, over page) the student is providing an information package on the diet-disease relationship.

The student's first utterance has some six components. She begins with a directive, but stops. She starts again with a topic, the diet. This is followed by four relational issues:

- things associated with diet
- dietary changes
- weight loss, and
- cholesterol reduction.

This appears to be an information giving component which the student has inserted before telling the client what the main thing is to do. The client breaks in at the last issue on the list, beginning with *well* prefacing disagreement (cf Pomerantz, 1984). The challenge is presented in a factual way attending to face saving issues (cf Goffman, 1981). The student agrees and adds a qualifier (line 7), which acts as a correction, again presented in a factual sense, holding her turn with an extended *a:and um* as the client responds at the next possible break (lines 8-9).
The student then restarts her initial utterance on the main thing to do (line 9) which is to change the diet, but now she also packs the client's comment into the account. This is done in a moral sense with terms like *obviously* and an emphasis on the *taking drugs*, which demands agreement (lines 10-13).

**Extract 6**

**Case study 92 :B:1-8 (005) (ID 8)**

| S | The main thing is to- with yer diet, 'cause a lot of things can be associated with the diet, and to see what changes you might be able to make in y're diet to um help bring the weight down -an' also to reduce the cholesterol [and] |
| C | [well the] cholesterol h's come down |
| S | It has. That' because you've been taking Lipex= |
| C | =mm= |
| S | =a:and -um the main thing is to try and change that with yer diet as well because obviously it's best if you're not= |
| C | =mm= |
| S | if you're not um *taking drugs* to reduce cholesterol. m m |
| S | But s- have a look at some of the problems or that they're things in your diet that maybe could be *changed* that will help= |
| C | =mm= |
| S | =bring the cholesterol down *because* a lot of the foods in our diet can actually cause cholesterol to go up. OK? m h m |
| S | Now um you filled out your diet hiss-try, diet record, is this all the- there is t' go or d'ya want me t'ask you= |
| C | =well I let's see y'know he.hhhh he |
| S | Is sat- issat what you normally have, [during the day? |
| C | [what I have for breakfast] |
The effect is to silence the client, who is now only giving minimal response tokens (mm), notably at her fourth turn at talk where she clearly has the opportunity to take the floor again (line 14). The student's next two turns are reformulations of the initial utterance, and when she seeks agreement with OK?, (line 20) the response is only mhm (line 21). This is different to an agreement, it acknowledges the prior speaker but makes no claim to independent access to the original claim and may preclude a subsequent version of events (Davidson, 1984).

The student's next turn (line 22) carries the next action, a change of direction into the diet history. She begins with now, possibly trading on the likely 'known status' of the diet history in the interview, given the written account (cf Button, 1991). To get to this point, however, she had to work through some issues which sprang from an informational package and, it would seem, regain control of direction. In this turn there is still evidence of moral inferences (is this all), which is responded to with the clients hesitations (line 24). The next question sets the history in motion (lines 25-26). The changeover has been more complicated than say in the business category, indicating that the information package given in the introductory phases may be viewed by students as simply a chunk of advice which they quickly move through (information on the diet-disease relationship is listed in the performance indicators), but that this understanding is not necessarily commonly held with clients, and indeed it offers them opportunities to raise issues which they may wish to discuss.

**Deviance**

There was one deviant case found in the database where the student embarked on a much more interactive form of information giving during the introductory phase. The case was deviant on another count in that the client presented the first indications for the history phase rather than the student. This would seem to confirm the institutional nature of the interview, given that the client clearly showed expectations of discussing her eating patterns in the form of the history in the early stages of the interview. In the first part of this extract the student begins a diet-disease information sequence using a question-answer-evaluation format identified in school teaching (Mehan, 1979).
Right. OK, um can you tell me perhaps what it might mean to you with regard to your diet? (.) No [ideas there] [No] OK. Alright, well um what actually affects the cholesterol in our blood um you might have heard there's been a lot of advertising [over the last few years] [It's the fat yes] Yes That's all I know. Ah he= well that's good, that's something. OK so 't's the fat that effects the cholesterol= yeah but I can't work out why Why? Yeah Um?= unless I'm putting too much s- margarine um say margarine, 'cause I'm only using the margarine with no cholesterol Right whether I'm putting too much on me bread 'cause I like bread Right but s- margarine, no butter OK, what we can do and what we'll do is go through your diet habit as it is at the moment and see if there's some areas that we can focus on, m m but I'll just give you a bit of an explanation as to ((reaches for information sheet)) alright, so what we have, when you have um higher y'know levels of cholesterol in the blood m m we always have cholesterol yes in the blood
The first turns at talk are clearly of the format question - answer (no response) - evaluation (no ideas there) (lines 1-4). This is repeated in the next triplet (lines 5-12) begun by the student, in this case the question is implied by means of a prompt on advertising to which the client answers. The student summarises the outcome and then the client changes direction (yeah but I can't work out why) (line 13). This may be seen as an inferred question by the client or even a proposal to go through her diet. The student clarifies by repeating the client's utterance (line 14). The client then introduces talk on food and the next sequence of turns has a strong similarity to talk in the diet history phase as the client is accounting for her food consumption. With minimal response from the student, the client continues to add to her proposal which could be attending to possible problems with its acceptance (cf. Davidson, 1990). The student acknowledges the inferred proposal by saying OK and explicating it with a familiar diet history introduction (go through your diet). She rejects the proposal, however, beginning the next utterance with but and proceeding with an alternate action, pursuing instead the educational sequence (line 28). The diet history could have begun here with the prompting of the client, but the student held control of direction and left it until later. Again, this segment confirms the institutional nature of the interview. This is seen in the asymmetrical control over direction, and the implicit proposals by the client compared with the explicit direction given by the student. These are clear orientations to the roles which they are enacting. To finish this point, the turn to the history phase does occur at a later stage in the interaction at the direction of the student, as demonstrated on the next page (extract 8).

The educational sequence is coming to a close in this segment. Again there is evidence of the student providing evaluative comments on the client's statements (lines 4, 15). The student provides qualifications for each statement, shifting from positive to limiting statements and then qualifying again, all with the client's agreement. She marks the introduction to the diet history (OK), rounding off the previous talk and moving onto the next item of business (lines 15-19). As in the previous cases, the student selects next action and the client answers cooperatively.
Extract 8
Case study 93: B:1-36 (225) (ID 20)

1. C I always look for the little whatsaname with a tick
2. S Tick
3. C Ah Yeah
4. S Yeah, that's good because they usually indicate the better choices
5. C Yeah
6. S You have to be careful because sometimes a tick doesn't necessarily mean that it's good and that you can have as much of it as you like=
7. C =Ah no=
8. S =You still have to have it=
9. C =Yeah=
10. S =within limits, so=
11. C =yeah=
12. S =but that's good if you're looking for that. OK. uhm what I'll do is we'll just go through and get a bit of an idea of your diet at the moment
13. C mm
14. S so can you tell me a bit about it?
15. C Um. Well I went off it for a while 'cause I was getting tired of being on the one y'know thing all the time
16. S OK well, not that, sorry, I should say, not necessarily a diet but what you're eating at the moment
17. C Yeah
20. S Well I only have a Weet Bix for breakfast.

Summary

Examining the way participants managed the crossing from the introduction to the diet history phase has provided further evidence of the institutionality of the interview in the teaching clinic. Of particular note were the effect of the previous sequence on the progression of the crossing, the presence of inferential frameworks and asymmetry in
negotiating the crossing and the demonstration of caution between participants as they co-constructed the move across to the diet history phase. Each of these features highlighted the formality of the interview and the participants orientation to complete the task within the overall structural framework of the interview.

5.1.6 The diet history phase

The diet history phase is central to the task of the dietetic interview. In assessment terms, students need to be able to 'elicit sufficient information to define the problem correctly', and history taking skills are strongly represented in the performance indicators. Like the other phases of the interview, though, the history phase is co-constructed by the participants with strong reference to the institutional agenda. In order to demonstrate the institutionality of the history phase, two aspects were examined in detail: the first turn at talk which introduced next action as the diet history, and the overall structural organisation of the history phase.

Introducing the diet history

a) Transition markers

The introduction to the diet history was identified in each case as a 'transition' in the conversation where the current speaker selected next action (cf Schegloff, 1992). A summary of all these sequences is given in Appendix 6. In all cases bar one (to be discussed later) the student made a formal statement of action. Positioning markers such as right, OK, well were very often present followed by suggestions from the student on what to do next (cf Button, 1991). A summary of prevalence of utterances at the start of the introduction to the history is given in Table 5.7.
Table 5.7  Positioning markers in the introduction to the diet history

<table>
<thead>
<tr>
<th>Marker</th>
<th>Number of cases (N=32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>well</td>
<td>5</td>
</tr>
<tr>
<td>OK (+others markers)</td>
<td>10</td>
</tr>
<tr>
<td>so</td>
<td>2</td>
</tr>
<tr>
<td>alright / right (+ other markers)</td>
<td>4</td>
</tr>
<tr>
<td>umm</td>
<td>4</td>
</tr>
<tr>
<td>now</td>
<td>1</td>
</tr>
<tr>
<td>(other)</td>
<td>6</td>
</tr>
</tbody>
</table>

The idea here is not to claim categories of utterances, but rather to establish beacons for segments within sequences. In terms of locating the history in the structure of the interview, the positioning marker provided clear guidance. The next step was to analyse closely the first utterance made by the student and to examine the procedural consequences of this action.

b) Eliciting the diet history: inviting the client’s story

In keeping with conversational rules (Sacks et al, 1974), the relevance of the student’s first utterance was established in the client’s response. The range of client responses accounted for three major concepts contained in the student introductions. These were:

- an invitation to tell a story on food consumption patterns
- the notion of usual eating patterns as the basis for the story
- the purpose behind telling the story.

These features allowed for a comparison with Watson’s (1990) account of the murder interrogation where there are previously known facts about the case and the interviewer works to keep the story on track (see Chapter 3, this document). From the study of story telling in ordinary conversation, Sacks (1974) refers to the sequential order of the story and the need for conversationalists to know when they have the right to speak in this frame. The story preface is significant, it will provide the first indications for where the story will end and how the recipient should respond. A story initiated by the recipient will be different from that initiated by the teller (Goodwin and Heritage, 1990).
In the case of the diet history, the students invariably initiated the story. Narrative markers were key features in their proposals, and these markers acted to structure the story along a given storyline (cf Bestgen and Costermans, 1994). In this sense terms such as *start off, the first thing in the morning, and breakfast* were identified as having particular communicative functions in establishing the form of response. The storyline for the diet history was therefore constructed by the student as an account of usual eating patterns beginning with breakfast and progressing to the last meal of the day. The student's use of narrative markers, such as meal titles, time of the day and temporal references (for example, *and then*) supported the structural organisation of this account. The effect of the student introduction is demonstrated in the following extract (extract 9, over page).

Barring the euphemistic proposal (*how about* - in formal conversation a negative response is unlikely), there are two main concepts in the student's proposal: the telling of a story (*start off* suggests a storyline) and the content of the story. Let us begin by considering the content of the story.

The student first refers to this content area as *things that you like to eat*, then adds *and your usual eating pattern* (lines 1-2). It is not clear whether the *and* serves the purpose of a continuer (making the second reference a repair on the first) or whether she means the two to be mutually exclusive. Either way what we see here is the juxtaposition of a lay and institutional description. The term *usual eating pattern* is commonly found in the professional nutrition literature to describe the diet history. Its presence represents a diversion from normal conversation, a common feature of healthcare interviews (Shuy, 1983), and a clear demonstration of institutionality. The meaning behind these terms suggests a pre-supposed underlying pattern (cf Garfinkel, 1967).
S Well how 'bout, if you start, by telling me, uhmm 'bout
the things that you like to eat and your usual eating pattern
?
C =Well I usually eat just about anythi:ing, but I have a
hiatus hernia which- seems to uhm (. ) hhh I don' know,
it's sort er, I get tummy ache from time to time and feel I
need. to eat [something]=
S [u-huh]
C =uhmm b't doesn't-I think the drink sometimes affects
it, like if I j'st had a drink uhm (. ) awright-but I usually find
the first thing in the morning I'm * not that* hungry.
S mhm m?
C So-inthe- I get up at half past four, 'cause I start work at
six=
S =Wow!=
C =((overlapping laughter)) an', the first thing I do,
usually, to make sh- cause then- I work to ten=
S =mhm=
C =like today I worked till ten, 'n two days I do that and
then I work all day the other days, hhh an I usually find
that if I have some- I usually now try t' eat quite a bit (. ) like
I usually have a slice 've bread with bana:ana on it and a
cup of coffee=
S =mhm m=
C =and uhm and then sometimes I have breakfast cereal
and sometimes I'll just have bana:ana on a sandwich, (. )
then I'll go t' work and I'll have nothing until lunch, an I
jes-sort've have whatever, 'you know , whatever everyone
else is having", and then I j'st have normal tea like
everyone else.

In her response the client accounts for the notion of usual contained in
the student's introductory statement, but her answer is a gloss in that
she eats anything (line 4). She then begins to qualify and control the
sense of what usual might mean to her. The first qualification is her
medical condition and the effect it has on her ability to consume food (lines 4-11). The second concerns her shiftwork which influences her access to meals (lines 13-19). Like the murder interrogation, the client's story has an internal narrative structure and the teller arranges the order of events (cf Watson, 1990).

The student acknowledges the first utterance with *u-huh* (line 8) indicating that she hears there is more to come (cf Sacks, 1987). The client provides a qualification on her medical condition which she upgrades. Note this occurs after the student does not take up the turn at the clausal break. Next there is a pause (line 10). These actions indicate that the client is pursuing a response (cf Pomerantz, 1984b). The student still does not take this up as a turn at talk. The effect of this student inaction is that the client indicates submission with *awright* (line 10). She emphasises the students term *usual* and while her reference to appetite implies an understanding that they are talking about food. She goes back to the original concept of usual raised by the student but this time also includes the narrative form *the first thing in the morning* (line 11).

Here we see the other main concept in the student's introductory proposal begin to emerge in the talk. The telling of the story is signalled by the narrative marker, *the first thing in the morning*. We will now see how this feature of talk remains significant as the two participants co-construct the interview.

The first sign of this significance is that the student acknowledges the client's utterance and indicates she should continue (*mhmm?*) , this utterance given in an upward tone (line 12). The client begins with *so* to connect the utterances and restarts the narrative (*in the*) only to cut back in with the second side sequence qualifying the narrative (line 13). The student interjects with *wow* and generates mutual laughter (lines 15-16). This has the effect of interrupting the flow of talk and focuses on the last thing said (*at six*), which provides another opportunity for the sequence to get back onto the institutional track. The actions of the student are similar to that of the police interviewers who work to keep the storyline on track with relevancies and known facts about the case (cf Watson, 1990). The client restarts with a narrative marker (*the first thing*) , refers again to usual (line 17) and then is back to her original
qualification of usual, her concern for the hiatus hernia (she could have been about to say to make sure. Later in line 21, she says she tries to eat quite a bit which fits in with the earlier comment of needing to eat). Not completing this statement she goes back to the qualifying narrative on work schedules (line17), with the student’s acknowledging in between breaths (line 18), and continues on until she mentions eating, which borders again on the institutional storyline (line 21). There is another significant pause, a turn at talk which the student does not take up, the result being that the client offers an account of foods consumed (line 22). These are 'the facts' which are being sought for the history. At her next opportunity to break in the student gives a continuing acknowledgement (mhmm) and the client continues with a story which takes her from breakfast through to the last meal of the day, tea. She ends the narrative with the same form of gloss with which she began, she eats anything, like everyone else (line 29). The student does not interrupt this story and the client marks its finish with an evaluative comment which, if we carry through with the murder metaphor, implies 'I'm innocent'.

By examining such intricate details of talk, it is possible to see the struggle between participants to generate a form of interaction which satisfies each other's purpose and integrity. It also demonstrates that the sequence takes the form of a co-constructed story where differing agendas emerge in the process. The orientation of participants has to do with the membership categories which the speakers occupy in this context and the diet history becomes a category bound activity where, like the murder interrogation, parties are working from a known piece of evidence provided in the doctor's referral. The notion of 'usual eating patterns' becomes problematic given that the client needs to formulate her story so as to present a moral version of herself, in view of the evidence, and the student is required to keep the story relevant and accountable to the medical problem. The student is also obliged to do this in such a way as to be seen to be working from a client perspective, so both are bound by forms of morality.

The situation thus becomes delicate for both parties, and the delicacy would seem to rest on the purpose behind the history. In the murder interrogation the purpose is to render guilt or innocence. In the diet history the purpose is to expose problem areas in the diet which could
be changed to treat the medical condition. As stated earlier, student introductions to the diet history often contained reference to its purpose and this had effects on the client response, as shown in the extract below.

**Extract 10**

**Case study (93:W:2-13) (205) (ID 27)**

1. S  Right what I'll do is just go through a da- just- go through
2.   what you-normally eat, "what you usually have", c's that
3.   way we c'n see if there's any areas that a::are terrib-y'know,
4.   that's been too, that we can concentrate on?=
5. C   ="I can tell you right now".=
6. S   = ah right, well tell me.(hh)=
7. C   =Bread.
8. S   Bread?
9. C   Bread's my biggest killer

Again the student introduces the diet history with concepts of usual food consumption and an inferred invitation to tell a story (lines 1-4), but in this case the concept of purpose is emphasised by a 'slip of the tongue' as she almost says the wrong thing (perhaps an example of how inference comes so close to the surface). She repairs this twice and ends with a collaborative suggestion (lines 3-4). The client's response accounts for the last part of the introductory statement, the purpose of the history, and she speaks in a lowered tone (line 5). The student is obliged to respond in such a way as to be working from the client perspective, so whether it was intended by the student or not the talk takes off in the direction of assessment, pre-empting the history. The sequence which emerges could be seen as a charge rebuttal sequence (cf Silverman, 1987), where the inference in the student's introduction is that of the client's inadequacy, and the client challenges this, providing an enemy in the form of bread, giving it agency in harming her.

This example would suggest that in the supervised context, drawing explicit attention to the purpose behind the diet history is potentially problematic and possibly unnecessary. If the student must take a history, then initiating the history with a collaborative purpose implicating assessment is euphemistic and could lead to forms of talk
which pre-empt the history phase. Indeed in the case represented above, after some exploration of the client’s views on the problems, the student later says, *I’ll still take your history.*

The formulation of the introduction to the history is therefore important in establishing the way in which the story may proceed. In comparison with the previous example, a number of students were much more explicit in their use of narrative terms, such as *‘start with breakfast’* in the invitation to tell the diet history story. This resulted in less unpacking by the student of the preferred form of talk for the history, given that these invitations did not provide for the client to answer in any other way. The phenomenon is shown previously in extract 8 and is demonstrated again in the extract below.

**Extract 11**

Case study 93:W:1-28 (006) (ID 17)

1  S  Well, what I’d like to do, I thought, is maybe j’st go through what you are eating at the moment, and then (. ) see what I think, and what you think, en see where we can fix things up? * OK^*=  
2  C  =Sounds [fine]  
3  S  [and then] if you’ve got any questions after that, we answer those (relating).* OK^* ^mhm^ (. ) let’s-start off with what you eat, tell me about what you like to eat?  
4  C  o:::::ohhhhh (. )  
5  S  say the first thing in the morning  
6  C  OK I find breakfast a chore I must admit.

The student marks the change in direction with *well,* and proposes next action (line 1). In what would seem an attendance to the client centred approach, she repairs her utterances, downgrading her first directive twice, from *what I’d like to do* to *I thought* to *maybe,* and later repairs *what I think* to *what you think.* She outlines the agenda for the interview in much the same way as the previous student, but emphasises *then,* directing the order in which action will be taken (lines 2 and 6). Further, she interrupts the client response pre-empting any possible questions or other direction which the client may propose. This control of the talk is made visible in the pause on line 7 where the client does not take up the turn at talk, having been previously
interrupted and having been given an emphatic direction on the sequence of talk. This allows for the student to present the story invitation, *tell me about what you like to eat* (line 8). The client receives this invitation with a drawn out response token and a pause follows. The story is not immediately forthcoming and the student fills in providing a prompt (line 10). The client acknowledges receipt and so begins the story with a formulation on breakfast. Again we see that the client is beginning to arrange the form in which the story will progress, but in this case it does start with breakfast, the 'track' which the student needs to pursue.

Examination of these three extracts has indicated that the way the invitation to tell a diet history story is formulated has a significant impact on the way in which the story begins, and that attention to the start of the narrative emphasising, say breakfast, would benefit the student in establishing its procedural organisation.

c) **Deviance**

There was one deviant case (ID 10) where the student did not make an explicit introductory move for the diet history, yet the client's account emerged in the subsequent talk. It was identified in the sequences by means of narrative markers, notably meal titles. This case will be discussed in more detail in the next section on the co-construction of the diet history phase. What the deviant case shows is the power of the narrative marker in not only initiating the diet history phase (in the absence of a formal introduction) but also its effect on the organisational structure of the phase.

**Structural organisation of the diet history**

As the dietetic interview progressed, there was an increasing interactional complexity as turns within sequences became more prominent at the expense of straightforward business-like Q-A sequences. In examining the way in which the diet history was co-constructed by the student and client, basic techniques of conversation analysis were applied. The first step was to identify adjacency pairs and then look for sequences within turns (Heritage, 1984). The vast majority of diet history phases were represented as continuous
sequences of student-driven question-answer (Q-A) pairs where the client gave short answers and waited for the next turn. In a small number of cases the clients were more pro-active, anticipating questions and promoting the progress of the form of interview. One case, whilst still based on Q-A sequences, contained signs of resistance to this form and the remaining cases comprised combination sequences of Q-A pairs and advice-giving turns within sequences. A summary of these findings is presented in Table 5.8. In this table, the combination category is further qualified by sub-groups indicating distinctive features of cases. These had to do with the response to the introduction statement, the type of interview (first or second visit) and the nature of the border sequence, discussed in the previous section.

Table 5.8  Distribution of categories of co-construction of history phase

<table>
<thead>
<tr>
<th>Category description</th>
<th>Case ID numbers</th>
<th>Number of cases (N=32)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>First years</td>
</tr>
<tr>
<td>Q-A pairs</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>student driven</td>
<td>2 7 15 22 29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 8 16 23 30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 9 17 24 31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 12 21 25 32</td>
<td></td>
</tr>
<tr>
<td>Q-A pairs</td>
<td>6 11 18</td>
<td>3</td>
</tr>
<tr>
<td>client pro-active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-A pairs</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>client resistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- pre-empted history</td>
<td>1 10 27</td>
<td>2</td>
</tr>
<tr>
<td>- qualifying 'usual'</td>
<td>13 28</td>
<td>1</td>
</tr>
<tr>
<td>- second visit</td>
<td>14 26</td>
<td>1</td>
</tr>
<tr>
<td>- educational intro.</td>
<td>20</td>
<td>1</td>
</tr>
</tbody>
</table>

a) The narrative as a heuristic device

Clearly question-answer sequences were major features in the diet history phase. Recalling the areas of concern for the analysis, one of the problems raised in teaching this phase concerned how questioning was
managed by the student and whether this in fact inhibited the communication process. It is tempting to count the number of questions and suggest that a certain number may be too many, but this would need to be qualified with an understanding of how the phase was being co-constructed by both parties. Something which provided natural boundaries was required. In order to deal with this dilemma, the notion of the diet history as narrative was used as an organising principle, given that the client was essentially invited to tell a story at the beginning of the history phase.

Ways in which the narrative form was organised around the Q-A sequences were examined. Previously in extract 9 it was possible to see how the client and student worked their way through the entire narrative structure to the end of the day in a co-constructed form of accounting (cf Watson, 1990). The invitation to tell the diet history story was found to be significant in establishing an early agreement on its construction. The deviant case in this area will now be discussed. It is even more interesting because it shows how despite the lack of a formal introduction to the diet history, the participants construct the history using narrative markers such as meal times.

In the deviant case (extract 12, over page), no explicit introductory utterance was identified in the recording. Instead, the first narrative marker emerged some way through the interview and on close inspection, the others were identified in sequential order, called upon by both the student and the client and resulting in an interaction with a recognisable structure distinctive of the diet history.

The sequence begins with a continuation of question answer sequences which were indicative of the introductory phase. The client is making general comments about a range of issues which would be seen as accounting for her presence in the clinic, including reference to the types of foods she is currently choosing. The first utterance in this extract sees the client refer to a type of bread. It is expressed in an upward tone suggesting a clarifying question on the name of the special bread (line 1). The student accounts for this with a reply which is both a response and a question, given that the client at next turn accepts the answer and provides a qualification on the bread’s value (line 3). The student acknowledges this qualification and the client upgrades her
original statement from buying to consuming the acceptable food (line 5).

Extract 12
Extract 93:B:1-2 (038) (ID10)
1  C  'an I've been buyin' tha P-Prootican bread?=
2  S  =Prittiken bread?=
3  C  =Yeah, the low cholesterol
4  S  Yes
5  C  Y'know, so I've been having one slice a that
6  S  mm
7  C  'n say at breakfast I have, at breakfast I have been, been
8  measuring out ma cereals ah er a quarter of a cup to a
9  third of a cup s'ntimes
10 S  Yeah
11 C  the cereal
12 S  and what kind of cereals would [that be]
13 C  [I have oats s'ntime- everyday excep=((overlapping
14  sounds))]
15 S  the rolled oats
16 C  oats, the rolled oats.

Note as in extract 9, the student gives minimal acknowledgement and
does not take up her turn as the client begins to account for food
consumption, and the client again could be seen as pursuing a response
(cf Pomerantz, 1984b). This has the effect of allowing the client to
continue and next comes the narrative marker breakfast (line 7). The
account is still in the approval form (measuring out food is a dietetic
exercise), which the student acknowledges but without elaboration.
She does, however, elaborate after the client repeats cereal, giving the
client turn the effect of a prompt (lines 11-12). Again this segment has
all the features of institutionality through the business-like question-
answer sequences, the inferences in utterances, the neutrality of
responses and the evidence of formal procedure. The phase changes,
however were less formally marked and the client would seem to be
prompting the student.
The initiation of the diet history story may have been 'stumbled across' in the process of conversation, but the apparent looseness is misleading. Using the concept of a narrative structure for the diet history it was possible to map the progress of this interview in various stages: breakfast->in between meals-> weight history-> getting back to lunch ->husband's health problems-> back to lunch->husbands health problems again->dessert. As discussed in the previous section, there was evidence of mixed agendas and struggle, but the history was still constructed. Looking back on the progress of the interview, the diet history phase became readily identifiable once the significance of the narrative markers became apparent. There are three points to draw from this analysis.

- The actions of both clients and students support the notion that diet history is part of the task of the interview.
- Given this understanding the initiation of the diet history may develop without formal announcement.
- Narrative markers are used by both clients and students in constructing the diet history and indeed appear to be used as a check on pace and direction by both.

b) Q-A pairs within the diet history narrative

A summary of the use of narrative markers in the history phase throughout the database in presented in Appendix 7. This framework of diet history as narrative also helped in identifying a marked segment of the interview in which it was possible to count the number of questions asked. Bearing in mind that not all histories were limited to information seeking actions (nor to straightforward Q-A sequences), it was interesting to note the range in number of Q-A pairs found in each phase. These data are provided in the same table in Appendix 7.

There is clearly common use of the narrative marker in the history phase and this use is shared by both parties. The range in number of Q-A pairs from the point of introduction to the last meal of the day is very wide (n=1-115). In some way this highlighted the problems (and limitations) of attempting such a count. Where few questions were asked, the client generally gave an account through to the end of the
day in one or two extended turns at talk. In others Q-A pairs may have been leading to negotiation sequences, which were sequences within the diet history phase. Thus the counting process should be viewed as a blunt instrument which may be of some use as a starting point in examining organisational structure. A breakdown of this number for the most common form of history co-construction is provided in Table 5.9.

Table 5.9  **Mean number of Q-A pairs in narrative segment of diet history where history is co-constructed with student lead Q-A pairs**

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean number of Q-A pairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>First years students</td>
<td>32</td>
</tr>
<tr>
<td>Second year students</td>
<td>50</td>
</tr>
<tr>
<td>First and second year students</td>
<td>40</td>
</tr>
</tbody>
</table>

Given the range of Q-A pairs found in the history, this table would suggest little difference between interactions involving first and second year students. It does draw to attention though, the cases where 115 and 98 Q-A pairs respectively were estimated. In the latter case the limitations of the counting process were exposed. Here the turns at talk were very often single words or acknowledgements which took up little time but were nevertheless Q-A pairs. The process did not appear to interfere with communication as there was strong signs of collaboration in the process, with the client providing answers and awaiting the next turn.

The former case, however, did throw light on the problem of over-questioning which was listed as a research area of concern. This case is listed in Table 5.8 as a Q-A pair format with signs of client resistance. Interestingly this resistance does not emerge until the diet history has reached the end of the day, adding further support to the notion of the diet history as narrative drawn from this analysis. The resistance is defined as a break in etiquette, where the student has asked the next question and the client provides an answer which is not related to the question, rather she steals the turn to ask a completely unrelated question.
Extract 13
Case study 93:B:1-26 (467) (ID16)

1  S  You've given me a very good idea of what you normally have when you're at home, can you give me an idea of the sorts of things that you might have when you go out?
2  C  Yes. I wanted to ask about in the mornings I take the garlic capsules is this good or not?
3  S  Right
4  C  And the fish oil

The turns just prior to this segment dealt with foods consumed after dinner, having worked through previous meal times (see Appendix 7). To this point the client had responded to some questions with an answer followed by a question but the question was related to her answer, such as *is that alright?* This time it was different. In this segment, the student's first turn at talk is a closing off of the diet history as narrative (lines 1-3). She has formulated a summary of the account indicating it is complete (cf Button, 1991). She summarises home eating habits and asks about eating out in the same directive fashion as the rest of the interview. The client answers the question (*yes*) but what follows is not an account of eating out. It could be that the client heard the summary as entering into closing and this gave her the opportunity to initiate a new topic (cf Button, 1991). This would allow her to ask her question (after some 115 questions by the student). The lack of congruity between her response and the student's question is accounted for in the students next turn *right*, indicating something new (Heritage, 1984a). The client's next turn also accounts for the student's recognition that they are on to something new by adding another item to the list.

The point to make here is that despite the number of questions, the history as narrative progressed to the end and it was at this point the client interjected with her question, not earlier. As far as the number of questions is concerned, this case included a lot of negotiation sequences within the history phase and as shall be shown in the next section, Q-A pairs have a significant presence in the construction of these sequences.
Summary

In summary, close analysis of the diet history phase demonstrated key features of the institutionality of the interview in the teaching clinic. Most importantly it showed how the phase was co-contructed by the participants and highlighted the significance of the diet history as story telling. Rather than focusing on the number of questions asked, an understanding of this phenomenon would provide a strong basis for teaching students about questioning skills in this phase and how they might monitor the organisation of the interview as it progresses.

5.1.7 Crossing from history taking to negotiating dietary change

Having established an information base on which to negotiate dietary change the next task for participants was to work through this information to identify problem areas, exchange ideas and come up with proposals. Unlike the earlier stages in the interview, the crossing between history taking and negotiating change was much less marked. It has already been stated that some negotiation of dietary change took place in the history phase as the opportunity seemed to arise. This phenomenon demonstrates how the notion of phases within the interview is more an organising principle which assists its representation. The actual interview is far more complex by nature.

Like the previous phase boundary, however, there were still some examples of explicit statements made by students which clearly rounded off the history phase and signalled the next action of assessment and problem solving. As with the previous analysis, this form of changeover was more common in interviews where the previous sequences were of a particular type, that is, relatively business like and comprising mainly Q-A sequences.

An example of such a changeover is provided below. The client is completing a narrative which supports a general statement on meals made by the student at the completion of the diet history narrative.
Extract 14

Extract 93:W:1-23 (061) (ID15)

1 C  ...'cause Sam doesn't always like to sit down and have a
2 big meal either on weeke:ends. (.)
3 S  Awright well from what you've told me there uhm is
4 there anything that you yourself can sort've think up
5 that you might like to think that you could make
6 changes to?
7 C  Oh I know, I know I could I mean-

The client's first turn at talk ends with a downward tone and a drawn out last word, all signalling the end of the utterance (lines 1-2). There is a final pause, an opportunity for either speaker to take up the next turn. The student then announces the entrance into closing with the utterance awright well , holding over and indicating that the topic is exhausted (cf Button, 1991). She then introduces next action (lines 3-6). The client's response accounts for the utterance as a question-proposal and addresses the student's request. This is the beginning of a perspective display series identified by Maynard (1991a) in physician-client interactions - to be discussed in more detail in the next section. It has the advantage of allowing the professional to test the client's perceptions in order to frame the advice in the client's terms. At this point, however, we note that again the turn has been negotiated relatively unproblematically with the student directing progress.

Another explicit indicator of the crossing occurred where the student provided the assessment first rather than inviting the client to make it, as seen below.
Extract 15
Case study 92:B:1-5 (268) (ID 5)

1 S Alright umm well y' diet seems umm reasonable except for the the times when ye-
2 C =pig out=
3 S =when y'have the=
4 C =the chocolate.
5 S Yeh. D'you agree with that mm do you think that's your problem?
6 C Umm chocolate 'n sweet things, I usually try to get serious about my diet when I'm getting my periods and that's the worst time I can do it because I can't stick to it=
7 S =no=
8 C = and I have the biggest sweet attack and then once that's gone then I settle down and get down to business and I'm fine during the day.
9 S And how long would that take "that thing"=

In this extract the talk enters into closing with alright umm well and a summary of the previous talk. There are differences with the previous segment, however. The umm provides thinking time, possibly prefacing delicacy, the well is drawn out and emphasised, as is the judgmental term reasonable. Recalling that well is a boundary term with links to previous talk (Button, 1991), and the student is prefacing talk in contrast to reasonable by saying except, the client's interjection indicates a response to a negative inference in the student's utterance (line 3). The delicacy of the situation is pronounced by the student's lack of acknowledgement of the self-deprecating utterance by the client, restarting her utterance as if nothing were said (cf Pomerantz, 1984). The client collaborates again in finishing the sentence, this time in food terms, the currency of the interview. On accepting this collaboration the student then seeks the client's agreement and the client repeats the food issue but moves to reformulate the problem in her own terms (lines 8-11). This example again shows the power of inference in the interview and the two agendas operating in establishing its structure. It would seem that the history phase in terms of the story bounded by mealtimes has finished and a new phase of
problem identification has been entered into and that this would have different features, notably troubles telling (cf Jefferson, 1980). It may be that using the client perspective approach described above would help overcome some of the problems inference may incur at this stage. The cross into the arena of problem solving has however been navigated.

Summary

Having moved from the business-like Q-A sequences of the initial phases of the interview, the ensuing patterns in the later stages of the dietetic interview were not so straightforward. It would seem that the interview crossed back into the history phase at times with batches of Q-A pairs on food consumption cropping up again, this time nestled within segments of troubles telling. To look at this more closely it is necessary to move onto the next phase, that of negotiating dietary change.

5.1.8 Negotiating dietary change

Recall that the third area of concern for the study was teaching how to go about negotiating dietary change using a client centred approach. Like the history, this phase of the interview would provide a focal point in the teaching program. The relevant performance indicators made strong reference to the use of a client centred approach, including an explicit consideration of the client perspective (DAA, 1993). In institutional interactions the Perspective Display Series (PDS) has been found to be an interview phenomenon whereby professionals incorporate the clients' views in their subsequent accounts (Maynard, 1991a; 1991b). This phenomenon would then provide a reference point for analysing the interviews in the teaching clinic to examine ways in which the negotiation of dietary change was conducted taking into account the client perspective.
The perspective display series (PDS)

The PDS as described by Maynard (1991; 459) has been dealt with at length previously (see Chapter 2, this document). In medical interviews it was found to occur where doctors presented information which co-implicated the client, having first invited the client's opinion. The PDS was characterised with the following configuration:

First turn at talk = invitation to express opinion (PD invitation)
Second turn = provision of opinion (reply)
Third turn = delivery of information (news, report)
Fourth turn = response to information (topicaliser)

The main function of the PDS is that it allows professionals to cautiously present assessment or provide advice in a way which co-implicates the other speaker (Maynard, 1991a). In this sense it also allows the professional to 'test the waters' and change direction if the client response is not favourable. Given that parties tend toward cooperation rather than disagreement (Heritage, 1984), the PDS provides a means for maintaining this position despite differing opinions. It is a functional form of face-saving in the interaction. The first question in the PDS may be a marked invitation where a problem is specified, or it may be unmarked where a problem is not referred to, rather a formulation of the problem is sought (Maynard, 1991a). Both of these eventually lead to co-alignment in undertaking the task of the interview (Maynard, 1991a).

The PDS series was found throughout the body of data. In the negotiating dietary change phase, the PDS was examined in terms of the characteristics of this phase: discussion on the dietetic problem and information/advice giving (see Table 5.3).

Assessing the dietetic problem

From a structural perspective, one of the most notable points in the interview was the completion of the diet history and the move onto discussing dietary change. The PDS was often found at this junction, as previously reported. In extracts 14 and 15, the students clearly marked their turns as dealing with the assessment of information provided in the history. In extract 14 the student asks the client to suggest areas for
change (implying there are problems which need changing), and in extract 15 the student simply presents her assessment without preliminary discussion. The second example shows how offering a direct report can result in troubles (cf Maynard, 1991a). The following extract (extract 16, over page) looks at the PDS series at this stage in more detail. Attention is drawn to turns marked *.

The student's first turn is clearly an invitation for the client to present her perspective on the problem (PDS turn 1, lines 1-3). It is a marked invitation because the student presupposes the problem. There is a long pause during which either speaker has the opportunity to 'fill the space', but the student remains silent allowing for the client response (PDS turn 2, line 5). This takes the form of a neutral, possibly resistive reply which the student acknowledges and then allows for an expansion with the next pause (line 6). When this is not taken up, she indicates a change of state (right well) but the client interjects with an account for her reply and repairs this with a newsworthy item (announced with oh). Two interesting features appear in her account, it is downgraded with maybe and supported with common sense accounting (lines 7-10, 12). These features can be seen as an orientation to the social structure of the interaction (Maynard, 1991a). After some acknowledgement from the student, the client offers an account of the problem as befits her 'lifeworld', carefully packaging a possible disagreement on the student's presumptions with an account of her husband's experience (lines 14-15, 17-18, 20). Pomerantz (1984) has shown that following assessments there is usually either an immediate agreement or a delayed disagreement, the latter characterised by pauses and multiple turn units as seen here. The student aligns with the client account (line 16) which the client then escalates with even more evidence with each opportunity at talk the student provides, ending with an affirmation and handing over to the student (line 20). These sequences may all be seen as extensions of, or turns within, PDS turn 2.
Well (.) looking at your diet what do you think, are the main, say problems in causing that high cholesterol? Do d'ya have any ideas?

(long pause)

Not really.

mhm (.) right well= 'cause I've been a (head) with high cholesterol and ( ) and um and umm oh-maybe it could be the milk cause the milk's been introduced more. One time two litres of milk used to last the two weeks. Now it lasts a coupla days,

Right

So it could be the milk,

OK

and yet my husband, he doesn't have high cholesterol, never has.

Yeah, that's funny how that happens isn't it? eh-hhh.hhh

He's seventeen an a half stone. (. ) He was twenty three before

but he's never ever had a high cholesterol.

Well with the high cholesterol I think that um there are a couple of things here that may be contributing to it. The first one's, butter

No, never change it

"never change it"

("never no")

OK. How do you feel about, instead of changing the butter, only using small amounts

I could try that

m m

I'll weaken sometimes

We all do that don't we eh.hhh

I can't sit here and say I'm not goin ta weaken .hhh he
The student marks her report (PDS turn 3) with well, indicating a forthcoming utterance on what has passed (cf Button, 1991), and begins to provide her opinion. She slows on the announcement of her opinion (I think that um) and begins with a preliminary statement, all evidence of caution (cf Schegloff, 1980). She announces her first idea as if handing out a range of options (lines 21-23). The client immediately rejects the suggestion (PDS turn 4). Again we see how the direct presentation of an assessment may be problematic. Her next attempt is a clear change of approach (lines 27-28). She marks the turn with OK and begins a second perspective-display invitation, this time getting a conditional response which in the remaining turns we see provides the basis for collaboration and alignment (albeit with reservation).

Using the PDS as a framework it is possible to demonstrate again the institutionality of the interaction, particularly by means of the constraints on forms of talk and the social orientation of the parties involved. It would seem that the PDS series is one form of construction which supports the communication process and addresses problems encountered with potential opposing views. Where direct assessments are provided, problems may present which then require correction for the interview to progress.

**Information and advice giving**

The PDS was commonly found in sequences of information and advice giving. These sequences occurred in all phases of the interview but were generally concentrated in the diet history phase or immediately after in the negotiating dietary change phase. Where students kept to information gathering in the history phase and then moved onto advice giving, they often utilised the narrative sequence of the diet history in formulating specific suggestions. There was little difference in the appearance of the PDS in the history as compared to negotiation phases when this occurred. An example of such a sequence is given below. Again the turns of interest are marked *.
Extract 17
Extract 92:B:1-5(107) (ID 5)

1  S  Lite White milk. Have you tried another type of milk?
2  C  Shape and skim milk.
3  S  What do you think of Shape?
4  C  Shape's not bad. I don't like the skim milk except the one
5  you buy on the shelf, that's nice.
6  S  * Yeah. um um so would you be happy changing to Shape d'ye
7  think?
8  C*  yeah, it wouldn't worry me. It's pretty much the same as
9  Lite White only a little bit less
10 S*  yeah, t' it does have less fat um and that would , that would
11 contribute considerably if you used uh Shape all the time.
12  Do you see any problems with that?
13  C*  No not at all.

The sequence begins with the student repeating a client response in the
history phase. This provides an opportunity to negotiate on this topic
and she begins with a preliminary question (line 1). The response
allows her to probe more and from that response she formulate her
suggestion (line 6), which becomes the perspective display invitation
(PDS turn 1). The client's answer (yeah) displays immediate agreement
(Maynard, 1991a) which she qualifies (PDS turn 2, lines 8-9). The
student's next turn is the announcement (PDS turn 3, lines 10-11),
followed by the client's topicaliser (PDS turn 4, line 13). It is interesting
to see how this sequence allowed the student to formulate her advice
in a way which resulted in uptake by the client and to imagine how the
sequence would progress if, for example she began by suggesting a
change to skim milk. The preliminary talk was clearly significant (cf
Schegloff, 1980).

The PDS was also found when the client sought information, often in
the negotiating dietary change phase. The presequence for the
following extract (extract 18, over page) was provided in extract 13
where the service encounter (cf Silverman et al, 1992) occurred at the
end of the history narrative.
Extract 18

Case study 93:B:1-26 (467) (ID 16)

1 C  Yes, I wanted to ask about er when in the mornings I take garlic capsules, is this good or not?
2 S  Right
3 C  ern fish oil
4 S  mhm. You take fish oils as well?=
5 C  =mm=
6 S  =Do you?
7 C  =mm halibut capsules is it good or not?
8 S  Right.
9 C  I-I read in a book, itss not very good, the fish oil, but
10 S* OK um alright, starting with those garlic capsules , why do you take the garlic capsules?
11 C* Oh I found them good=
12 S  =mm=
13 C  =for when I have the flu=
14 S  =mhm=
15 C  ='n so on for resistance for the colds.
16 S  yeah and you found that they work OK?
17 C  mm they're fine.
18 S* Yeah .hh a lot of people do find that and um the reason for it is that garlic um oil is actually a very mild antibiotic=
19 C  =mm=
20 S  =and I guess, y'know, some people prefer to take it=
21 C* =yes=
22 S  =in the natural form. It is very mild but some people do find that it helps, so that, so that's OK. The fish oils, what sort've , what brand are you taking there?

The student's formal response to the client's question, marked by OK begins at her fifth turn following some preliminary probing (lines 11-12). This turn is the perspective display invitation (PDS turn 1) cased in neutral terms allowing for the client's formulation on the issue to emerge (PDS turn 2, lines 13,15,17,19). These are the features of an unmarked perspective invitation because a problem is not presumed at this point (Maynard, 1991a). Jumping ahead now, the student's report
(PDS turn 3, lines 20-21, 23, 25-27) is found in her last three turns which she constructs to account for the client's expressed beliefs (a very mild antibiotic) and in terms which do not align her with these beliefs (some people), but which she hesitantly accepts as OK for the client. This qualified report accounts for the probe before the report (and you found that they work) which could have provided the student with a further perspective on which to base a negative report, but instead put her in a position of having to reservedly approve (line 18). However, the fact that the client asked the opinion in the first place and deferred to the authority of the student (note the client's reference to the book -it's not very good), signalled the 'cultural authority' (Maynard, 1991a) of the student in this context. This is an example of how the participants handled a disparity of opinion.

Summary

In framing advice sequences there are obvious advantages for the communication process in asking the clients first about their beliefs and opinions. This is the case when dealing with specific issues of negotiation as well as general perceptions of the problem. The examples shown above demonstrate features of institutionality which have been established in formal conversation analysis research in institutional talk. They suggest immediate relevance to the teaching and learning environment. Seminars could demonstrate different ways in which disparities of opinion can be handled, some more efficiently than others. In particular, students can be relieved of the sense that they are under obligation to provide all the answers to the clients' problems, one of their commonly expressed concerns.
5.1.9 Implications for teaching

To reiterate, the aim of the first part of the study, reported here, was to demonstrate the social organisation of the interview for the purposes of developing a form of pedagogy based on everyday practice.

With reference to research on talk in institutional settings, it was recognised that the organisation of the interaction under study was institutional in nature. This implied that the interaction was characterised by the presence of a specific goal or task, the restrictions on the ways in which participants could frame their talk, and the orientation of participants towards each other in deference to their social roles in this context (Drew and Heritage, 1992). The analysis reported in this chapter thus focused on these aspects of the interview. Specifically, the approach was to establish the task of the interview, identify phases within the interview, examine how participants achieved these phases mutually, how they managed the crossing of phases and how they co-constructed their social orientation.

Given the educational agenda, results were organised to address specific areas of performance, notably the organisation of the interview, managing the history phase and negotiating dietary change. Implications for teaching are presented in this fashion.

Structural organisation of the dietetic interview

There are four useful learning concepts which emerged from the analysis. These concepts would demonstrate to students the broad social framework in which they are operating, bearing in mind that this does not suggest a loss of agency for clinic participants. The aim of this exercise was to assist students in assessing progress and participating competently. The four concepts are the task of the interview, the phases of the interview, and general concepts regarding participant action (co-construction and social orientation) within phases and across phases.
a) *The interview task*

In later stages, when examining, for example, details of history taking and negotiating dietary change, the mutual understanding of this task is also evident. Students can be shown how the competency standards imply the task of the interview. By examining the headings outlined in the professional performance indicators, details of this task can be seen as clearly articulated. This demonstration of institutionality means that both parties know what to expect from the interview, even though only one has spent time in a classroom preparing for it.

b) *Phases of the interview*

The phases of the interview can be taught in a number of ways. Representations of dietetic interviews (videos, tape recordings, recall of experience, transcripts) can be worked on with students asked to describe the stages as they see them using prompting such as "what happened next". Differences in naming the phases and problems with overlap would demonstrate how the concept is a heuristic device, not an absolute version of reality. This would assist in highlighting problems caused by depending on idealised versions of the interview. Nevertheless an overall framework for the dietetic interview is recognisable and comparisons with the Byrne and Long categories for the medical interview would support the claim for its institutionality and with it the notion of mutual expectations.

c) *Participant action within phases*

Students may examine the way parties co-construct the interview and orient themselves by examining ways in which questions are asked and answered. By focusing on this aspect of the interview, the business-like nature of certain phases emerges as does the caution with which parties converse. The business of the phase can be seen by looking at elements within phases, made possible by using the same teaching resources as in b). The orientation of parties requires a closer examination so extracts of transcripts would be quite useful. Such examples would demonstrate that two parties are performing
in this context and that concern for how one person sees the other is a concern for both parties, not just the one being formally assessed.

d) Participant action across phases

The movement across phases has important implications for the management of the interview and the achievement of the task within time limitations. As with the concepts discussed previously, the movement across phases can be demonstrated as a co-construction. The point in this topic, though is the procedural consequentiality of talk (Schegloff, 1991). Again using representations of the interview, students can be shown how different sequences of talk prior to a crossing can influence the crossing. For example, straightforward question-answer sequences (as in closed interviews) can result in uncomplicated changes in direction, but it raises questions about the inclusion of the client perspective. If students choose to use a pedagogical approach before embarking on the history, evaluation sequences may continue to be sought. If students seek to collaborate on the interview strategy they must be prepared to shift from their original plans. The educational aim again, is to show the variation in approaches and to provide insights to assist students in assessing the progress of the interview.

Managing the diet history phase

Some of the teaching issues for the diet history were how to introduce it into an established conversation, how to conduct it and how to know when to finish. These were shown to relate to the content of the introduction and subsequent approaches to questioning. Three concepts emerged in the introductory statements, the diet history as narrative, the concept of usual eating patterns and the purpose to the history. The implications for teaching are outlined with reference to these concepts.
The analysis has shown that the diet history as narrative is a useful teaching concept providing guidance on how to introduce the history phase, a framework for conducting the interview and a means of assessing progress. This concept defines the diet history as an account of usual eating patterns expressed in terms of a storyline, beginning with breakfast and ending with supper at the end of the day. Narrative markers such as meal names, times of the day and temporal terms (for example, 'and then') would support the structural organisation of the narrative. Teaching implications are summarised as:

- given the closed nature of the direction, introducing the history with a narrative prompt such as 'start with the first time you eat in a day' will require the recipient to answer in one form only. If the business aim of the interview is to construct a list of meals throughout the day, then this would be the most efficient means of initiating this action.

- given the linguistic structure of the narrative, markers such as meal names, times of the day and temporal terms will indicate the progression of the narrative. If the recipient takes an extended turn at talk using these markers it is probably more efficient not to break in with specific questions. The markers indicate the direction and ensure a finish. As a corollary, lack of interruption would give the client voice in presenting a personalised account, which given this packaging may also result in the safe disclosure of 'delicate' items which are otherwise difficult to ask about.

- The completion of the narrative provides a framework from which the student may derive an appropriate set of questions. Given the nature of the problem students may limit these questions to areas which have clear relevance for the next stage of negotiating dietary change. In the pursuit of good communication, teaching should focus on strategic rather than blanket forms of questioning.
• if the client does not progress with the narrative, linguistic markers may be used to prompt progress, for example, *what would you have next?*

• if the narrative is interrupted for whatever reason (for example, advice giving sequences) the narrative markers provide a signpost for where to return to in the history.

Conceiving of the diet history as narrative provides a useful heuristic device for students in managing this phase, and for teachers in dealing with a single phase within a whole interview structure.

**b) Introducing the diet history**

As stated earlier, one of the problems of establishing the history phase was its introduction. There are multiple narratives for describing one's eating habits of which the professional conception is one. An interesting topic for class discussion would be the notion of 'usual' and how this is framed by life experiences and personal views of normality. Students may then become aware that reference they make to the term 'usual' may result in mixed responses. Referring to *a*) above, however, if the directive for the narrative form is used, this should not be problematic.

Likewise a discussion on their reactions to being told that anything they say will be subject to problem identification and advice for change will also throw light on the implications of mentioning a purpose to the history before it is begun. Indeed it would seem that if the history is an essential component of the interview, explicitly stating the purpose of the history is best left out of the introduction.

In summary, the teaching implications for the diet history phase are that it is readily identifiable as a significant phase in the interview when the history as narrative is used as a heuristic device. A key area of learning for students in this area is the use of questions, not in a neutral skills sense, but in consideration of the dynamic co-construction of the interview.
Negotiating dietary change

In terms of student performance in this area, the indicators for assessment strongly suggested using a client centred approach. This was referred to in terms of working from a client perspective and negotiating change in a participative manner. Using Maynard's Perspective Display Series (PDS) as a basis for analysis, working from a client perspective was found to be promoted under certain conditions. Students could examine these conditions by reviewing representations of dietetic interviews and critically assessing the outcomes.

In summary, the implications for teaching are outlined below.

- in presenting assessments following the diet history it is better not to give the professional opinion straight off, rather seek the client's opinion first. Providing a negative assessment outright may prove problematic.

- if the client response is ambiguous and delayed this may represent some disagreement. The client response will usually provide an opportunity to probe the reasons behind this disparity of opinion.

- in framing dietary advice, again seeking the client perspective first may be more useful in the long run, particularly as there are usually a number of options available. Suggesting food item changes outright may also be met with immediate rejection.

- as in dealing with assessments, using the client response to probe and seek the answers rather than pre-empting solutions is likely to result in more favourable uptake by the client.

In summary, the teaching implications for negotiating dietary change are an emphasis on the true meaning of negotiation. This implies that students need not feel they have to provide all the answers to clients' problems. Rather their role is to provide accurate dietetic information and to work with the client in seeking ways in which this information may be made useful.
Summary

The teaching implications arising from an analysis of interactions in the teaching clinic have been summarised in this section. Drawing on problems arising from the educational agenda, solutions for teaching the social organisation of the interview with an emphasis on interview structure, the diet history and negotiating dietary change have been presented. Each of these aspects attest to the institutional nature of the teaching clinic and it is argued that such information is extremely useful to students given that this institutionality would be a central feature of their learning experience.
5.2 Constructing a pedagogy based on everyday practice

The assumptions addressed by this part of the study were that the social organisation of the interview is most appropriately learned with reference to representations of actual events and that teaching the dietetic interview is a social construction whereby the teaching process establishes 'what counts' as acceptable practice.

Focus of analysis

In order to address these assumptions I took the approach of outlining the teaching program and drawing links with data from worksheets which students completed during the course of study. In this way I could show how the teaching process either privileged certain responses or was reflected back in students' records. This would bring forward the teaching agenda and explicate methods used to support mutual understanding on 'what counts' as practice. Results are organised around three pedagogical focal points: the structure of the interview, managing the diet history and negotiating dietary change.

Students completed worksheets on their clinic experiences throughout the year. The teaching program was set up in such a way that students had three opportunities to record their analyses of everyday practice:

- following an observation of the clinic interview,
- following their own performance in the clinic and
- on listening to an audio recording of their performance.

The observation of a practitioner took place before formal classes on any of the teaching topics. The analysis would therefore show the different ways in which students noted observations of the interview and how certain answers became privileged by the teaching process. In this way, it is shown how acceptable forms of practice are constructed by means of correction in the classroom (cf Green and Meyer, 1991). The review of performance and assessment of audio recordings generally occurred after the formal classroom teaching on these topics so an analysis of these worksheet data would demonstrate how the pedagogical process was establishing a mutual understanding of 'what counts' in the clinic interview. In summary, by drawing links between the contents of students' records and the educational agenda I aimed to show one of the ways in which a common understanding of practice...
was pursued and to demonstrate how constructing the pedagogical program to incorporate actual practice assisted this process.

**Ethnographic background**

The teaching program was an innovative project aimed at introducing independent learning activities to complement teacher-centred work (Tapsell, 1995). It comprised practical experience in the clinic, classroom seminars and worksheet-based activities completed in the students’ own time. The worksheets did not carry an assessment mark but were considered necessary for students to actively participate in the class activities which were assessable. The components of the teaching program were organised to run parallel with and complement each other in order to support the pedagogical process. Students first observed either myself or the tutor in the clinic and recorded their observations on the relevant worksheets. These worksheets contained key open ended questions based on aspects of the performance indicators. In this way the first links between idealised and actual practice could be drawn. In the next stage the students performed the history component of the interview and finally they conducted the full interview themselves. Immediately following both these performances in the clinic, students completed self-assessment worksheets. Later they analysed an audio recording of the interview and completed further worksheets in preparation for the classroom seminars. A summary of the educational plan is provided in Table 5.10 (over page; see also Appendix 10).

The teaching intervention was conducted across the academic year, integrated within the schedule of two sequential core subjects of the course (GHMD931 Dietetics 1: Primary Health Care and GHMD933 Nutrition Counselling). Subject outlines are provided in the appendix (Appendix 10). This was the first year of the professionally qualifying MSc(Nutrition and Dietetics) program. Classroom seminars were sequentially organised to correspond with the activity in the clinic. These seminars comprised formal lectures, small group activities and feedback sessions from students who had attended the clinic in previous days. The schedule of classroom activities is referred to in Table 5.11 which focuses on critical incidents throughout the year.
Although not listed in this table, tutorials were held each week for students to discuss their experience in the clinic.

Table 5.10  **Relationship between classroom seminars, clinic experiences and worksheet materials.**

<table>
<thead>
<tr>
<th>Classroom seminar</th>
<th>Clinic experience</th>
<th>Worksheet materials</th>
</tr>
</thead>
</table>
| structure of the dietetic interview | • observation of practitioner  
• student performance of full dietetic interview | • observation worksheet  
• self-assessment worksheet  
• review of audio recording of own performance |
| managing the diet history | • observation of practitioner  
• student performance of the diet history | • observation worksheet  
• self-assessment worksheet  
• review of audio recording of own performance |
| negotiating dietary change | • observation of practitioner  
• student performance of full dietetic interview | • observation worksheet  
• self-assessment worksheet  
• review of audio recording of own performance |
Table 5.11 Critical incidents in the teaching and research schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Critical incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td></td>
</tr>
<tr>
<td>28 February</td>
<td>Academic year begins</td>
</tr>
<tr>
<td>7 March</td>
<td>Observation sessions in clinic begin</td>
</tr>
<tr>
<td>17 March</td>
<td>Class activity: preparation for the diet history</td>
</tr>
<tr>
<td>28 March</td>
<td>Students begin undertaking diet history in clinic</td>
</tr>
<tr>
<td>10 June</td>
<td>End of first semester</td>
</tr>
<tr>
<td>18 July</td>
<td>Second semester begins</td>
</tr>
<tr>
<td>21 July</td>
<td>Class activity: structure of dietetic interview</td>
</tr>
<tr>
<td>25 July</td>
<td>Students begin undertaking full interview in clinic</td>
</tr>
<tr>
<td>27 July</td>
<td>Class activity: review of transcripts</td>
</tr>
<tr>
<td>28 July</td>
<td>Class lecture: institutional talk</td>
</tr>
<tr>
<td>4 August</td>
<td>Class lecture: findings from first semester</td>
</tr>
<tr>
<td></td>
<td>Class activity: diet history as narrative</td>
</tr>
<tr>
<td></td>
<td>Class activity: review of transcripts</td>
</tr>
<tr>
<td>10 August</td>
<td>Class activity: the client perspective (PDS)</td>
</tr>
<tr>
<td></td>
<td>Class activity: review of transcripts</td>
</tr>
<tr>
<td>11 August</td>
<td>Class activity: idealised version of the interview</td>
</tr>
<tr>
<td></td>
<td>Class activity: review of transcripts (PDS)</td>
</tr>
<tr>
<td>17 August</td>
<td>Class activity: exam (review of transcripts)</td>
</tr>
<tr>
<td>22 August</td>
<td>Data collection for third stage of study begins</td>
</tr>
<tr>
<td>4 November</td>
<td>End of academic year</td>
</tr>
</tbody>
</table>

The students were enrolled in the MSc(Nutrition and Dietetics) course at the University of Wollongong. The course is conducted over two years, the first year comprising an eight subject schedule of which half are specific to professional practice and half are shared with students from other post-graduate streams such as Public Health. The first half of the second year is spent within the health system on practical placement and the second half conducting a research project.

The students all had an undergraduate degree with substantial components in biochemistry and physiology. Many would have included psychology and some would have additional communications subjects. Essentially, however, the students came with a BSc
background. They were all studying full time and were females in the 20-30 age range. There was one part-time male student.

My position in the study was that of researcher and teacher. Thus I was a member of the community as both a participant and observer. The methods which I employed to undertake the study were in a sense everyday methods of practice as I evaluated and recorded the processes of teaching. Thus I was reporting from a standpoint in the everyday world of dietetic pedagogy and my contribution to the study of dietetic education would be from a particular position, (or case) from which others could compare and expand ideas (cf Smith, 1988).

**Study sample**

All students enrolled in the MSc(Nutrition and Dietetics) course during 1994 participated in the study. There were twenty full time female students and one part time male student. Ethical issues were discussed with students in class and each student signed an informed consent letter. Each student was assigned an identity number indicated in Appendix 1.

**Method**

Data for this part of the study were made available through teaching records and the student worksheets. Answers to the key questions in the worksheets were summarised and reported. Where appropriate, examples of actual responses are shown, particularly those which provided specific links with the teaching agenda. In this way it could be shown how the written records on experience could be used in teaching.

Results are organised according to the focal areas of the pedagogical intervention: the structure of the dietetic interview, managing the diet history and negotiating dietary change. Within these sections, data are presented in terms of the three formalised opportunities which students had to review actual practice: observation, self assessment and review of the audio recording. The relationship between these components is outlined below.
The structure of the dietetic interview

- Observation worksheet questions
  How was the interview started?
  How was the interview structured overall?
- Self assessment worksheet questions
  What was your overall impression of performance?
  What were the best elements of your performance?
  What areas should you improve/work on?
  How will you so this?
- Audio record review worksheet questions
  How did you begin the session?
  How was the session structured overall?

Managing the diet history

- Observation worksheet questions
  How does the dietitian address the client perspective?
  How does the diet history relate to diet counselling?
  How does the dietitian use questions?
- Self assessment worksheet questions
  What was your overall impression of the diet history?
  What were the best elements of your performance?
  What areas should you improve/work on?
  How will you so this?
- Audio record review worksheet questions
  Did you gain sufficient information to provide advice?
  How could your history enhance the counselling session?

Negotiating dietary change

- Observation worksheet questions
  How does the dietitian deal with the client perspective?
  How does the dietitian use questions?
- Self assessment worksheet questions
  (as per structure)
- Audio record review worksheet questions
  How did you deal with the client concerns?
  How did you use questions?
Within the worksheets, self assessment questions were more general. The analytical approach was to identify the aspects of the interview which the students listed as significant and discuss the result in the relevant section.

5.2.1 The structure of the dietetic interview

In this section I describe the way in which the structure of the dietetic interview was formally taught in relation to data from student records which pertain to the structure of the interview. In this way I am able to show how the teaching intervention constructed 'what counts' as acceptable practice, and how reference to everyday practice supported this process.

The first time I drew students' attention to structural issues was through the questions on the worksheets used when they observed either myself or the tutor in the outpatient clinic during the first semester. Structural organisation was one of the features on which they were to report their observation. Structure was formally taught again in class seminars during the second semester. As well as using materials from the students' observations, additional activities supported the teaching agenda. Following the formal classes, students analysed their own performances in the clinic. Findings are presented in terms of the teaching program and the three occasions where students could reflect on actual practice: observation of a practitioner, self assessment of performance and reviewing an audio tape recording of their own performance.

Observing the dietetic interview

During the first semester, students observed either myself or the tutor in the same clinic in which they would be practising. This observation occurred before formal classes were given on the structural organisation of the interview. Findings from this exercise were, however, used in the formal classes. Results are presented according to the worksheet questions which related to the structure of the interview: how was the session started and how was it structured. These findings indicate the way in which attempts at developing a common understanding of
structure were constructed by written communication between myself and the students.

a) *How was the session started?*

In terms of the start to the session, I categorised students' responses into three groups: description of dietitian action, objective list of actions and description of both dietitian and client action. The results are summarised in Table 5.12.

<table>
<thead>
<tr>
<th>Category of response</th>
<th>Number of responses (N=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>description of dietitian action only</td>
<td>8</td>
</tr>
<tr>
<td>objective list of actions</td>
<td>6</td>
</tr>
<tr>
<td>description of dietitian and client action</td>
<td>3</td>
</tr>
<tr>
<td>missing data</td>
<td>2</td>
</tr>
<tr>
<td>unable to describe</td>
<td>1</td>
</tr>
</tbody>
</table>

Through this analysis I was able to show how student records could be formulated as indicating actions taken by interview participants. Examples of the three major categories are provided below.
i) **Description of dietitian directed activity**

Worksheet extract 1 (Student 94106)

' - Dietitian introduces herself & card details are filled out.
  - Dietitian finds out why the client is here and who referred them
"why are you here, what do you want to get out of this session
and who referred you"
  - makes them feel at ease - 'oh, you got kids?'
  - wt (weigh) them
  - Dietitian finds out if they know what the problem means
  - Terms are explained eg wt loss, saturated fats'

In this case the student refers to all interactional activity in terms of action taken by the dietitian. The client responses are not generally noted. This reflected the way in which the performance indicators are constructed, focusing on the behaviour of the professional (cf Byrne and Long, 1976). As the students were given lists of the performance indicators with the subject outlines, it is reasonable to assume that they may have constructed these lists from a knowledge of these indicators.

ii) **Objective list of actions**

Worksheet extract 2 (Student 94103)

1. Introductions
2. Reasons for consultation are clarified:
   client's perspective of the problem;
   medical perspective (from doctor's referral)
3. Medical perspective is translated to client.
4. Establish the client's expectations of the consultation.
   Dietitian then explains the actual format of the session.
5. Proceed with diet history.'

Here the student has numbered the actions in sequential order. The items are mostly written in an objective manner rather than describing either client or dietitian action particularly. They reflect more the headings used in the assessment forms, copies of which the students also maintained. Like the previous category it is reasonable to assume some knowledge links there.
iii) **Description of dietitian and client action**

Worksheet extract 3 (Student 94117)

'(Supervisor) introduced us to the gentleman. She then asked 'general' questions about him - retirement, who he lives with etc.. This tended to relax the client. Next she asked him what he liked to do. He began to mention a medical problem that limited his recreational choices. This set the framework for the session. The client was then asked what he wanted to achieve from today's session- and things began.'

This is a much more interactional description of events. It begins to demonstrate how two people were developing the interview not one. Although I refer to written materials rather than classroom interactional data in this report, this type of response reflected the teaching agenda and by inference was privileged as the form of response required. In this sense the teaching practice is seen to define competence (cf Baker and Luke, 1991).

The second feature I drew from the student responses was that of sequences within the introductory phase. In their descriptions of the start to the interview, specific elements were noted. These are summarised in Table 5.13.

<table>
<thead>
<tr>
<th>Table 5.13</th>
<th><strong>Summary of elements noted by students in introductory phase</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• introductions of persons present</td>
<td></td>
</tr>
<tr>
<td>• clarifying medical referral and health details</td>
<td></td>
</tr>
<tr>
<td>• discussing family/medical/dieting/weight/social history</td>
<td></td>
</tr>
<tr>
<td>• measuring and assessing weight</td>
<td></td>
</tr>
<tr>
<td>• reviewing dietary treatment</td>
<td></td>
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<tr>
<td>• assessing goals</td>
<td></td>
</tr>
<tr>
<td>• evaluating client knowledge</td>
<td></td>
</tr>
<tr>
<td>• giving dietetic information</td>
<td></td>
</tr>
</tbody>
</table>
These data were also summarised on an overhead transparency for use in the class, this being constructed as

- general introductions and greetings
- clarification of purpose: interpretation and discussion of medical data
- assessment of client's needs

In this way a strong link was drawn between student records and a key feature of structural organisation, that of sequences within phases. Interestingly a number of students also noted that the next phase was the diet history, which would provide entree for teaching the diet history as a particular phase in the interview.

b) How was the session structured?

I used the answers from this question on the observation worksheets to draw links with the notion of the overall structure of the interview, as discussed above. On examining the data from completed worksheets, all bar one student answered the question with a list of phases. The remaining student recorded the description of events in prose form. All students recorded the diet history and dietary negotiation as phases. An example of one of the lists is provided below.

Worksheet extract 4 (Student 94104)

- Introduced us
- Discussed client's retirement and asked why he was there
- Asked (about) his interests & who he lives with (family)
- He explained his medical condition
- Dietitian asked what he wanted to get out of the session
- Weight history & nutritional assessment taken/ discussed
- Diet history
- Pictorially explained cholesterol (simple explanation)
- Discussed sat. fat / cholest. in diet & used sheets to discuss fat
- Worked out what changes could be made in client's diet re cooking methods and food items / 5 food groups
- Reassured that client was happy with changes in diet
- Shook client's hand -said GOODLUCK!!
The range of student descriptions again demonstrated how the notion of phases acts as a heuristic device. The phases do not exist in an idealised form and it is reasonable to expect some variation in their description. It is the identification of a phase-like structure and the broad agreement on content distributed over time which was the significant feature for teaching.

**Teaching the structure of the dietetic interview**

Formal classes on the structural organisation of the interview were held at the beginning of the second semester (see Table 5.11). Two approaches were used to discuss structure. The first involved watching a video of an experienced practitioner and client and asking the students to note down the order of events as they saw them. A class summary was then compiled. There was some discussion as to what to call sequences, and overlaps were noted. This discussion provided the opportunity to present phases as a heuristic device rather than an idealisation of the interview. This classroom activity enabled a view of overall structure to be co-constructed by both myself and the students, although I had initially asserted structure as a concept.

The second teaching resource was a summary of students' records from the observation of practitioners in the clinic (described earlier). This was a contrived summary and I listed the following headings on an overhead transparency:

- Introduction
- Problem identification (weight/height measurements, Dr's referral, reason for visit, establishing client concerns, clarifying dietitians' role)
- Diet history
- Assessment (identify problems, recommendations for change)
- Information giving (diet-disease concepts, identifying strategies, prioritising action, developing goals, selecting written materials)
- Summing up (emphasis on self-reliance, key features of change, discussion on follow-up).

Again differences between this formulation and that contrived in class provided further support for the notion of phases as a heuristic device.
Seminars were also provided on talk in institutions (cf. Drew and Heritage, 1992), which incorporated the notion of structural organisation, and full transcripts from the first part of the study were examined in class. Just as we looked at structure in the video recordings, phases in the transcripts were also identified. The sense of an overall structure was presented to students as helpful in assessing the progress of the interview and in having a clearer definition of the task required of them.

**Self assessment of performance**

The self assessment worksheets comprised open ended questions on student performance. These asked about overall impressions, best elements of performance, areas for improvement and plans for future learning. The self assessment worksheets were completed after the formal classes in the structural organisation of the interview, so inclusions of structural issues in these worksheets would reflect the development of common understandings with the teaching agenda. Thirteen of the twenty students mentioned structure in response to one of these questions, indicating some form of link between students' written formulations and the teaching agenda. Problems pertaining to structure were listed as lack of time management and sequencing. For example, one student wrote

'Sometimes the interviewing did not flow. It felt like questions were all over the place and (I) didn't have a 'real' structure to the interview.'

Worksheet extract 5 (student 94108)

Two students noted that they needed a mental map of the interview to operate from and one student referred to the 'ideal case scenario'. Both of these concepts could be related to the social organisation of the interview, and were linked to concepts discussed in class.

**Review of audio recording**

As in the observation of the counselling session, the students' review of the audio recording of their interactions focused on two questions in relation to structure: how the session began and how it was structured. This review also took place after the formal classes on structural organisations, so student records listing structure would provide some
indication of the development of common understandings on structure as an issue.

a) How did the session begin?

On analysing the worksheets I found the responses to this question to be generally similar in form and content to those described previously in the observation exercise. There were two notable exceptions which I saw had particular links with the findings from the social analysis.

One student noted that she asked the client if she could use the client's first name (Student 94107). This student may have been noticing the formality of the interview. Another student noted that the client initiated the diet history. This student wrote

'Immediately after I shook hands with my client and introduced myself, he started running through his diet history. I tried to start, however I then decided that it was more appropriate to let the client tell his story.'

Worksheet extract 6 (student 94104)

I noted that this example had links with the notion of the co-construction of the interview and in particular, it had relevance for the initiation of the diet history.

b) How was the session structured?

As with the previous question, I found the responses to this question to be generally in a form of lists of phases and sequences within phases. Those not limited to lists of phases appeared to give evaluative comments on the structure. These comments not only drew on the notion of phases but had suggestions of participant action within phases. Examples follow.
Worksheet extract 7 (Student 94102)

'I was not quite sure of the major key turning points of the session, i.e. stating the purpose, involving reflective thinking and correctly summarising the problem. Hence this resulted in an unstructured session.'

Worksheet extract 8 (Student 94106)

'A structured beginning and end but a bit dis-structured in between, that is, diet history was all over the place, due to misunderstanding on the words lunch and dinner'

These comments drew my attention to broader issues in the social analysis, that of crossing phases and a framework for the diet history. In the latter case, the issue of the narrative marker in supporting phase structure seemed relevant. These students would appear to be starting to use the language of the teaching program.

**Summary**

In this section I have shown how the students listed issues in their worksheets that would either be privileged later in the teaching program or provide evidence of links with previous class topics. The teaching process which formulated the worksheet questions and privileged certain forms of information could be seen as influencing these responses and emphasising certain concepts raised by students themselves. Either way, the evidence shows that a common understanding of the structural organisation of the interview was being established through the close analysis of everyday practice.

5.2.2 The diet history

As with the structure of the interview, the completed worksheets were reviewed in search of material which would link ideas recorded by students with concepts concerning the social organisation of clinic interactions. In particular, the notion of the diet history as narrative was sought, given its centrality in the teaching agenda.
Observing the diet history

Answers to the three questions in the observation sheet which bore relevance to the diet history were examined in detail. These concerned the use of questions, the client perspective and the relationship between the history and dietary counselling. Commonly, the history was referred to in terms of meal patterns, a basis for future counselling and as an information seeking exercise. I found three responses to the question 'how does the history relate to dietary counselling?' outstanding in terms of their links with the social analysis.

Worksheet extract 9 (Student 94107)

'Gave a typical day in retrospect. Was almost expected by the patient. May be too rigid to encourage the patient to give only the structured meals they have. Important to make it easy to speak and incorporate food habits rather than just the foods eaten.'

This student's response raised the issue of mutual understanding of the interview task (expected), a key feature of institutionality (Drew and Heritage, 1992). It also represents a broader view of the history than the straight list of foods consumed. This is the type of observation which would have been privileged in the class.

Worksheet extract 10 (Student 94114)

'A diet history allows the determination of current routine meal/food intake patterns & core foods/peripheral foods. Needed changes or discussion of diet issues can occur in an organised manner starting with B/F =>dinner (then special occasions, exercise and lifestyle issues can be discussed)'

The 'organised' structure offered by the diet history as narrative is outlined by this student. The diet history as narrative was discussed at length in class using this conceptual framework. This student has also noted that negotiation can occur within the history phase. Both these ideas would have been covered in the classes which involved an analysis of transcripts.
Worksheet extract 11 (Student 94117)

The diet history is like a story. It can be used as a base for other questions and to find out how much the client knows. Also the client often tells a lot more information other than just the foods consumed, eg who they like to eat with. The actual meal pattern may highlight areas of concern eg high fat intake, low fibre.

This student presents a broader view of narrative in the sense that there may be complications within the diet history. She has also identified the story structure and the fact that clients account for their eating habits, not just the foods consumed. Both of these concepts were high on the teaching agenda, and these particular ideas likewise would have been privileged by the teaching process.

Teaching the diet history: semester one

The diet history was covered in class seminars in both semesters, however there was more formal teaching space in the second semester subject to cover detailed communication issues, such as found in transcript reviews. Students performed a diet history in the clinic and reviewed this performance in the first semester, so links with these records should be drawn from the first semester teaching (see Table 5.11).

Preparation for the diet history in the first semester focused on questioning skills and role plays with fellow students. The students appeared especially concerned about the formal process in the interview. They wanted to know when to stop, what was an acceptable level of questioning (class notes 23/3/94) and when to interrupt the client - how would they know when to interrupt (class notes, 30/3/94). For me these reflected issues of social organisation and the need to understand the structure of the interview. Clearly the notion of the diet history as story-telling would be useful.

A formal diet history preparation class was held to cover these issues (class notes 17/3/94). First students referred to their observation records and I noted that one student said 'you seem to let them go'. This provided an opportunity to discuss a structural framework for the
The students were keen to practice so we set up role plays with each other. Using everyday knowledge, the students interviewed each other. Comments I noted from those acting as clients were that they felt hit by a barrage of questions and were wondering why their colleagues were asking such questions of them. Further, what were their colleagues thinking of them to ask such questions. This provided me with the opportunity of raising issues concerning the social and institutional nature of the interview, and to make practical suggestions that the 'dietitian' let the client speak and ask questions later. Here again we can see how I was able to privilege certain observations and comments to determine the direction of teaching. Focusing on the use of questions, the advice was to use open ended questions first to invite the patient to tell the story in their own words, and to use questions strategically, based on what the client had said and in view of the interview task (class notes, 17/3/94).

Self assessment of performance

The students performed a diet history with clients in the teaching clinic in the latter part of the first semester. They then completed worksheets containing self assessment questions concerning overall impressions, best aspects, areas for improvement and plans for future learning. I was able to draw on these responses in developing the teaching program for the second semester. I identified three possible conceptual links with the teaching agenda in these worksheet reports. These related to the co-construction of the interview, inference and meals as narrative markers. Examples of each category are given below.

i) Co-construction of the interview

Worksheet extract 12 (Student 94104)

'I was quite disappointed with my history taking. Immediately after handing the DH back to (name of supervisor) I realised that I hadn’t completed my diet-history taking role. I also found my client to be a little hard to compromise and deal with, hence it made me aware that every client is different...
I need to think about what sorts of questions are most relevant -> then I will get information required to give advice, yet not ask irrelevant questions.'

In my mind, the recognition that 'every client is different' is one of the first steps in recognising that the interview is co-constructed and that the idealised version of the interview is limiting. This student response also mentions roles, a good starting point for dealing with the social orientation of the interview. Finally, this student also mentions questioning skills as important, a feature which was followed up regularly in class.

ii) Inference

Worksheet extract 13 (Student 94110)

'(Best elements of performance were) listening to what the client had said and basing my next question on this information. Being non-judgmental - this was an important aspect because my client identified as being 'bad' in relation to her eating behaviours. I think I gave her the impression that I was not going to judge her.'

Through her comments I found that this student had introduced the notion of inference, one of the topics to be covered in the seminar on institutional talk. She has done this by recognising that the client is presenting herself in a moral way and that her (the student's) response is significant. Here again, it is possible to show how the analysis of everyday practice provides for the teaching of the social organisation of the interview.

iii) Narrative structure

Worksheet extract 14 (Student 94120)

'I thought I asked appropriate questions which allowed the client to speak freely. Then, with closed questions about specific foods/meals I revealed details such as how foods were being cooked, mid meal foods, amounts of meat being eaten at dinner and weekend variations...
I had planned beforehand to go back over each meal to clarify what was being eaten, i.e. amounts of food, butter spreading thick/thin, chicken with/without skin....this methodological process worked well with the client as he was very particular about how much he was eating (measures in cups and grams for the diet history).

This and other examples reflected the previous teaching issues on how to construct the diet history (see above). It also projected well towards the formal discussion of the diet history as a storyline which could be strategically supported by the student. In this way the student record displays links with previous teaching and is implicated in future teaching.

Review of audio recording

In reviewing the audio recording of the diet history students were asked to state whether they had gained sufficient information and to relate the history to dietary counselling. Most students wrote that they found gaps in the history although some felt they had elicited enough information. I found a number of the comments relevant to the teaching agenda. A common theme appeared to be the disparity between institutional and lay concerns - obtaining information on food as compared to the client's accounting of self. This was an issue I had hoped to raise in teaching.

i) Institutional vs lay concerns

Worksheet extract 15 (Student 94105)

'(The focus of the history was on) the food that she ate and when. I seemed to make the patient focus on the order on which she was giving the information eg. 'breakfast, lunch and dinner' rather than get her to focus on the value of the foods she ate. I seemed a bit self-centred, not focused on the client, came across as lack of confidence....

The patient remembered the 'bad habits' after the history was taken.'
This student report raises a number of issues which have links with the teaching agenda. The apparent recognition of the institutional agenda as gaining a list of food items is strongly evident, as is the significance of the narrative markers, breakfast, lunch and dinner, in meeting this agenda. There is an implication of dominance by the institutional agenda, but the comment on lack of confidence is interesting. It is written in such a way as to be inferring something from the client response, another issue related to the institutionality of the interview. The comment on 'bad habits', also refers to the feature of inference in institutional talk (it has moral implications), as does the notion of when to go about 'troubles telling' in the interview (cf Jefferson, 1980). Although students may not necessarily say these things in class, I would be raising them through the seminar on institutional talk thus drawing links with the student’s observations.

Worksheet extract 16 (Student 94107)

'I probably would have liked to have concentrated a little more on the environment in which she eats, or perhaps how she feels if she ever over eats etc. This would be possible through taking the diet history, it is easy to get caught up in the food as being the most important part, and you tend to look at the food and not the person.'

Worksheet extract 17 (Student 94114)

'It is not expected that the DH taken is a 100% picture of the client’s actual eating habits but it is expected to provide an indication of issues within a client’s diet.'

Like the previous example, I found these two examples raised concerns about the institutional agenda and its function in relation to communication between the parties. In the first example the student shows a recognition of different concerns between parties. In the second the student brings into question methodological issues concerning the diet history. These are good examples of professional presence in the interview, an issue which would be later stressed in class.
Teaching the diet history: semester 2

The diet history was again taught formally in the second semester, drawing on student worksheet data from the first semester and the analysis of interview data involving students from previous years (class notes 4/8/94). The diet history as narrative was presented using concepts such as story-telling (cf Sacks, 1987) as a form of structural organisation for this phase in the interview. I also discussed with students the formulation of the invitation to tell the story, noting the significance of the narrative marker in initiating the story 'on track' and in monitoring its progress. In this way students would have an idea of when the story should end and know when to come in with clarifying questions. Transcripts of interactions involving students from previous years were used to support the pedagogical process. Although, given the sequence of events, it is not possible to draw links between this second semester teaching and the analysis of student worksheets to immediately follow here, the explication of the teaching process is relevant to the analysis of the final interview outcomes established at the end of the year.

Summary

In this section I have demonstrated the links between comments recorded by students on the diet history and issues central to the teaching agenda. My categorisation of the responses and selection of these particular examples provides evidence of the way in which I was constructing the teaching process to promote the social basis of practice. The links I drew between the teaching agenda and the student records concerned the roles taken by interview participants, the diet history as institutional task, the social orientation of participants in the history phase and the significance of the diet history as narrative as a heuristic device in managing the diet history.

5.2.3 Negotiating dietary change

One of the main focal points for the educational intervention was the negotiation of dietary change, working from a client perspective. I reviewed the student worksheets for comments which appeared to reflect this notion. Again the three main components of the student
experience with the clinic were examined: observation of practice, self-assessment of performance and review of the audio recording of their performance.

**Observing the negotiation**

Invariably the students recorded that the dietitian asked the clients for their views of the problem. This could be described as one way of presenting the perspective invitation. A summary of the responses in this area is provided in Table 5.14.

<table>
<thead>
<tr>
<th>Reference to client perspective</th>
<th>Number (N=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>in problem identification</td>
<td>10</td>
</tr>
<tr>
<td>to elicit expectations of interview</td>
<td>7</td>
</tr>
<tr>
<td>to enable client to express own views</td>
<td>4</td>
</tr>
<tr>
<td>to increase client involvement in problem solving</td>
<td>5</td>
</tr>
</tbody>
</table>

Each of these categories suggest areas which may be of potential conflict in the interview and where seeking the client's perspective could result in outcomes agreed to by both parties. An example of a student record on this observation is given below.

Worksheet extract 18 (Student 94105)

'(Name of supervisor) encourages the client to express own views on her situation, what she thinks are the problem areas and possible changes. (Supervisor) does this by starting each question with "How do you think...", "What do you think might help you". Once the client's perspective on her own problem was established, (supervisor) would mentally plan her method of getting the client to see other problem areas and ways to change, and the reasons to make changes.'
In this example, the student description befits the first turn of the perspective display series. Interestingly she continues by suggesting that there is a strategy to this approach which incorporates the professional view. Maynard (1991) discusses these issues at length in his analysis of asymmetry in the medical interview where the PDS is featured. Either way, the student has identified critical aspects of the interview which relate to its social construction, and this would be brought up again in the teaching program.

Students also noted that one of the uses of questions in the interview was to gain the client perspective, as shown in the following example.

Worksheet extract 19 (Student 94116)

'Questions are asked in a way that the client feels they have some control and input into the decisions concerning dietary changes. The questions prompt encouragement. Some questions can be used to find out the client's understanding and knowledge.'

This response indicates the significance of the question in terms of gaining the client perspective and co-implicating the client in problem resolution (cf Maynard, 1991). Again, the student has been able to record an aspect of the interview which has strong implications for its social organisation, and which would be taught in future classes.

Teaching the negotiation of dietary change

Working from a client perspective was taught formally during the second semester, using Maynard's (1991a) work and referring to transcripts of interviews in the teaching clinic (see Table 5.11). This section of the teaching program was perhaps less well developed as it came later in the interview and a great deal of attention had been previously spent on the earlier diet history phase. I noted this concern expressed in class (class notes 10/8/94). Sample formulation of perspective invitations were also constructed in class (class notes 11/8/94).

At this stage an exam was also set where students were required to analyse a transcript of an interview in the teaching clinic and
comment on various aspects, such as working from the client perspective. In the class discussion following the exam I noted that the students had commented that the 'dietitian' did not respond to the client and that perhaps they (the students themselves) did the same. Another of my notes on students' comments read 'it's easy to ask questions, it's hard to deal with the client's view - what do you do with it?'. Under general discussion I have written that (in relation to the exam transcript) there was good use of 'how do you feel questions', that is, attempts at negotiation, but the 'dietitian' didn't pick up or respond to the client's stories. The phases of the interview were managed well but could this be at the expense of reflecting on what the client had to say? This raised the issue of tension between different components of professional competency assessment and the manner in which assessment is derived. The issues raised in the notes I had taken from this particular class demonstrated how the common understanding of acceptable performance was sought through an interactive review process, and how reference to data from everyday practice supported this process.

Self assessment of negotiation

Following these class activities, students then went into the clinic and were assessed on two full dietetic interviews which they conducted themselves. After the interviews the students completed self assessment worksheets referred to here. An analysis of these worksheets may show how the teaching agenda was reflected in student comments. In the general assessment of their performance, thirteen students made some reference to the client perspective and negotiating dietary change. These are summarised in Table 5.15.

To my way of thinking these responses reflected students' awareness of issues concerning negotiating dietary change which had been covered in the teaching program. The responses describe ways in which the client perspective may be achieved, problems which asking for a perspective may generate in the co-construction of the interview and competing agendas in the completion of the interview task. Thus ideas noted by students from the self assessment of performance could be linked with concepts raised from the social analysis of the interaction.
### Table 5.15  Summary of students' assessment comments on negotiation

<table>
<thead>
<tr>
<th>Student number</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>94103</td>
<td>allowed client to describe feelings</td>
</tr>
<tr>
<td>94104</td>
<td>used client perspective</td>
</tr>
<tr>
<td>94105</td>
<td>(best elements) negotiation strategies</td>
</tr>
<tr>
<td>94106</td>
<td>changes decided on together</td>
</tr>
<tr>
<td>94107</td>
<td>negotiated with client rather than pushing my own ideas too much</td>
</tr>
<tr>
<td>94108</td>
<td>(need to) involve the client more</td>
</tr>
<tr>
<td>94109</td>
<td>(need to) clarify what the client is saying</td>
</tr>
<tr>
<td>94111</td>
<td>asked client why he came</td>
</tr>
<tr>
<td>94114</td>
<td>at times too client centred and unable to get the session conducted efficiently</td>
</tr>
<tr>
<td>94117</td>
<td>concentrated too much on what I was trying to achieve and not enough on the client perspective</td>
</tr>
<tr>
<td>94118</td>
<td>(need to) gain client perspective and use this to guide the interview and information giving</td>
</tr>
<tr>
<td>94119</td>
<td>asked client frequently about what he thought, his suggestions, his preferences</td>
</tr>
<tr>
<td>94120</td>
<td>let the client speak - used questions just to check specifics, negotiated goals well with client</td>
</tr>
</tbody>
</table>

**Review of audio recording**

Students also listened to audio recordings of their performances in the clinic. In the worksheets attached to this activity, they were asked to consider how they dealt with the client perspective and how they used questions in the interview. The majority of students indicated they dealt with the client perspective by asking questions. Another group indicated that providing information served this purpose. An example is given below.
Worksheet extract 20 (Student 94121)

' (dealt with client's concerns by) giving them solutions, ideas and alternatives and asking them what they thought/felt about the situation. 
(used) open ended questions to get the clients perspective, generate conversation and more specific questions to get details'

Two students noted that they did not address the client perspective and another wrote that it was difficult to assess. As in the observation of the interview, most students recognised that asking questions was a key interactional feature in addressing the client perspective. In this way their comments reflected the key components of the teaching program.

Summary

The notion of a perspective display series was suggested in the student worksheets given that they recognised that questions seeking the client's views were important interactional features in negotiating dietary change. This suggestion was limited to the first turn of the PDS, the perspective display invitation, but it did provide a start to linking ideas with an important aspect of the social construction of the interview.

The aim of this section was to demonstrate the way in which the pedagogical process was constructed to establish a social basis for student practice. This was achieved by examining records and notes from the teaching process and reviewing student worksheets which they completed after attending the clinic and after listening to audio recordings of their performances. Examples from these worksheets were sought which implicated the privileging of certain ideas in the subsequent teaching process and which reflected concepts contained in the teaching. This was done in the recognition that the formulation of the questions, whilst based on the performance indicators, would provide some lead to students on how they might answer. In this way it has been shown that, at the end of the day, teaching practices and assessments define what counts as acceptable practice (cf Baker and Luke, 1991).
5.3 Evaluation of the educational intervention

The assumption addressed in this part of the study was that a pedagogical treatment of the dietetic interview with access to its social organisation would 'speed up' the development of social competence in the clinic. In practical terms, this means learning from experience which addresses the social organisation of the interview could be translated into a well organised professional performance in the clinic. The teaching intervention was described at length in the second stage of the study: this third stage examines the outcomes in terms of professional practice in the clinic.

On reviewing the dietetic literature I had argued that there would be benefits in developing a pedagogy based on a version of practice grounded in everyday experience in the teaching clinic (see Chapter 1, this document). This version could not be ontologically exclusive from the competency standards, given that the standards informed the everyday practice under analysis. A review of actual events, however, could describe how the competency standards emerged in reality. With reference to these standards I had identified, along with supervisors, major focal points for teaching. These were the structural organisation of the interview, managing the diet history phase and negotiating dietary change. Each of these focal points could be practically informed by an analysis of everyday practice in the teaching clinic.

The aim of this third part of the study therefore, was to examine the interviews involving students who had participated in the learning intervention, and to see how these focal points for teaching may have been addressed. Given that the performance indicators implicated practice in these areas, it was reasonable to assume that students would be attending to those components. What was different in the intervention group was that students had examined these aspects from examples of naturally occurring data and could see how they would present in the real, rather than idealised interaction.
Focus of analysis

The evaluation plan was therefore developed with reference to ways in which the pedagogical focal points emerged in practice. Criteria for the evaluation were drawn from the performance indicators. The plan was outlined as

1. Structural organisation of the interview
   
   Question: how were the phases of the interview co-constructed by the participants?
   
   Criterion: the phases of the interview were clearly evident as demonstrated by smooth border crossings and a consistent co-operative direction in achieving the institutional task.

   Question: was the institutional task of the interview achieved?
   
   Criterion: goals for dietary change were successfully negotiated by both parties.

2. Managing the diet history phase

   Question: how was the diet history initially established?
   
   Criterion: the initiation of the diet history attended to strategic features identified in the first analysis and resulted in forms of talk which met the institutional agenda.

   Question: how was the diet history phase co-constructed?
   
   Criterion: the diet history phase provided for the client's presentation of the problem and did not comprise more than 50% of the interview to allow for mutual discussion on any problems in the remaining time.

3. Negotiating dietary change with a client perspective

   Question: how was the assessment of dietary intake presented?
   
   Criterion: assessments were achieved with a client perspective.

   Question: how was dietary change negotiated?
   
   Criterion: changes were proposed to incorporate a client perspective and were followed by signs of agreement.
The method of analysis was a close examination of talk in action. The representation of actual events stands in contrast to idealised versions of the interview which are implicated in the competency standards framework and thereby the evaluation criteria. One of the reasons for this contrast is that the competency standards focus on the idealised actions of the professional whereas the interview is co-constructed by two participants with a 'significant other' watching in judgement. In consideration of the social construction of the interview, Silverman (1994) has indicated that teaching interactive skills from idealised versions of the event may be problematic. The analysis presented here raises a number of such concerns warranting a review of observational assessment and a critique of the task of the dietetic interview in this context.

**Ethnographic background**

The context of the study was the teaching clinic described in the first part of the study. The students were those described in the second part of the study, where their pedagogical and clinic experiences were also outlined. The clients were similar to those who participated in the first part of the study, although there were more males in this group and some of the clients were returning for review appointments. Given the number of students involved and the clinic schedule I needed to share the supervisory load with another person. Thus, each interaction was observed by one of two supervisors, both of whom were involved in the teaching. As the teaching program emphasised a counselling approach aimed at developing goals for dietary change (one of the performance indicators), the supervisor would note the goals negotiated and if asked would provide this list to the co-participants. For the most part of the interview, however, the supervisor remained the 'silent audience'. This would constrain the interaction in a similar fashion to other formal institutional interactions such as news interviews and courtroom proceedings, particularly where participants would be co-constructing their conversation with an audience in mind.

Both students and clients had agreed to participate in the research by informed consent. Students were being assessed on two occasions by
the supervisor with reference to a competency based observation record (Appendix 8). Marks from the two performances contributed to a total of thirty percent of the overall marks for the subject GHMD933 Nutrition Counselling. The marks were arrived at by means of an overall judgement on performance, not on the elements of competency, although the elements would be referred to subjectively to justify the mark.

These ethnographic features have a strong impact on both the form and content of the interview. Given that the performance indicators referred to phases, assessment of dietary intake and working from a client perspective, it is reasonable to assume that students would be attending to these components of the interview. What was different in the intervention group was that students had examined these aspects from examples of naturally occurring data and could see how they would present in real situations. The effect of this type of learning could be described as a form of vicarious experience, preempting the experience of constructing numerous interviews and establishing a 'feel' for attending to the social constraints which characterise the interview. In this way, the need to conduct numerous interviews to work out what works best is partly overcome.

**Study sample**

The study population comprised all interactions in the clinic during the assessment phase of the nutrition counselling subject (N=43). Of these a number of cases were not available for analysis because audio recordings were not done, a family group was counselled, or the supervisor was extensively involved in the talk. This resulted in a database of 30 interactions involving 19 students, all of whom were female. Each case study is listed with identity numbers in Appendix 1. A summary of the client profile is given in Table 5.16.

The client profile reflects that of the baseline study group, except that there were more males in the intervention group and slightly more people attending for follow up interviews (see Table 5.1).
Table 5.16  Profile of clients in the intervention case studies

<table>
<thead>
<tr>
<th>Demographic feature</th>
<th>Demographic category</th>
<th>Number (N=30)</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client group</td>
<td>female, first visit</td>
<td>14</td>
<td>46.67</td>
</tr>
<tr>
<td></td>
<td>male, first visit</td>
<td>10</td>
<td>33.33</td>
</tr>
<tr>
<td></td>
<td>female, second visit</td>
<td>4</td>
<td>13.33</td>
</tr>
<tr>
<td></td>
<td>male, second visit</td>
<td>2</td>
<td>6.67</td>
</tr>
<tr>
<td>Median age range</td>
<td>41-50 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education level</td>
<td>primary school</td>
<td>4</td>
<td>13.33</td>
</tr>
<tr>
<td></td>
<td>high school</td>
<td>20</td>
<td>66.67</td>
</tr>
<tr>
<td></td>
<td>tertiary</td>
<td>4</td>
<td>13.33</td>
</tr>
<tr>
<td></td>
<td>missing data</td>
<td>2</td>
<td>6.67</td>
</tr>
<tr>
<td>Country of birth</td>
<td>Australia</td>
<td>22</td>
<td>73.33</td>
</tr>
<tr>
<td></td>
<td>UK</td>
<td>3</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>Other Europe</td>
<td>3</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>missing data</td>
<td>2</td>
<td>6.67</td>
</tr>
<tr>
<td>Language at home</td>
<td>English</td>
<td>30</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>plus other</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>Income</td>
<td>wage (own)</td>
<td>8</td>
<td>26.67</td>
</tr>
<tr>
<td></td>
<td>pension</td>
<td>14</td>
<td>46.67</td>
</tr>
<tr>
<td></td>
<td>not seeking work</td>
<td>5</td>
<td>16.67</td>
</tr>
<tr>
<td></td>
<td>unemployed</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td></td>
<td>missing data</td>
<td>2</td>
<td>6.67</td>
</tr>
</tbody>
</table>
Method

As in the first part of the study, interactions between students and clients were audio recorded and analysed using methods of conversational analysis. The phases of the interviews were identified as were sequences within phases. Ways in which participants co-constructed crossing phases was of particular interest. Once specific phenomena concerning phases were identified, deviant cases were sought to test the observation.

The task of the interview was taken providing dietary assessment and advice, so a successful outcome was seen as mutually negotiated goals. Segments of talk which contained proposals and acceptances were identified in the body of data and collected as evidence of task achievement.

As in the first stage of the analysis, the introduction to the diet history was identified across cases and results summarised. Using the notion of the diet-history-as-narrative as a heuristic device, the overall shape of the history phase was examined as was its relative position in the overall time frame of the interview. Again deviant cases were sought to test the findings.

Finally, assessment utterances following the history phase were sought to examine ways in which students incorporated the client perspective into their presentations of dietary assessment. Individual instances of negotiated change were also examined in detail to evaluate the use of the perspective invitation in students' attempts at counselling.

Data are presented in the same format as the first stage of the study. Tables are used to present cumulative findings whereas extracts from case studies present data on the phenomenon discussed. The results are presented in terms of the three focal points for the study: the structural organisation of the interview, managing the diet history and negotiating dietary change.
5.3.1 The structure of the dietetic interview

Recalling that one of the problems which I had identified in the educational program was an apparent lack of organisation and direction in the student led interviews (see 5.1, this document), the aim of this part of the study was to show that a well organised interview could be achieved by focusing learning on the social construction of the interview. Evidence of well organised interviews was sought by examining phase construction and phase crossings, as well as the establishment of dietary goals.

As in the first stage of the study, the phases of the interview were identified in each case. Sequences within the interview were also noted as were the crossings between phases. As the supervisor was likely to participate in the first and last phase, these were not analysed in detail. Using the phases listed in the first part of the study as a heuristic device (see Table 5.3), attention was paid to the introduction, diet history and negotiating dietary change phases, and the crossings at the *introduction to diet history*, and *diet history to negotiating dietary change* borders.

The introduction phase

The introduction phases were noticeably brief and business like. A common feature of the introductory phase was the agreement on the agenda. Students gave clear outlines of the task and sought the client's co-operation. The extract below is a good example of how the student outlines the whole process of the interview, seeking the client's co-operation and gaining full agreement.
Extract 19

Case study 94:B:1-12 (058) (ID 38)

1 S And then .hhh umm, what I'll do is j' st get y' to give me a-
2 overview
3 [of your diet]=
4 C [mm]
5 S =wha-what you usually eat 'n the day=
6 C =mhm=
7 S =and then we can have a look at some changes and some
8 problems 'n=
9 C =alright=
10 S =discuss s'm goals.
11 C OK
12 S *s'OK?*
13 C Good.

There is a lot of overlap as the student outlines the components of the task within the interview. The client’s first response is minimal (line 4) and the student repairs her proposal with a qualified description. This is followed by a stronger acknowledgement from the client (line 6). The student then lists three actions at the end of which the client displays acceptance (line 11). The immediate response and emphasised upgrade (line 13) represent a strong agreement (Pomerantz, 1984), a common feature at this stage throughout the database. With the increased formality of the observed interview, marked client disagreement was unlikely.

Elements within the introduction phase were as those identified by students in the second stage of the study (Table 5.13). The six follow-up cases were distinguished from the rest in that a specific review of dietary treatment was noted in the introduction phase. Throughout the introduction phase information-giving was brief and packaged so that the phase moved on quickly to the diet history, as shown in extract 20 (over page).
In this extract, the information segment is packaged within the boundaries of the proposal for the main task (lines 1-5) and its initiation (line 28). The student first announces the task in two parts. The first part is descriptive and less sensitive and is agreed with *mhmm*, whereas the second is evaluative and more sensitive, receiving a minimal response, *mm*. The student then inserts the information segment as a side sequence. The client interjects with *well*, prefacing reluctance (cf Pomerantz, 1984) and attending to the request for his level of understanding (line 10). He minimises his reply with *only* and *that’s about all*, summarising his account (the effect of closing) and moving on to issues of food consumption which were implicated in the student’s preliminary announcement. He then hands over to the student, evidenced by the pause on line 13. This action would seem to imply the client's preference for the first proposal of action, but providing for the student to direct action. The student acknowledges receipt and there is another pause (line 14). She takes up the turn, rounding off with *OK*, but reintroduces the topic, this time focusing on triglycerides (lines 14-15). The client gives an even briefer response, *nup*. The student corrects the term to *no* and pursues a response. The client upgrades his negative position which the student acknowledges. Clearly he does not support this action. There is another pause (line 20). The student rounds off again and prefaces her information sequence with *well*, positioning the segment (cf Button, 1991). There is emphasis in her explanation and she completes the segment with a rounding off statement beginning with *so*. She finishes the segment on the same issue she raised immediately prior to the side sequence (lines 24-26). There is another pause and again the student takes up the turn, explicitly seeking the client's approval. The client acknowledges but does not expand (line 27). In the next turn the student closes off and begins next action, this being the invitation to tell the diet history story (line 28-31). Although the ensuing segment is discussed in more detail under the diet history the extended client turns, suggesting a higher degree of co-operation in this action, lie in stark contrast to the previous sequences, indicating that this is where the client would prefer to be.
Alright, OK. Now what I would like to do is go through the diet and together, having a look at some of the things that might be affecting your blood fat levels—your triglycerides. 

Before I start that, I'd like to know if you understand what it means when you have high cholesterol, or high triglyceride level in your blood. Well, I understand only that, the cholesterol's bad for you; that's about all and I eat a lot of greasy foods. Right. OK, I understand that. 

Now, fatty foods, or the wrong things or the wrong line. Right. (.) OK. And do you understand much about triglyceride levels? No? Don't you understand what they are? Haven't the faintest idea to tell you the truth. 

Well, triglyceride levels are just another, umm, they're just another fat in your blood, so think of them kinda like cholesterol. Umm and they're, are things in your diet that can affect, whether these cholesterol levels or triglyceride levels go up or down. So that's what we are trying to look at in your diet. Things that will make your cholesterol go up or your triglycerides go up. OK? 

Alright, so: if you could start off perhaps by going through your diet in what you normally eat during the day, from when you wake up right through to when you go to bed= **
C =hhh. everyday's the same but, ummm(.) I don't eat breakfast, I might have a cup of coffee (.) white, two and a half sugar, maybe, three depending
S m m
C umm (. ) sometimes, ah Wheatbix, and er maybe even a breadroll with umm peanut butter (.) umm (.) and then for lunchtime probably another two cups a coffee. Lunch, nothing substantial, maybe a cup of "coffee"- a cup a tea. Coupla sandwiches, coupla biscuits, a piece of fruit.

The effect is that both parties have moved quickly to the premeditated task of the diet history. The preliminary talk by the student which projected future activity may have set the tone for a limited discussion in the side sequence (cf Button, 1991). The student pursues the issue, however, and we must bear in mind that providing information on the diet-disease relationship and assessing the client's knowledge are listed in the performance indicators. The client is not to know this though and appears to push the talk toward the projected action. Throughout the database, extended information giving turns such as those seen here characterised brief overviews by the students on the diet-disease relationship, with clients offering minimal responses and moving onto the next phase. Here we may be seeing the effect of the performance indicators and the silent audience on the student's action within the introductory phase, something akin to the protocols which call takers attend to in emergency services (cf Zimmerman, 1992).

Crossing into the diet history phase

Extract 20 also provided an example of crossing into the history phase. The student marks the change in direction with OK rounding off the last discussion and moving onto the next topic, and with so, drawing a link with previous talk (lines 28-29). The client response accounts for the student proposal, dealing first with the notion of normal and beginning with breakfast as directed (line 32). The client develops his account based on the day, as suggested, with the student not taking up turns at pauses. The participants have successfully moved from the introductory phase into the history phase, and it would seem have moved there directly given the client's deference to the student, and the
student's clear introductions to next action. The consistency of this mode of crossing throughout the database is demonstrated in section 5.3.2, where the introduction to the history is examined in detail.

The diet history phase

The diet history phase was found to be clearly bounded by the storyline, or narrative, throughout the database. With few exceptions the students introduced the history using the narrative prompt and the clients responded in the narrative form. This is exemplified in extract 20, where the student's request clearly specifies the form of response required (lines 28-30), and the client obliges. There are pauses in the client response which the student does not take up, giving only a continuer utterance mm. Note that the client proceeds to the next meal, lunch, without prompting. This pattern best describes the history phase, which again is discussed in more detail in the next section. Suffice to say here that the history phase was found to be clearly introduced and definable within the overall structure of the interview, as would be expected, given that students had examined this structure in detail in class.

Crossing from history taking to negotiating dietary change

This stage of the interview served two functions, rounding off the history and entering into a phase of dealing with the problems for which the history provided some basis. As with the previous border crossing, sites at which this changeover occurred were identified in the database. Again, the turn was found where the student directed next action on assessment of the discussion so far. This usually followed the ending of the diet history narrative, marked by the last meal of the day, and some additional questions which clarified significant points within the narrative, as seen in part below.
Extract 21

Case study 94:W:1-24 (127) (ID 48)

1  S  Right. (.) and so if, oh no sorry fruit, how much fruit would
2  you have a week.
3  C  I like to have about two pieces a day, so mmm er (.)
4  S  "Two" (.) "right".hhh Oka:ay, so is there anything that you
5  can see with your diet that you feel you could change in
6  relation especially to fat, or the- triglycerides?
7  C  Probably lower me margarine intake uh.hhe:he.hhh.hhh
8  S  That's a good start.

The student begins by entering into closing, but re-opens the diet history segment with one last question (lines 1-2). Following the client's response, the student marks the change with Oka:ay (up to that point she is likely to be writing, which accounts for the pause and soft voice) rounding off the diet history discussion and moving onto assessment with so, suggesting that the previous talk will be implicated in what comes next. The last triplet in this extract takes a pedagogical form of question-answer-evaluation (Mehan, 1979) which characterised the negotiation phase. This is discussed in more detail in section 5.3.3. The change has occurred though, and it is clearly achieved cooperatively. The marked student turn acts as a boundary for the history phase and allows the interview to progress onto the next task of the interview. A view of this action throughout the database is provided in section 5.3.3.

Negotiating dietary change

Like the history phase, this phase was bounded at the start by a marked assessment utterance, as shown above. The main structural units within this phase were perspective display sequences (cf Maynard, 1991), or pedagogical sequences (cf Mehan, 1979). These could be found to deal with general perceptions of the problem, or negotiating specific action, for example changing to low fat milk. In many, though not all cases, summaries of agreements which had been achieved were provided throughout the interview with written materials often signifying the contract. The handing over of the completed list of goals often served as a final summation of the negotiation stage, with only closure left to
the interview overall. Across the database, this end boundary was less well defined than, say with the history phase. Evidence of all these features is provided in section 5.3.3 where the negotiation phase is discussed in detail. The overall view of this phase was one of clear initiation and task orientation but with more variation in final outcomes and rounding off than the history phase.

The database was also reviewed in terms of the final outcome of the interview, that of negotiated goals for dietary change. From an interactional perspective, goals were seen to be established, usually by means of a proposal and statement of agreement (cf Davidson, 1984; Pomerantz, 1984). A summary of the agreed changes identified in the interactions is provided in Table 5.17 (over page). These changes were dealt with as specific actions, but the agreement was weak in many cases. (This phenomenon is discussed in detail in section 5.3.3.)

In each of these instances proposals were made and the client gave some form of agreement. Often the goals were recorded on an information sheet. In terms of the institutional task they represent a positive outcome, but given the form of agreement, they raise important questions regarding the nature of the task and the actual benefit to the client. These issues are discussed in more detail in the ensuing sections.
Table 5.17  **Summary of agreed changes identified in the interactions of the intervention group**

<table>
<thead>
<tr>
<th>Agreed change</th>
<th>Number (N=87)</th>
</tr>
</thead>
<tbody>
<tr>
<td>change to low fat milk/yoghurt/cheese/ice cream/mayonnaise</td>
<td>28</td>
</tr>
<tr>
<td>increase fresh fruit intake</td>
<td>7</td>
</tr>
<tr>
<td>use low fat cooking methods</td>
<td>7</td>
</tr>
<tr>
<td>decrease amounts of margarine/butter/oil consumed</td>
<td>7</td>
</tr>
<tr>
<td>decrease meat portion sizes</td>
<td>6</td>
</tr>
<tr>
<td>use wholemeal bread or bran</td>
<td>5</td>
</tr>
<tr>
<td>increase vegetable or salad consumption</td>
<td>5</td>
</tr>
<tr>
<td>change to water or diet drinks</td>
<td>4</td>
</tr>
<tr>
<td>use leaner meats</td>
<td>4</td>
</tr>
<tr>
<td>change to polyunsaturated or monounsaturated margarine</td>
<td>4</td>
</tr>
<tr>
<td>increase exercise</td>
<td>4</td>
</tr>
<tr>
<td>make low fat takeaway choices</td>
<td>3</td>
</tr>
<tr>
<td>change meal organisation</td>
<td>3</td>
</tr>
<tr>
<td>decrease alcohol consumption</td>
<td>3</td>
</tr>
<tr>
<td>use less salt</td>
<td>3</td>
</tr>
<tr>
<td>use less sugar</td>
<td>3</td>
</tr>
<tr>
<td>decrease biscuit consumption</td>
<td>1</td>
</tr>
</tbody>
</table>

**Summary**

The structural organisation of the interview was evaluated by examining the phases of the interview, how they were established and how the task of each phase was managed by participants. From an overview perspective, the phases were seen to be clearly evident with marked boundaries and structural units which supported the achievement of the relevant task. Guided by protocol, students were seen to set the agenda early on in the interview (cf Zimmerman, 1991) and to give explicit directions at boundary crossings. Details of variations in this achievement and possible limitations are discussed in the next two sections, where the features raised here are examined more closely. From a purely operational perspective, however, it
would appear that the interactions involving this group of students were well structured, had clear direction and achieved the institutional task. From the point of view of client action, co-operation would be expected given the highly constrained nature of the observed interview. From the student perspective it is reasonable to assume that the vicarious learning experience of examining transcripts from this clinic and reviewing their own recordings was effective in helping them know what to say, when, and how to say it, in order to work through the institutional task. In this sense the effect of repeated conversation machinery (cf Zimmerman, 1991), normally gained through experience was achieved through the pedagogical approach. To appreciate what happened under this surface requires a closer examination of interactional aspects.

5.3.2 Managing the diet history phase

One of the problems which I had perceived during the history phase was the apparent lack of strategy in questioning (see 5.1, this document). Students would ask a wide range of detailed questions, leaving little time in the interview to provide dietary advice and discuss related issues. The social analysis of interviews in the teaching clinic provided pedagogical direction on the way in which the history was introduced and its organisation as a structural unit of the whole interview. The notion of the diet history as narrative was introduced, where the narrative began with, say, breakfast and the client was encouraged to continue until the last meal of the day. Students were advised of the benefits of providing narrative prompts to begin the history and of not interrupting the client when they were progressing through the narrative. In some ways this could be the effect of the repeated conversational machinery (cf Zimmerman, 1991) whereby experience shows the most efficient way of participating in an interaction in order to achieve an institutional task.

To evaluate the benefits of teaching this form of diet history, ways in which the history was initiated were examined in each case, as had been done in the first part of the study. The history as a structural unit of the interview was identified as starting at this point and ending at the point where a summative assessment utterance was identified. These boundaries have been demonstrated in section 5.3.1 above. The
proportion of the interview claimed by this structural unit was then assessed.

**Introducing the diet history**

Referring to data from the first stage of the study, students were able to see that specifically suggesting that clients "start with breakfast" (or equivalent) at the first turn on the diet history phase virtually locked respondents into a form of reply which began with the first meal of the day. Not surprisingly, most students (74 per cent) formulated their questions in this manner. These cases included those involving both male and female clients, as well as first and second visits to the clinic. Extract 20 demonstrates the phenomenon. In the student's turn at talk (line 28-31) she proposes the history, directing the client with a starting point. The client obliges with a reference to breakfast in his next turn. These features were common to the other 21 cases.

There were recording problems with the diet history introductory utterance in three of the cases, and in the search for deviance, five cases were found to differ from the standard format. In four of the five cases the student introduced the history but did not use the narrative prompt. In each of these cases, however, it was the client who mentioned breakfast first and the narrative structure of the history took form from then. This was also found in the first part of the study, where deviance was explained in terms of the co-construction of the interview (extract 12). An example is discussed at length in the next section, but first let us examine the fifth deviant case (extract 22, over page) which demonstrates the same issue but from a different perspective. This is a review case and rather than beginning a diet history after the introduction phase, the student instead asks the client about dietary changes. In the follow up interview, the 'known facts' about the case extend to agreed changes from the previous interview.
Case study 94:W:1-30(M,2) (062) (ID53)

1. S Yeah .hhh um well what sort of things have you changed, since
   the last time? What's the main areas you've=
2. C =Well being a bus driver I was, calling up at the hot bake place an I
   was, I felt a bit hungry then. You'd go in there and go down the
   bottom and you'd fill in time and you'd eat, you know, ah but
   now I've cut all that out, and if I do feel a little bit peckish in
   between meals, it's j's a piece of fruit.
3. S "Right" mmm
4. C m mm
5. S Alright well
6. C an umm like a lot of time I don't have time I don't have breakfast,
   depends you know how I'm going running for time=
7. S =mhm=
8. C =but ah I mostly try'n I fit in an a piece a toast 'n a, cup of coffee
9. S m h m
10. C with this HiLo milk, an I don't like coffee just without sugar so I
    use ahh that new sugar out in a tablet form. So, um
11. .
12. .
13. C ah lunch I'll have ah a bread roll, a bit of salad
14. S m h m
15. C and then umm if I fell a bit hungry between that and tea a bit of
16. fruit
17. S mhm
C ah the meals at night ah sometimes we have meat, y'know, stick
to the nearest we can to the one hundred ah what do you call it?
[ah grams]
S [grams]
C Fat free umm potatoes done in the microwave
S mhm
C no sugar, no butter or milk
S mhm
C mm beans, peas
S mhmC broccoli it's all done in the microwave
S mhm
C ahh and probably later on at night I ah um have low cal, now I
use the tins a fruit
S mhm
C I just have one of those, not every night, don' just when I feel
like one , y'know.
S 'Right' Do you have anything else other than meat t'eat for
your evening meal?

The students move to assessment is marked with well (line 1), but the
emphasis is on changes made. This is a major difference with the
follow up interview. The client gives an account of change, emphasising now (line 6). The account is received and there are
continuing utterances made by both speakers (lines 8 and 9). The
student would seem to be entering into a closing at her next turn with
alright well , indicating the topic is exhausted (cf Button, 1991). The
client, however, picks up and moves into the diet history storyline
(line 11), which the student acknowledges. With the student providing
continuers throughout, the client moves to lunch, meals at night and
later on at night, all in sequential order, marking the way for the diet
history as narrative. The movement was initiated by the client who
had no doubt provided a similar form of account in the last visit and
could work from experience. In all cases examined then, a diet history
with this storyline was accounted for. What this deviant case shows is
that it need not be the student who initiates it, but that once started, the
responses of the student support its progression to the end of the day.
As in the first stage of the study, we have also shown how the diet
history narrative is indeed co-constructed by the participants, but that students working from a particular strategic frame can support this construction in a particular direction.

**Structural organisation of the diet history**

The notion of the diet history as a heuristic device was evaluated by examining the ways in which students supported the narrative to the end of the day. Extract 22 demonstrates how this was achieved and is representative of the database. There is one final point to make from this extract and that refers to the last turn by the student. From a structural perspective, the account has rendered details on all meals in reasonably specific detail. The student acknowledges the completion of the narrative with *right* (compare this to her previous utterances as continuers), and then asks a specific question relating to the account, where perhaps more detail would be required (line 41). This was the strategic approach discussed in class: wait until the account reaches the end of the day and then base questions on the framework provided by the narrative. It is important to remember this when examining the next extract, one of the four examples where students did not use the suggestion 'start with breakfast'. In this extract (extract 23) the student does take her turn at talk to introduce next action, the diet history, but she does not use the specific narrative prompt of where to start. It would seem that the notion of the day is enough.
Extract 23
Case study 94:W:1-6 (081) (ID36)

1   S  OK...h uhm (.) OK first of all I need to get an idea what you been, umm what yer diet what you've been eating .hhh ah so could you j's go through. y'know, what you usually eat [in a day]
2   C  [my routine]
3   S  a:and just like the amounts
4   C  Yeah. Well. Breakfast I usually have two t-three toast. ^Mainly I have it with margarine low cholest-no cholesterol. And ah might have some mince sprinkled on wi dry mint y'know=
5   S  =mhm=
6   C  =sprinkled on top. I s'pose and um Nes-coffee and after that I'll have another, after about two hours another cup but short black, Turkish coffee
7   S  OK
8   C  my cousin calls 'em mud [coffee]=
9   S  [he he]
10  C  =and umm for lunch (.) depends sometimes I might have what I had for dinner the night before if it's left over I'll have that, or I'll jes make a sandwich or something "y'know for lunch"=
11  S  =[OK and]
12  C  ['n for] dinner I usually cook and, I usually have Macedonian traditional foods because my husband likes them, .hh but I s'pose my weakness is cheese and (fracia) cake I can't resist it. Or choc'lit.
13  S  m m
14  C  I know what my bad points are it's just stopping them
15  S  mmyeah hhh. OK so wha were you having f' dinner?

The student's introduction to the diet history suggests a progression (just go through, in a day) but she does not say start with breakfast. She seeks collaboration with the client with y'know. The client supports the call for collaboration by clarifying with my routine. Again the student supports the narrative once it appears to be established in the
the client's turn (line 11). The narrative markers in this segment are breakfast, after two hours, lunch, dinner, (lines 7, 13, 19, 24 respectively) and to the point where the client reaches the end of the day, the student responses are acknowledgements and continuers. Note at this point, however, the client offers her assessment of her eating habits (line 26). Her first assessment is minimally acknowledged with mm. Her second assessment which is more of a moral upgrade is also only acknowledged by the student. The student does not take up the issues raised but rather continues with the business of the diet history by going back to a specific area of the history where the client had been fairly general. This is a similar action to that of the previous student (extract 22).

There are a number of ways to look at this. From a structural perspective this action serves good purpose - the student is confirming and rounding off the history, collecting the further information she requires to make a professional assessment of intake. From an interactional perspective, the student may be showing signs of disagreement with a self-deprecating statement. This is shown by proffering a claim to the assessment (Pomerantz, 1984) through further investigation of the dietary account. From a counselling perspective an opportunity is missed to address the problem as the client describes it. Instead the talk goes back to the business details of food consumption. This could also be seen as an example of a disparity identified in medical interviews and described by Mishler (1984) as the 'voice of medicine' overriding the 'voice of the lifeworld'.

These three perspectives present somewhat of an analytical dilemma, albeit to highlight the tension between maintaining the structure and function of the interview. So while it appears that the interview is well organised, there may be some disparity between the need to conduct an organised history and using a client centred approach. This could also be one of the distinctive features of the supervised interview, where the student and the supervisor had a common understanding of how the history part of the interview should be managed.

Throughout the database, however, the structural organisation of the history phase was found to be well bound by the narrative framework. Invariably the introduction was clearly identified and once the
narrative structure was formed, students supported it with continuer turns until it reached the end of the day. At this point subsequent questions on the history were framed, and these targeted food items of relevance to the dietetic problem, for example meat portion sizes and use of fat.

**Position of history relative to the interview as a whole**

To assess the relative proportion of the interview consumed before the formal move to identification of problems and negotiating dietary change, the point indicating a summative assessment turn was noted on the tape recorder timer and calculated as a ratio of the end time of the recording. This point occurred at about a third way through the interview, leaving two thirds for negotiating changes and advice giving. These outcomes would seem to address the educational agenda of better structured interviews, and in particular, interviews not taken over by the history phase.

**Summary**

A broad structural view of the history has shown that the students who studied the interview from a social, interactive perspective, were able to co-construct history phases which had clear boundaries and which were effectively dispatched so as not to form the major part of the interview. To this evaluative end the teaching program would be seen to be successful.

The relative lack of variation in the database is testimony to the constraints of the observed, assessed interview, particularly in this pedagogical context where there was a clear understanding between the student and supervisor as to how it may be conducted. These constraints could be seen as similar to other institutional interviews where a silent audience is being catered for, and where formal procedures have been clearly articulated. Supporting the narrative form of the history does allow the client to continue speaking without interruption, but it may eventuate in the client making an early assessment of the history which may conflict with the student's need to continue a line of questioning so as to account for an adequate history in the performance.
5.3.3 Negotiating dietary change

This phase of the interview held the greatest claim to the notion of client-centred practice. The performance indicators strongly emphasised working from a client perspective and negotiating change in a participative manner (DAA, 1993). From an interactional view, the perspective display series (cf Maynard, 1991a) provided one way of demonstrating to students how client-centredness (defined in this way) could be achieved interactionally. There were two key stages in the negotiation phase where action taken by the student could clearly demonstrate use of the client perspective. These were the assessment of the dietetic problem and negotiating change on specific dietetic issues.

The evaluation of the educational intervention thus focused on ways in which dietetic assessments were managed by participants and how they came to agreement on specific dietary goals. As stated in the previous section, a summative assessment was identified in the interaction which generally marked the end of the history phase and the start of the negotiation phase. This sequence was examined in detail across the database and significant features were drawn out for discussion. Instances of negotiation on specific changes were then found throughout the phase and analysed. A summary of the outcomes of these negotiations has been presented previously in Table 5.17. The analysis reported here focuses on the way in which these outcomes were achieved interactionally.

Assessing the dietetic problem

The teaching program had recommended that students introduce their assessments by first gaining a view of how the clients perceived the problem. This was in recognition of findings which, not surprisingly, demonstrated that direct negative summations could result in problematic responses from the client and create difficulties for further negotiation. Analysis of the database found that most students used this perspective invitation approach although there was some variation. A summary of these findings is given in Table 5.18.
Table 5.18 **Summary of approaches to the summative dietary assessment**

<table>
<thead>
<tr>
<th>Category of approach</th>
<th>Number of cases (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>perspective invitation</td>
<td>18</td>
</tr>
<tr>
<td>- client initiated</td>
<td>2</td>
</tr>
<tr>
<td>direct assessment</td>
<td>3</td>
</tr>
<tr>
<td>- review of history</td>
<td>1</td>
</tr>
<tr>
<td>review of changes</td>
<td>6</td>
</tr>
</tbody>
</table>

Most students asked the client what they thought might be the problem before giving their own views (perspective invitation). Of this group, about half pre-empted this invitation with an outline of the relationship between diet and health problems (for example, fat intake and cholesterol levels) and provided clues as to the types of foods which may be implicated. This group of sequences had a distinctive pedagogical nature. In two cases the clients initiated the assessment at the end of the history, offering their perspective without invitation. In effect they provided the equivalent of the second turn in the PDS series. The deviant cases fitted into two categories: (1) Three students provided direct assessments at the completion of the history. In another case, after prompting by the client, the student suggested she and the client work through the history together. (2) Six cases were follow-up interviews, and this difference was reflected in the form of assessment presentation. Examples from PDS accounts, direct assessments and follow up accounts are thus discussed in detail to evaluate the use of the client perspective at this juncture in the interview.

a) **The perspective invitation**

The following extract (extract 24, over page) begins with the client's final utterance in the history phase where the participants have been discussing drinks. The student's next turn at talk is a clear change in direction and a perspective invitation for assessing the problem. Note the pedagogical sequence further on. The significant turns in the perspective display series are marked with an asterix and the four turns of the series are numbered.
Extract 24

Case study 94:W:1-3 (182) (ID33)

1  C  I like water it's my favourite drink
2  S*1 Oh that's great. OK, can you think of what areas in your diet
3  might be a problem then?
4  C*2 Umm Cheese for one thing I s'pose
5  S  mm
6  C  because I don't just have a very thin helping I, you know,
7  about a centimetre of cheese, a great big slice of it .hhh an (.) I
8  often think to myself what am I going to do to cut down, I
9  think it's the intake it's what I-it's the amount= 
10  S  =yeah=
11  C  = probably that I eat as much as anything, I've got to cut
12  myself down to reasonable meals, because I ^love vegetables,
13  I can make a meal of vegetables no problem and there's not
14  too much fattening in vegetables is there?
15  S  No
16  C  I mean they're not fried or anything, they're just boiled and I
17  don't add butter to them or anything, I might put a little bit of
18  umm ah herbs and spices and that sort of thing in it just to
19  gussie them up a bit but
20  S  mm well that sounds great. hhh.
21  C  yeah well it is , it's beautiful I, you know, but I, one or two
22  times a week would be enough for that
23  S  mm
24  C  otherwise it's got to be y'know gussied up or something
25  S  mm
26  C  like um a piece of chicken or whatever
27  S  "right"
28  C  mm
OK so do you understand then what are the main areas to look at in your diet um related to cholesterol that is?

Well not really. Not really.

OK well it's mainly the fat, and particularly saturated fats, um have you heard of saturated [fats?]

[Yes]

Yep as opposed to poly and mono unsaturated fats, and saturated mainly by animal sources like milk, or yoghurt, or butter 'n cheese, so that's mainly what, we have to be concerned with?

So you're talking a bit about cutting out, cutting DOWN tremendously um drastically on on dairy products

huh. well not too drastically but yeah, that's mainly what we're looking at, yeah.

Referring back to the features of the PDS (section 5.1.8), the perspective invitation (first S*) is marked as the student suggests there is a problem (lines 2-3). The second PDS turn is the client's reply, beginning with some thought on the matter suggested by umm (line 4). The third turn of the perspective display sequence, or news announcement becomes problematic. The student passes her turn with mm (line 5). The client then adds to her answer, first by expanding on the amount, then, after the student does not take up her turn at the pause she enters into direct reported speech, what am I going to cut down, giving an expert's opinion on the matter. The client would appear to be pursuing a response (cf Pomerantz, 1984). The student again passes her turn with yeah (line 10) and the client continues to embellish her account (lines 11-14), taking the lead now in asking the questions. Again the student does not take up her turn substantially, this time after being explicitly handed it with a question. The client continues until there is no more to say except mm (line 28). It would appear that the student was able to start of with a perspective invitation but once responded to was not able to follow through with the news announcement, despite the client offering plenty of clues.

Picking up at the next turn, the student acknowledges the end of the sequence with OK and takes up her turn by asking a similar question
to the first, this time using more technical language (line 29). This
segment could be the start to a second perspective display sequence,
where the perspective invitation is unmarked - no problem in
implicated- (PDS turn 1), the client reply this time leaves the floor
completely open for the student (PDS turn 2), the student makes the
announcement on cholesterol and diet (PDS turn 3) and the client
topicalises this response (PDS turn 4). This pattern contrasts with the
previous segment where the client gives her account to the point of
exhaustion. Not surprisingly, when asked again, she declines the offer.
The student action is much more direct and she provides an
information package.

Viewed this way, an agreement on a starting point for negotiating
dietary change has been achieved interactionally, topicalised by both the
client’s and the student’s accounts of why this should be the case. The
final outcome co-implicates the parties in this conclusion, and provides
evidence of the use of the client perspective in initiating the
assessment. In this, and the cases it represents, the client perspective
has been incorporated in the assessment of the dietary problem as
outlined in the evaluation criteria, but the achievement is problematic.

There is another way to view these turn designs and that is to see them
as pedagogical in nature. The student’s first turn (lines 2-3) could be
the first part of a question-answer-evaluation triplet seen in pedagogical
contexts (Mehan, 1979). The client’s ‘answer’ is cheese, which she then
qualifies. The student’s second question (lines 29-30) could be a probe on
the first question and, without expanding on the turns within the
sequence, a more acceptable answer is given by the client (lines 39-40)
which the student evaluates (lines 41-42). This frame has a distinctly
different flavour to that of working from the client perspective and
raises the question of whether the nature of the interview concerns
education or working from the viewpoint of the client. It also raises the
question of whether the pedagogical strategy is the only one available to
the student.

The pedagogical frame was more obvious in other cases. Here students
began with information-giving before seeking the client perspective
and it is worthwhile considering the consequences of this action. The
following extract provides an example. As in the previous case, the
client is completing the last turn in the history phase accounted for by the student's change in direction at her next turn. This turn takes the form of information giving and acts as a preliminary to a series of perspective invitations (indicated as S*) which lead up to establishing goals.

Extract 25

Case study 94:W:1-6 (228) (ID 36)

1 C as much as I need for frying
2 S OK then alright. OK so:oo hhh. (.) 'OK* so wi-cholesterol
3 the main thing that you've got to concentrate is the
4 amount of fat and the type of fat=
5 C =mm=
6 S*(1) OK? .hh now there's, n-now you've heard've all the
7 different types 've fat? There's saturated, mono
8 un[saturated] 'n polyunsaturated
9 C [saturated] yeah there's good fats like you find in grains,
10 they're good fats and things=
11 S =yes=
12 C =sunflowers [( )]
13 S [yeah 'cause] they're more than monounsaturated and
14 polyunsaturated
15 C yeah they're the ones that have good cholesterol
16 S yeah- the saturated fats 're the animal fats=
17 C =yeah=
18 S =that will come from y'meat and y'cheese and [y're milk]
19 C [they're the ones] that make cholesterol
20 S yeah they're the ones that will increase
21 C so anywa- anything that's an animal
22 S yeah is
23 C they made into [cholesterol]
24 S [the saturated] fat is is which is what you wanna decrease
25 is the saturated fat .hh OK .hh an um also another thing
26 with cholesterol is yer weight and y'wanna try 'n exercise
27 d'you exercise?=
28 C =not now, I-I really don't have the time because...
29 .
30 .
OK so... basically from the umm your diet what c'n you see is wrong or what're the problems that y'can see in the=

C =not enough exercise

S OK

S*(3) 'n basically anything else, that you can see wrong with? (.)

C oh well I started to eat good now once I found out again that my cholesterol's [high]

S [high] yeah

C but I was being neglectful 'n eating what I liked y'know at home, so it's the cheese and y'know I haff (.) meat - I don' eat a lot of meat but haff the y'know like mushroom sauce with sour cream and [everything]

S [so you're] having a lot of sauces

C yeah

S*(4) OK, so I'll just, what changes do y'think that you c'n do to your diet, what changes do you think are possible?

C like I said more exercise ['n]

S [OK]

C I s'pose cut out a lot of fat 'n jus have fresh fruit 'n boiled vegetables

S that's right, yeah?=

C =fresh vegetables, .hhh but it's so hard y'know, you get sick of it after a while (.)

The first student turn (line 2) begins by entering into closing (cf Button, 1991), and the student then introduces a new topic. This takes the form of an information segment which the client minimally acknowledges. The next turn is marked by now, as the student begins a form of questioning which requires collaboration on knowledge display. There is a high degree of synchronicity in this segment. In the student's last turn, however, she emphasises the points she is trying to make: to decrease saturated fat and manage weight through exercise (lines 24-27). Having mentioned exercise, there is a repair on whether the client is
able to exercise and this leads onto another account. Both these student actions can be seen in the light of the performance indicators. The information segment has been mentioned previously. Assessing exercise is also an important component. Let us now consider the effects on subsequent talk.

The student's next question, (2) could be viewed as a marked perspective invitation (a problem is assumed) but it is strongly linked to the previous talk (lines 31-33). The student begins with OK, rounding off the previous talk and linking it with the next segment, both with the OK and so. The client it would seem is locked into replying not enough exercise because that was the last issue discussed. The student has said another thing with cholesterol is yer weight and y'wanna try 'n exercise, to which the client has responded with a lengthy account of why she is unable to do so at this stage (not all presented in the text), yet she still says that exercise is the problem. This pattern of question-response is more pedagogical in nature. The client has provided 'the pedagogically correct answer' to the question, an answer which draws on an information segment rather than an account of her problems. In this sense, the participants are dealing with information previously provided by the student, rather than the client's perspective on the matter.

In the next student turn (3) anything else marks the contrast between next topic and prior talk (Button and Casey, 1984). This is accounted for in the client's next turn which changes topic from exercise but again draws on the issues raised in the information sequence (lines 39-40), and the nature of the accounting is similar to that previously seen in the history phase. There is a particularly strong moral overtone in this account, however, it becomes a self-culpable narrative where the client finally capitulates with everything at the end (line 45), and the student's response contains a noticing on sauces (line 46). This 'confession' would not be out of place in the pattern of the murder interrogation described by Watson (1990), where at the end of the suspect's story they are asked if there is anything else to add. In this way it is also possible to see how elements characteristic of the history phase may re-emerge in subsequent phases.
The final sequence (4) could be viewed as the student's fourth attempt to seek the client's perspective in making an assessment on the diet history (lines 50-51). Although she repairs her first attempt from a direct 'can do' to 'what's possible', implying that all may not be possible, she still emphasises think. The client still responds in a factual sense, repeating her earlier answer (line 52) and it is only on her third turn that she qualifies this in everyday terms (lines 57-58). The student also responds to the first two turns in the pedagogical fashion, giving evaluative responses (OK, that's right), so the pair could still be seen as constructing the segment in a 'factual'(institutional) rather than a personal accounting (everyday) form, to the point where the client qualifies her account with problems (line 57). Interestingly the student disaffiliates from this last statement by asking a question on fruit, perhaps in an attempt to undermine the negative comment (cf Pomerantz, 1984).

The point to make here is that an information giving segment prior to the assessment may result in subsequent attempts at gaining the client perspective being treated as pedagogical in nature. The student has certainly sought the involvement of the client in the interaction, but the result is more of a pedagogical sequence rather than the problematic negotiation on changes one would expect. This distinction needs to be made and discussed further with practitioners. As well as negotiating from a client perspective, the performance indicators suggest that students evaluate client knowledge and provide accurate information. Through analysing talk in action we see how these elements of competence can be problematic for each other, and perhaps calls for a review of the task of the dietetic interview, particularly in this learning context.

b) Direct assessment
In three cases students did not seek the client's opinions and provided direct assessments at the completion of the diet history. At first this may seem problematic, but on a closer view, each of these student utterances were given in a positive direction, indicating there were no obvious problems. This is not the same as giving an assessment in the negative direction, so may not result in difficulties (Maynard, 1991). The extract below indicates that the student provides a supportive summary of the history and embeds her direct advice in this frame.
Extract 26

Extract 94:W:1-24 (165) (ID 48)

1 S OK well ((coughs)) in relation to hhh. changing your diet, 
2 there's not a heap really to look at 
3 C mm 
4 S Umm you're having, jus your orange juice a:and 
5 C mm 
6 S Sultana Bran in the morning which is fine , and you eat greens 
7 and all that .hhh 
8 C mm 
9 S The main thing I suggest is perhaps to have like six smaller 
10 meals, like and have frequent meals= 
11 C =mm= 
12 S =so perhaps having fruit at morning tea 
13 C mm= 
14 S =and at afternoon tea= 
15 C =mm 
16 S ah keep it regular so you might, you know ah tend to snack on 
17 something [that you know]= 
18 C [mm] 
19 S =when you're hungry or at night 
20 C yeah

The student's first utterance reflects one of the difficulties of working in a problem based frame where no problem emerges explicitly. She marks the change of turn (OK well), and delivers her assessment, emphasising heap, which may indicate the inadequacy of the account. The client gives a minimal response (line 8). The student begins a list construction to summarise an overview of the history which also only receives minimal responses. She then begins an advice sequence (line 9), leading up to a probable inference that snacking may be a problem (lines 16-17). This utterance begins with ah, which may suggest difficulties with the formulation (cf Davidson, 1984). The delicacy is supported by the fact that the student corrects and seeks collaboration with you know, before suggesting a tendency on the part of the client to snack (note there is another ah prefacing the utterance). There is an acknowledgement, however minimal, by the client, but the student
continues with a reason as to why the snacking may occur (line 19). The client responds with an emphatic *yeah*. The two have managed to reach a point of weak agreement, but it would appear to have to involve a guessing game without too many clues and the process carries a deal of delicacy. Rather than asking the client for assistance the student progresses through the history and is essentially working on the assessment alone. Comparing this to extract 25, the lack of client involvement is noticeable and the uptake is very weak. In this sense, this example provides support for the use of the perspective invitation in the assessment as shown in the majority of cases.

One case involving direct assessment deviated from this pattern and that occurred where the student worked through the diet history with the client. What was noticeably different in this case was that the client explicitly requested advice and opinion as shown in the following extract.

**Extract 27**

Extract 94:W:1-4(M) (186) (ID34)

1  S  OK then so just looking at that, of what you've given us=
2  C  =yeah=
3  S  =for your diet history=
4  C  =whatever there is on there that is honestly true
5  S  yeah hhh.
6  C  so he hhh. h if you can help me
7  S  yeah [we'll try]
8  C  [you tell me] and I'll appreciate it.
9  S  What we'll try to do is go through and just have a =
10  C  =yeah=
11  S  =have a close look at it and see is we can make some changes=
12  C=yeah=
13  S  =together
14  .
15  .
16  S  so your breakfast looks quite good.

It is easy to see how the student could have been framing her turn at talk to ask the client's opinion on the matter, as the preliminary is
familiar (line 1). It could have progressed as 'so just looking at the history what do you see are the problems'. The client's interrupts after history, however, with an emphatic assertion that the account is true (line 4). This has the effect of the overall sentence being collaboratively produced as 'so what you've given us is true' which the student then responds to with yeah and fills in space with an outbreath (which could have gone on further talk). Having cut off the student's progress, the client re-establishes the talk, linking with so. He laughs alone in the context of troubles telling -if you can help me - displaying attempts at balance in the talk (cf Jefferson, 1980). The student acknowledges, drawing on her institutional role by referring to we in the action (cf Silverman, 1987), but demonstrating limitations with try (line 7). At the same time the client directs action - you tell me - and upgrades this request with his proposed action of appreciation. This is clear support for the student to progress with the institutional task, and exposes the category bound activity. The client has a particular service in mind (cf ten Have, 1995). In this case the client has indicated next action and the student responds by proposing the form which this could take. The student maintains the notion of the client perspective by referring to 'together' with the client offering agreements at each opportunity, again indicating strong support. They then progress to work through the history as a frame for assessment and advice, as indicated in the last line where they reach the end of breakfast (line 16). Unlike the previous case, however, the client is actively involved in the process. The deviant case is explained in terms of the co-construction of the interview, the task is still achieved but there is more direction from the client.

c) Follow up accounts

The follow up interview serves a different purpose from the initial interview as the diet has already been assessed and changes agreed upon. In the follow up interview, the 'known facts' shift from the doctor's referral to the agreed changes from the previous visit. The aspects covered in the first interview do not need repeating; there is an understanding of the problem and the action which could be taken. The review interview thus focuses on any problems encountered with the proposed changes. In this sense it may have more a supportive function than assessment and information giving.
The diet history is one way of looking at changes, as was demonstrated previously in extract 22, but negotiation of change has already occurred in the previous interview so the phase dealing with negotiating dietary change is likely to be different from the first interview. The next extract (extract 28, see over) begins at the end of the history, with talk on the last stage of the day. The student uses the next turn as a means of introducing assessment but it takes a different form to that discussed so far. There is a strong emphasis on supporting change rather than finding problems and there is opportunity for further advice and clarification. Because of this task, and unlike in first interviews, the information segment prior to the perspective invitation is an assessment framed in a positive direction and the perspective invitation is unmarked. The turns of interest are starred and numbered.

Beginning with the student's marked change in direction, Alright then ^ OK well, (line 3), the student provides a direct assessment presented in a positive direction (1a). She uses a list construction and provides conditional approval with ^ I think . She could be fishing for a response here. The client provides agreement (line 9), which the student repeats in yeah. The student then enters into closing of the assessment, with alright yeah, and the provision of a summary (cf Button, 1991). From the point of view of finding problems, this sequence has not gone far.

The next action by the student is to introduce a new approach to the issue, focusing on comfort as opposed to actual changes made. This action becomes an unmarked perspective invitation (1b). The client begins a formulation with a number of repairs which could project troubles telling (cf Jefferson, 1980) and then presents the problem (lines 13-15). The student gives a minimal response (line 16) and the client moves from the general to examples and then qualifies with amounts and purpose (t'satisfy the need). There is now an emphatic turn in direction or and the account turns to foods which are less likely to be problematic (lines 23-25). It is at this point that the student interrupts and gives a positive evaluation (line 26). Following the client's acknowledgement, the student provides a second story or summary, displaying her understanding of the client account (cf Sacks, 1974). The
client acknowledges the student response (line 33). This segment would point to the way in which the participants were managing the troubles tellings in keeping to the diet. The client finishes her account on a positive note which allows for a positive response by the student.

Extract 28

Extract 94:W:1-14 (203) (ID40)

1 S and then before you go to bed do you have anything?
2 C not usually no, no just a drink
3 S*(1a)Alright then ^OK well. Looking back from before I think you've made quite a few changes mainly in umm the sweets
4 C [mm]
5 S [and the sugar] yeah umm and you're still having the lollies in the afternoon ^I think that's OK
6 C yeah
7 S*(1b)yeah um alright yeah everything seems to be fine there in terms of goals before umm are you comfortable sticking to that-that diet d'ye?=
8 C*(2) Oh sometimes I think "I jus" .hh I mean, I don't eat 'cause I'm hungry I eat because I crave for something usually something sweet
9 S m m
10 C like a biscuit or a lollie something like that
11 S m m
12 C and I might have a bit or one jus=
13 S =mm=
14 C =t'satisfy that need or I might have a bit of fruit
15 S m m
16 C but mainly bananas I've been eating lately and I'll make a smoothie or just have a banana or an orange that's what I've been eating a lot [lately]
17 S*(3) [Right]. That's really good.
18 C yeah
19 S You're choosing snacks that, aren't going to affect your cholesterol level and that aren't tha sweet as well
20 C m h m
31 S so a um alright so we mentioned the vegie eggs umm, you
mentioned the light salt that you use
32 C yeah
33 S and that's OK um and using bread instead of biscuits,
thinking of them, as like [rice cakes they're not going to] =
34 C *(4) [oh well I'll do that]
35 S =put on weight=
36 C =they're not=
37 S Ok. Yep.
38 C Right but those rice cakes, they're perfectly alright aren't
39 C they?
40 S Yes.

The next move by the student involves another marked change in
direction, albeit linked to previous talk (so). She begins another list
construction with summative approval but marks the next
information segment with and dealing with the issue of biscuits which
the client had raised earlier (lines 34-35). The client picks this up
immediately: oh indicating news receipt (cf Heritage, 1984) and a
statement of action. This would be a strong agreement to the proposal
(cf Pomerantz, 1984). The strength of this agreement in confirmed with
the clarifying question at the end (lines 40-42).

Looking at this sequence as an overall structural unit, it is possible to
see that the turn to assessment in the follow up interview is possibly
more sensitive than in the first interview because there is a notion of
reporting on previous contractual agreements. Both the client and
student exhibit caution in their approach. The clients have more
information on which to organise their accounting, given the agreed
changes from the previous interview and this in turn gives the student
a better opportunity to proffer a direct assessment in a positive
direction. The perspective invitation may also be unmarked as there
need be no assumption of problems. The issues of concern turn to how
the client is managing rather than the need for further educational
episodes. The evaluation, however, does show that in review
interviews inviting the client perspective is still a useful student
action.
Establishing dietary goals

As mentioned previously in the section dealing with the structure of the interview, dietary change was negotiated by means of establishing specific goals. This was achieved interactionally through sequences which comprised proposals and agreements with attempts to incorporate the client perspective. Such action would reflect the performance indicators by which students were being assessed.

The database was examined closely to identify instances of negotiating change. Agreed changes were counted where proposals were made and agreement identified in the client turn. The outcomes of these instances are summarised in Table 5.17. They do not represent, however all attempts at negotiated change. Where preliminary talk, such as perspective invitations, was incorporated into the proposal, an actual proposal did not always eventuate. This demonstrates one of the features of the perspective display series, where given preliminary information from the client, professionals are able to withdraw from a line of advice before it is explicated (Maynard, 1991a).

Examples of negotiated change have emerged in the extracts presented so far. For example, in extract 28 the student proposes bread consumption in place of biscuits and the client responds with an immediate positive agreement *oh well, I'll do that.* The evidence of uptake is strengthened by the client's last turn which upgrades the student assertion that rice cakes are suitable. The advice is given following a perspective invitation on how the diet is going, although the construction is delicate and sensitively managed. In other cases, in other parts of the interview, the negotiation is more straightforward, as seen in the extract below. The four turns in the perspective display series are indicated in the data.
Extract 29
Extract 94:W:1-33 (250 ) (ID 55)
1 S There's one that's probably even better still
2 C Yeah
3 S*(1) and that's called Devondale Seven. Have you seen it?
4 C*(2) No, I haven't.
5 S*(3) And that's only got seven percent fat
6 C uhuh
7 S so it's just a little difference ahhh but maybe that might be
8 worth trying=
9 C*(4) =trying-yeah. ^Oh alright then.

This is a clear example of a perspective display series in a negotiation sequence. The student asks if the client has seen the product (line 3). This allows for the client to provide her opinion prior to any potential suggestions and as such could be seen as a perspective invitation (1). As it turns out the client has not seen the product (PDS turn 2), so the student presents information on it (line 5). The client acknowledges that more is to come with u-huh (cf Sacks, 1987) and the student makes a guarded suggestion using terms such as maybe and might (lines 7-8) This is the news announcement (PDS turn 3). The client collaborates in completing the proposal with trying. This is followed by an the upward toned oh (line 9) indicating news receipt (Heritage, 1984) and the confirmation alright then (line 9). This is the client topicaliser (PDS turn 4).

This example demonstrates the ways in which students in the intervention group proposed dietary changes to incorporate the client perspective and that these proposals were also followed by signs of agreement - a feature sought by the evaluation. Instances such as these were common throughout the database and support the argument that students in the intervention group seemed to be able to successfully negotiate change using a client perspective.

But just as working from a client perspective appeared problematic at the assessment juncture, the issue of client uptake should also be viewed with caution. To address this point we revisit the last sequence
in extract 25. The student has asked the client about changes that she perceives may be possible and after a brief response the client adds that it is difficult to change. At first glance the client response may be seen as a successful identification and negotiation of dietary goals, but closer examination raises doubt.

Extract 30

Case study 94:W:1-6 (269) (ID36)

1 S OK, so I'll just, what changes do you think that you can do to your diet, what changes do you think are possible?
2 C like I said more exercise ['n]
3 S [OK]
4 C I s'pose cut out a lot of fat 'n jus have fresh fruit 'n boiled vegetables
5 S that's right, yeah?=
6 C =fresh vegetables, .hhh but it's so hard y'know, you get sick of it after a while (.)
7 S D'you usually have fruit?

The student's first turn can be seen as a perspective invitation (lines 1-2). The client response can be divided up into three parts: a token response (lines 3-8) + but (line 8) + a qualifier (lines 8-9). Pomerantz (1984) describes this configuration as a form of weak agreement. Earlier this same case was discussed in terms of the problems of working from a pedagogical footing in assessing the client perspective on the problem. Now it would seem that there is a further problem in that there is only weak agreement that change itself is at all possible. Another example strengthens the point. The turns which are similar to the PDS sequence are indicated and numbered.
Extract 31

Extract 94: W:1-3 (205) (ID33)

1 S*(1) So you’ve identified the cheese problem um can you think
2 of anything alternative you might have there? What sort of
3 cheese is it that you’re having?
4 C Oh ordinary cheddar, not cheddar=
5 S =ah yeah=
6 C =but er frankly I buy it by a- that big, not that big, but y’know
7 what I mean, a kilogram or whatever
8 S so something like cheddar or tasty cheese?=
9 C = tasty cheese yes, I’m never sure of the word cheddar, I
10 think of that old, horrible old Kraft soap that we used to get
11 S m m
12 C but um it’s not that it’s proper cheese, .hhh so I know it’s
13 full of, well I can see it when I grill it the fat
14 S m m
15 C all s- comes down onto the foil that I’ve got it sitting on
16 S m m
17 C*(2) umm but there are low fat cheeses I think.
18 S*(3) mm Yes. So what do you think about umm how do you
19 feel about cutting down or changing to a different sort of
20 cheese then?
21 C*(4) Well I know I have to do it.
22

The student’s first turn at talk comprises three components

• a reference to previous talk,
• a perspective invitation or a pedagogical question, and
• a direct request for information on the type of cheese consumed,
  made relevent by previous talk.

These are all accounted for in subsequent client turns. The client
responds to the third component first, but negates her answer and adds
a qualification on size (lines 4, 6-7). The student then clarifies by
offering names of types of cheese and ending with an upward tone
implying a question (line 8). The client agrees and then accounts for
her ambiguous first reply. The student gives a minimal response (line
11). Now the client begins an extended account on the cheese, indicating it's not *proper*, and providing evidence in descriptive fashion of how this might be so (lines 12-15). Like the interrogation, the client is formulating the story relative to the evidence which she herself has supplied and the student has called to attention (the first part of the student's introductory utterance). At this point the student still gives a minimal response. This could be a sign of neutrality as in court proceedings (cf Atkinson, 1992) and the student may be waiting for a reply to her question. The client then turns to answer the second component of the student's introductory utterance and makes a factual statement on low fat cheeses. Note that she does not align herself with the product and limits her claims to the knowledge with *I think* (line 17). The student agrees with the statement (3). Taking the student's question on alternatives, the client's reply and the student agreement as an analytical unit, this could be viewed as a pedagogical sequence.

The next pair part is most interesting. The student makes the proposal for change, linking it with previous talk by using *so*. This is a guarded proposal, with a repair of the first attempt from *think* to *feel*, and two options for change, both previously mentioned. The client's response (4) appears reluctant and indeed it is. Pomerantz (1984) has shown that *well* is found to preface disagreements which take the form of displaying reluctance or discomfort. The client's utterance is a statement of knowledge again, not an agreement to a proposed change.

At first sight these turns may have been identified as weak agreements and in terms of interview action were often recorded on the goal sheets implicating them as successful outcomes of the interview. By close examination of the talk in action, however, we have seen that the action has not been agreed to at all, rather we have a display of knowledge. This again exposes the consequentiality of a pedagogical frame for negotiating dietary change and possible effects of the observed/assessed context, where overt disagreement may be very difficult.
Summary

The evaluation criteria for this section were that

- assessments were achieved with a client perspective, and
- changes were proposed to incorporate a client perspective and were followed by signs of agreement.

Detailed analysis of the database demonstrated that the vast majority of students presented assessments in such a way as to attempt to incorporate the client perspective, but this often became co-constructed as a pedagogical sequence. Where direct assessments were presented these were done so in a positive direction, and although this has been shown to be less problematic than those presented in a negative direction, the client uptake was noticeably weak. Follow up interviews presented a slightly different sequence of action, but could still be found to incorporate the client perspective.

Analysis of negotiation on dietary change raised concerns on the nature of advice uptake in this context. On first count evidence of uptake was found throughout the database and it would appear that students from the intervention group were well able to co-construct client-centred negotiation sequences as informed by the competency standards. In many of the instances evidence of strong collaboration between the student and client was found but again this needed to be considered in the light of the observed/assessed nature of the interview. Close examination of other sequences of talk found that although clients could be led into a form of agreement they were not necessarily agreeing to action.

5.3.4 Discussion

The analysis of the interactions involving students from the intervention group has essentially highlighted tensions between idealised and everyday versions of events. The first stage of the study exposed the social organisation of the interview in the supervised context and students were able to learn from it. The result was well directed and organised interviews from relatively inexperienced practitioners. From an educational perspective this is clearly a productivity gain.
In particular, the analysis of interactions involving the intervention group of students was able to show that the structural organisation of the interview is likely to be unproblematic if the student has a clear view of the phases to be progressed through, how to move on and what to say. This suggests an understanding of the institutional protocols and ways in which the conversational machinery can make them work (cf Zimmerman, 1992). The interview, however, is highly constrained by these protocols and by the presence of the 'silent audience'. This makes it all the more difficult for the client to disagree with proposals put by the student, and it may be that pedagogical footings are a safer conversational haven than direct negotiation in this context.

The presence of required information packages on the diet-disease relationship were seen to have implications for the way in which responses to perspective invitations were presented. A reply in a pedagogical footing is a display of knowledge rather than an agreement to action. This raises questions about the task of the dietetic interview in the supervised context.

Having described what is happening in the interview we need to ask why (Silverman, and Gubrium, 1994). In the supervised encounter, the student needs to ensure certain outcomes - negotiated goals. In normal conversation, open disagreement is normally avoided (Heritage, 1984; Pomerantz, 1984), and as the institutional frame extends, the constraints on forms of talk tighten (Heritage and Greatbatch, 1990; 96). In the dietetic interview disagreement would be difficult and in the supervised, recorded account it would be even more so. One of the ways of dealing with a dilemma of agreement would be to respond to questions in a knowledge display form rather than expose the problems of action based on this knowledge. For the student who needs outcomes these forms of replies provide a lead to the formulation of dietary goals. Close examination of these actions, however, raises doubts that agreement on dietary change is actually reached.

The first stage of the study demonstrated that the dietetic interview in the teaching clinic was indeed institutional in nature. The third stage of the study has exposed this institutionality to greater depths. Recall that one of the key features of institutionality was the task of the
interview (Drew and Heritage, 1992). It would seem that given the constraints of the observed/assessed interaction, the task of this encounter is co-constructed in a factual/informational rather than a problem solving frame. The outcomes reflect more the application of nutrition information, rather than facilitating discussion on problems of dietary change. In this way the representation of actual events has been shown to stand in contrast to the idealised versions of the interview in the observed context.

There are a number of ways of approaching this disparity. The question of whether the dietetic interview serves more of a pedagogical rather than a problem solving purpose has been raised. Further research on naturally occurring interactions of unsupervised interviews would throw light on this matter. If the problem solving frame is valued as important for entry level practitioners, then other ways of assessing need to be considered. The presence of the supervisor/assessor has to be considered inhibitory as do the premeditated performance indicators.

On the other hand, if the desire is to continue teaching and assessing in this fashion, then the teaching clinic interview can be well developed in the pedagogical frame, and indeed serve some purpose as such. It would certainly throw light on the notions of levels of practice and help to define the first stage. It does, however, raise problems for follow up interviews as they have little to benefit from the pedagogical frame. The organisation of the clinics would need to take this into account.
CHAPTER 6:

TOWARDS A CRITICAL SOCIAL PEDAGOGY FOR THE DIETETIC INTERVIEW

Through this thesis I have sought to argue that there are benefits in a pedagogical approach to the dietetic interview which draws on everyday practice, thereby exposing its social organisation. I have further argued that all forms of pedagogy are subject to social construction, and I have demonstrated the case from a position within the pedagogical process. In this chapter I aim to summarise the findings of the thesis in terms of recommendations for dietetic education. I will also review the research process, outlining its limitations and commenting on methodological issues. Bearing in mind the theoretical positioning of the thesis (see Introduction chapter), I begin with a review of the study of everyday practice in the clinic.

6.1 The social organisation of the dietetic interview in the teaching clinic

From the position of conversation analysis (CA), the interactions between student dietitians and clients strongly demonstrated the institutional nature of the event. This was exposed in the first part of the study through the analysis of exemplary student interactions, but was made all the more evident in the analysis of interactions where students were informed of the social organisation of the interview.

The formality of the interview was enhanced with the intervention group by the new teaching agenda which focused on phases and specific strategic actions within and across these phases. Given the assumptions of CA, the smooth operation of the intervention group interviews could be explained in terms of the intensive vicarious experience gained by analysing talk in this context. In this sense, the effect of repeated conversational machinery (cf Zimmerman, 1991), normally gained through experience was achieved through the pedagogical approach. One of the outcomes of this intervention was a lack of variation in structural organisation, given that the educational intervention itself would add further constraints on the way in which the student participants could act (cf Heritage and Goodwin, 1991). Rather than leaving the student the task of converting the idealised performance indicators into action, the social analysis of the interview
provided guidance on what to say, how and when, and the teaching program sanctioned these actions.

This is not to say that the increased formality was necessarily detrimental. One of the reasons I conducted this research was from student's expressed concerns that they did not know what to say or how to say it. We were also providing a legitimate service to the public, and quality of service is an issue. Ten Have (1995) has argued from his experience with medical interviews that clients have a particular service in mind and will participate strategically to pursue this service. A smooth operation of the dietetic interview would also indicate that there was a good degree of understanding and cooperation between both parties on how the interview should progress (cf Hughes, 1982). The form of verbal agreement, however, would more likely reflect the face-saving features of the interview (cf Goffman, 1981a), displayed in the way in which students and clients worked from a pedagogical footing in negotiating dietary change.

The institutionality of the interview was made evident in a number of ways. Formal announcements of action were a regular feature and they also served the purpose of informing the 'silent audience' of progress (cf Atkinson, 1982). Students invariably instigated next action and clients allowed for the students to make these formulations. In this and many other ways the dietetic interview was akin to the medical interview (for example of the medical interview, see Psathas, 1990). The point to make is that the dietetic interview provides a service which lies within the medical sphere. Participants will use their everyday knowledge of the medical encounter to orient their actions in the dietetic interview, and this in part explains its institutionality.

6.2 Everyday practice and idealisations

Within the position of CA, a study of the institutionality of the dietetic interview would involve a study of everyday practice. One of the tenets of the thesis was that a pedagogy based on everyday practice would have certain benefits over that based on idealised versions of practice. We have just discussed how a better organised interview can be achieved in this way (given the research assumptions). Another
view can be achieved by examining how the performance indicators, the representation of idealisations, emerge in actual practice.

Essentially the performance indicators are atomistic lists of student behaviour which could be combined in any way to produce the interaction. For the students and supervisors like myself, however, they are discrete units which need to be enacted and identified respectively. The interview itself, however, is not a neutral object in which parts may be placed. Sequences of talk take their relevance from the previous talk and in turn influence that which is to come next. In CA terms, talk is context sensitive and context renewing (Heritage, 1984a). Thus the relative position of the particular act in the interview as a whole (for example advice giving) is significant. The relevance of the act also needs to be established. Silverman (1994) asserts that there are problems when practitioners attempt to work from idealised normative standards, that in a sense it sets them up to fail. I will now argue how this may be in the context of dietetic education by discussing how the performance indicators emerged in practice.

6.2.1 Idealisations constrain the interview

Given that the interview is observed and assessed, the students need to make certain aspects of the interview clear to the supervisor as well as the client (cf Atkinson, 1982). One way of doing this is to make announcements of action which address the assessment agenda. In this way the performance indicators pre-determine the phases of the interview and increase the formality with which it progresses.

6.2.2 Idealisations stipulate specific components

The performance indicators list certain information packages, such as on the diet-disease relationship. The analysis of student interviews indicated that these were often 'slotted in' at various stages in such a way as to be minimally acknowledged by the client and minimally dealt with by the student (for example, see extract 20). This process was obvious in the intervention group because there were more signs of announcements of tasks and marked changes in direction. The effects of placing these packages at certain points in the interview were also noted. For example, an information package just before a perspective invitation was seen to encourage a pedagogical footing for the sequence.
The question raised is whether these packages are relevant to each and every interview, and whether they are just being included for the sake of the assessment task. In order to leave them out, both the student and supervisor need to agree and since they have no opportunity to discuss the case as it progresses the safest option for the student is to include it somewhere. This problem raises the question of how far the assessment criteria should go in stipulating the content elements of the interview.

6.2.3 Idealisations are not context sensitive

As with information packages, soliciting the client's view is listed in the performance indicators without any relational attachments. The perspective invitation was found to provide positive support to the communication process at stages of the interview where assessments needed to be given and changes in dietary products needed to be negotiated. It was problematic when used as the interview agenda was being established. In this sense the use of the perspective invitation needs qualification and positioning within the overall interview structure.

The whole issue of client centred practice needs reviewing but that is beyond the scope of this thesis. The problem certainly has been raised in the literature (cf Strong, 1979; Armstrong, 1984; Silverman, 1987; Silverman and Bloor, 1989) and even appears in newsprint. In a recent review article in the Sydney Morning Herald, Adele Horin (1995; 2A) proclaims 'it's the price we pay for empowerment'. There was evidence in the analysis of the interactional data of some of the problems which practice based on this ideology presents. The difficulty of asking the client what they would like from the interview when the agenda had already been set by the assessment protocols was presented in one example (extract 5). In another example (extract 24), seeking the client perspective on dietary assessment was seen to result in the client pursuing a response and the participants shifting to a pedagogical footing. This latter phenomenon may have been related to a weak point in the educational intervention, where not a great deal of time was spent in dealing with the stages beyond the perspective invitation. It may also reflect the greater everyday familiarity which students (and
perhaps clients) may have with pedagogical sequences in talk as opposed to problem resolution seen in counselling practices.

6.2.4 Assessment remains a subjective judgement

The analysis of interactions in the teaching clinic with a view to the diet history phase was most interesting. Drawing on Sacks' work on story telling (1974; 1987) and the analysis of talk in murder interrogations (Watson, 1990), the use of the narrative form as a heuristic device for the management of the diet history phase proved very effective. Given the evaluation criteria based on idealisations of practice, the analysis of intervention cases showed a well organised history phase throughout the database in terms of its clear initiation, progression and relative position in the overall structure of the interview. In this sense, the benefits of the new pedagogical process were demonstrated. The decision as to whether 'sufficient information' had been obtained from the history was still, however, a subjective judgement on the part of myself or the tutor.

The fact that the diet history leant itself so well to the murder interrogation was also significant. The morality embedded in this interview no doubt reflects the cultural norms of the broader social sphere, but it nevertheless has serious implications for the profession. Viewed in terms of a category bound activity (cf Sacks, 1974), the dietetic interview as a whole needs attention. As Crotty (1995) argues, the stories told by clients in these interactions provide important information about their social context, and as such attention to these stories would lead to more critical and humane dietetic practice. Like the review of client-centred practice, this issue is beyond the scope of the thesis, but is one which I draw to attention as providing directions for future investigation.

6.3 The nature of the dietetic interview in the teaching clinic

From the discussion above, and in the light of applied CA research, it would seem that the dietetic interview in the teaching clinic is a distinctive institutional interaction, characterised by the medical context, and the additional tasks of supervision and assessment. The assessment feature of the interview would make it highly constrained, resulting in greater imperatives to save face and even greater
difficulties for participants to move from established procedure (cf Heritage and Greatbatch, 1991). Whether this is the reason, or whether it has to do with student competence in problem oriented counselling, the dietetic interview in this particular study context has emerged as being pedagogical in nature. The emphasis would seem to be more on information giving, albeit from a client perspective, than dealing with the problems of changing dietary habits. Problems of this nature have been acknowledged in part in the competency assessment field where simplified practice is seen as one of the artefacts of observation (Eraut and Cole, 1992). I have discussed the practical implications of this issue in the previous chapter, and repeat, that while a pedagogical footing may be satisfactory for a first visit to the clinic, it raises substantial concerns for the follow up interview. This issue provides another direction for future research.

The performance indicators, no doubt have something to do with this construction, so a review of the function of supervised dietetic interview, would necessarily require a review of the way in which performance indicators may be managed within dietetic education.

6.4 Limitations of the study

The study of everyday practice in the clinic has provided another way of describing the dietetic interview in the context of professional education. Coming from a very different epistemological position to that of idealised versions of practice, the findings of the study have brought to bear a number of significant issues and challenges for the profession. These have come about through the application of the rigorous methodological pursuits of the CA tradition and as such have a quality and presence which can be well defended. The limitations of this analysis would reflect my own competence in this field, bearing in mind that I have come from a different discipline to that of pure CA research, but at the same time have made no claims to this study being anything other than applied research.

The research purposes for the interactional analysis were limited to structural issues, so emphasis was placed on overall sequential organisation, phase structure and the management of units within phases. In this sense, many of the micro-analytic features characteristic
of pure CA research may have appeared to have been lightly dealt with, but I do not believe it has detracted from the research purpose. In this light, there are also many other theoretical studies I could have made reference to in order to deepen the analysis of instances, but again the research purpose was on broader issues and I had to work within my limits. The data remains in its raw form, however, so this could be the work of another time.

In the main I have tried to use the methodology of CA to deal with an issue of dietetic education. Thus I have approached CA from the position of a problem, rather than a discipline. In this sense, I refer to the Lynch and Bogen critique of CA (1994), which, on acknowledging the social construction of the research process argues against too rigid a notion of analytic competence. I have aimed to be resourceful of the current knowledge which was available to me at that time (cf Heritage, 1988).

One of the major limitations of the CA aspects of the thesis, however, concerns equipment. The CA data were collected by means of small tape recorders and the quality of the products could have been better. Audio recordings also miss non-verbal interactional components of the interview which is a significant disadvantage when examining its full complexity.

In terms of the relative positions of CA and ethnography within the study, I found it was necessary to examine ethnographic materials in the first instance in order to decide on the direction of the interactional analysis. This may be slightly off line to the recommendations of Silverman and Gubrium (1994). The reason structural organisation was examined was because structural issues were raised in the pedagogical process. Having found this focus, however, I was not to know what I would find by using CA methods (cf Sacks, 1984). The relevance of these findings were then able to be linked with further ethnographic materials (cf Moerman, 1988; Silverman and Gubrium, 1994). Of these materials, I limited my focus to those relevant to pedagogical issues concerning the structural organisation of the interview. Like the interrogator, I needed to keep the narrative 'on track'. I did not, for example, dwell on the profiles of the clients. It was enough to demonstrate that there was a degree of similarity in standard
demographic traits such as age, language spoken at home, level of education and source of income (see Tables 5.1 and 5.16, and Appendix 2). Gender differences did not emerge in deviant cases, but follow-up interviews did, bearing in mind that the phenomena under study concerned overall structural organisation. However, given the morality exposed in the interview, particularly the self-deprecation, and in the interest of social equity (cf. Lupton, 1994a), the demographic features deserve attention in further studies, in other times (cf. Crotty, 1995). Women's studies are all the more pertinent to dietetic practice given that we are essentially a female profession and most of the people who attend the clinic are women.

As to the way in which data were presented, I have attempted to provide evidence of the phenomena under study by means of examples and summative tables. Due to the size of the database it was not possible to provide the extra detail which I did for some aspects for every component of the study (for example, see appendices 5, 6 and 7). The diet history data received particular attention because this was a major finding of the first part of the study and had a significant impact on the intervention. The implications of this finding are widespread, including its use in the research interview in dietary intake studies.

In terms of the educational intervention, it would also seem the findings from the social analysis on the diet history were much stronger and better taught than those on working from the client perspective. This essentially reflects the time constraints under which the study was conducted. Thus the results on the management of the history phase were much more positive (in the sense of structural organisation) than those found for negotiating dietary change. In the end the effects of the components of the educational intervention were as good as the time and resources that were available for them.

From a much broader perspective, the limitations of the study are set by the basic assumptions and epistemological positions which frame the study. These account for issues such as the presence of the researcher in the study context, the study sample, the selection of ethnographic materials and the way in which results are presented. I have taken the position of the everyday world as problematic (cf. Smith, 1988) and as such have presented the study of practice from a particular position.
within this world. In this sense I have constructed a self-conscious narrative for dietetic education on which further research may be built.

6.5 Approaches to dietetic pedagogy

Having raised these issues I now address that of working within the system. Silverman (1993; 192) argues that there is no point in suggesting reforms to practice without due consideration of the social constraints on practice itself. Rather, he proposes a recognition of the limitations of current practices as a starting point for moving on. The work on competency standards which I had previously undertaken with professional colleagues, was a starting point for analysing and describing practice in the Australian context. Recognising the limitations of working with these standards through my own teaching experience, I have extended the practice debate and provided an alternate view, at the same time acknowledging the process as social construction.

From the position of an institutional ethnography (cf Smith, 1988), I have exposed the methods by which a common understanding of acceptable practice was pursued in the pedagogical process. This was achieved by showing how certain responses were privileged in the teaching process (cf Green and Meyer, 1991) and how they re-emerged in the later student records of events. In this way, the teaching practices and assessments defined acceptable practice (Baker and Luke, 1991). Constructing the pedagogical program to incorporate actual practice assisted this process.

This then positions the study of the everyday practice of the dietetic interview in an educational environment shaped by the purposes of the research program. Although I have previously criticised a recent publication for this same process (see Chapter 1, this document), I do not claim that the approach described in this thesis is the best way to teach nutrition counselling and I lay open the historical and ideological circumstances of the research. Rather, the study is presented as a particular case which becomes an entry point for the explication of dietetic education from which others may extend, where new research in the area may develop (cf Smith, 1988). As such I believe the research has a great deal to offer. This is particularly so in the area of the critique
of pedagogical approaches, and research into social aspects of the dietetic interview, such as the morality of talk on food.

The final points I would like to make concern the nature of dietetic education. Whilst much of the practice of dietetics is based on research from the biomedical sciences, and recognition is given to the psychological basis of nutrition behaviour, the actual practice of dietetics is in most parts a social act. The study of the institutionality of the interview has clearly demonstrated this, and raised some serious issues for the profession as a result. Dietetic education needs to be more informed by the social sciences and members of the professional community, like myself, should be prepared to go outside traditional boundaries and pursue social questions of practice. As health practitioners we need also to do this reflexively, because the health problems we deal with need a reflexive mind (cf Legge, 1994). As dietetic educators we have a special relationship with future health professionals. How we deal with this relationship, how open we are about our epistemological positions will have a further impact on the health workforce which we help to perpetuate. For this reason, I have not attempted to speak for the students in this thesis (cf Luke, 1992), rather I have presented myself as teacher and demonstrated how I was able to work with their records in moulding the educational process.

I have not been able to present all the data I have from my discourse with the students in this program because I have had to put limits on this document. Suffice to say that I have learnt a great deal from our discussions and from listening to the clients' stories, and I have a lot more to think about in the future.


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### APPENDIX 2:

**PROFILE OF CLIENTS ATTENDING THE CLINIC**

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**Key:**

Age range:
- 2 = 21-30 years
- 3 = 31-40 years
- 4 = 41-50 years
- 5 = 51-60 years
- 6 = more than 60 years

Sex:
- F = female
- M = male

Level of Education:
- PS = primary school
- HS = high school

Country of birth:
- A = Australia
- E = England

Language spoken at home:
- E = English
- M = Macedonian

Income:
- UE = unemployed
- UEB = unemployment benefits
- NSE = not seeking employment
In order to continually improve the nutrition counselling service, the nutrition clinic is involved in teaching and research. We are seeking your participation in these activities.

The nutrition clinic is attended by student dietitians from the University of Wollongong. As part of their assessment in the skill of dietary counselling, the students are required to demonstrate to a supervising dietitian that they can assist clients in managing appropriate dietary change.

The students are fully trained to counsel clients. The supervisor is also present to ensure the quality of service and to act as an additional resource if required. The supervisor will take notes during the interview to provide feedback to the student at a later time.

In the course of teaching students, research is also undertaken in analysing the nutrition counselling process. This involves tape recording the interview between the client and the counsellor, and collecting some basic details on the client's background.

All information is treated as confidential and names are not used in reporting on data. If you agree to participate you are free to withdraw at any time. If you do not wish to be counselled by a student, the supervisor, who is a qualified dietitian, will be happy to see you or you may prefer to make an appointment for another clinic. Your participation or non-participation will not effect the treatment you receive, now or in the future. Any enquiries regarding the conduct of the research may be forwarded to the Secretary of the University of Wollongong Human Experimentation Ethics Committee (phone 213079).
We are seeking your consent to participate in the teaching and research exercise. This will involve

1. Receiving counselling by a trained student dietitian under supervision

2. Completing a small questionnaire on yourself (age etc)

3. Allowing the session to be tape recorded and the information utilised in research on nutrition counselling

Would you please complete and return the attached consent form indicating your preferences. I am very happy to discuss any matters relating to these arrangements with you.

Linda Tapsell  
Course Co-ordinator, MSc(Nutrition and Dietetics)  
Department of Public Health and Nutrition  
University of Wollongong. 2522. Phone 213152
Client Consent Form

I agree to participate in the teaching and research activities in nutrition counselling.

Specifically, I agree to:

1. Receiving counselling by a trained student dietitian under supervision

2. Complete a questionnaire about myself (age, etc)

3. Allow the session between myself and the diet counsellor to be tape recorded and observed, and to allow this information to be analysed and reported on.

I understand that all information will be treated as confidential and names will not be used in reporting on the data.

I understand that the purpose of the study is to examine the nutrition counselling process.

I understand that I am free to withdraw at any time. Participation or non-participation will not in any way effect the treatment I may be receiving, now or in the future. Any enquiries regarding the research may be forwarded to the Secretary of the University of Wollongong Human Experimentation Ethics Committee (Phone 213079).

Name: ____________________________________________________________

Signed: __________________________________________________________

Date: ____________________________________________________________
Re: Client Provider Interactions in Nutrition Counselling

I am seeking your involvement in a study on client-provider interactions in dietary counselling. The purpose of the study is to examine the nature of the interaction in order to develop a theoretical base for practice. Results derived from this study may contribute to improved training in nutrition counselling techniques. If you agree to participate, this will mean giving permission for tape recorded information between yourself and the client to be utilised for research purposes. This means the data will be analysed and reported on.

All information will be treated as confidential and names will not be used in reporting on the data.

If you agree to participate you will be free to withdraw at any time. Participation or non-participation will not in any way effect your dietetic education. Any enquiries regarding the conduct of the research may be forwarded to the Secretary of the University of Wollongong Human Experimentation Ethics Committee (Phone 213079).

If you agree to participate in the study, could you please sign the consent form attached and return to the researcher.

Thank you.

Linda Tapsell
PhD student, University of Wollongong

Supervisor: Professor Christine Ewan
Faculty of Health and Behavioural Sciences, University of Wollongong.
Student Consent Form

I give consent for the counselling session in which I am involved to be observed and tape recorded, and for the results to be reported on for the purpose of research. I understand that the purpose of the study is to examine the nature of the diet counselling interaction.

I understand that all information will be treated as confidential and names will not be used in reporting on the data.

I understand that I am free to withdraw at any time. Participation or non-participation will in no way effect my dietetic education. Any enquiries regarding the conduct of the research may be forwarded to the Secretary of the University of Wollongong Human Experimentation Ethics Committee (Phone 213079).

Name: 

Signed: 

Date: 
APPENDIX 4:

TRANSCRIPTION SYMBOLS


1. Sequencing

[[ simultaneous utterance

2. Overlap

[ ] overlap

// alternative form of overlap (indicates start of overlap)

* end of overlap

3. Latching, continuity

= latching, with two speakers or in same speakers turn

[ ]= latching with overlap

4. Intervals

(.) untimed micro intervals

((pause)) longer untimed intervals

5. Speech characteristics

:: sound stretch

- cut off sound or word

. drop in intonation

, increased (continuous) intonation

? increased (terminal) intonation

^ marked rise or fall in intonation

! animated tone

\ a \ emphasis

\ AA \ greater emphasis

\ := \ stressed word

\ e::r \ pitch drop

\ e::r \ pitch rise

\ AA \ volume

\ o \ softness

\ hhh \ outbreath

\ .hhh \ inbreath

\ (hh) \ plosive aspiration

6. Transcription conventions

(why) doubt in transcription

( ) untranscribable

((cry )) verbal description

> calling attention to the reader

.... utterance partially reported

. intervening talk partially reported
APPENDIX 5:

SUMMARY OF SEQUENCES WITHIN THE INTRODUCTION PHASE
(BASELINE GROUP)

First year students

Case ID 1
medical, dieting history
reason for visit
evaluation of client knowledge

Case ID 2
weight assessment
reason for visit (medical issues)

Case ID 3
reason for visit
medical and social history
evaluation of client knowledge

Case ID 4
reason for visit
medical history
diet-disease information giving

Case ID 5
reason for visit
medical and dieting history
weight measurement, assessment
negotiation of goals

Case ID 6
weight measurement
reason for visit
medical history
diet-disease information giving

Case ID 7
reason for visit
weight measurement and history
social history
diet-disease information giving

Case ID 8
diet-disease information giving

Case ID 9
medical history
reason for visit
dieting history
weight history

Case ID 10
reason for visit

Case ID 11
medical history
reason for visit
dieting history
weight history

Case ID 12
reason for visit

Case ID 13
reason for visit
dieting history
negotiation of goals

Case ID 14
weight assessment
review of diet treatment
guts assessment
request for dietetic information
dietetic information giving

Case ID 15
weight assessment
medical history-reason for visit
dieting and social history

Case ID 16
weight assessment
diet-disease information giving

Case ID 17
reason for visit

Case ID 18
reason for visit
Case ID 9
offer of diet-disease information
(rejected)

Case ID 10
clarification of names
reason for visit
weight and medical history
dieting history

Case ID 19
medical history
request for dietetic information
dietetic information giving

Case ID 20
reason for visit
dieting history
medical history
giving and seeking information on
diet disease relationship

Second year students
Case ID 21
reason for visit
diet-disease information giving
reason for visit
weight assessment

Case ID 22
reason for visit
diet disease information giving
lifestyle assessment

Case ID 27
weight and dieting history
medical history
lifestyle history
diet-disease information giving

Case ID 23
reason for visit
dieting history

Case ID 28
reason for visit
dieting and weight history
medical history
exercise history
family history

Case ID 24
reason for visit
dieting history
medical history
social and family history
weight assessment and history
diet disease information giving
medical history

Case ID 29
reason for visit

Case ID 25
reason for visit
diet disease information giving
dieting history
social, medical, family history
weight assessment

Case ID 30
dieting history
weight/exercise history
weight assessment

Case ID 26
review of diet

Case ID 31
reason for visit
reason for visit
diet disease information giving
dieting history
social, medical, family history
weight assessment

Case ID 32
weight and dieting history
reason for visit
APPENDIX 6:

INTRODUCTORY SEQUENCES FOR THE DIET HISTORY PHASE
(BASELINE GROUP)

Case ID 1

S. Well iff before we do that, I will juss get, an idea of what you eat in a normal day and from there we c'n fig'r out, y'know, look at it and discover and discuss [ an eating plan ] that will help you?

C [yes, yes]

Umm, well I more'r'less jes go along with my family, what I cook for them, y'know, that's me too uhm which is wrong in one respect I s'ppose its an easy way out, but uhm, I think I cook pretty wholesome sort of meals for my family as well =

Case ID 2

S (.) Um I'd just like to take your diet history (.) from you. Just about what the things that you usually consume in the day. We could just start normally with breakfast?

C Uhm I usually have uhm those organic wheat bix, or I have rolled oats.

Case ID 3

S Um I might just go through yer uhm yer diet history first, and then we'll do y'know, sort'f look at what we c'n do to p'raps, uhm uhm help you to, uhm with the gallstones=

C =yeah

Case ID 4

S Um before we can actualy start, well, going over and fixing it, what I need to actually get is an idea of the sorts of food that you eat? Ah what would be the first meal of the day for you?

C Breakfast, yeah I usually start with carrot juice or apple juice and then=

Case ID 5

S Um I'd like to take your diet history now, jus' so we can work on-on food and how we can modify it, is that awright?

C Mmm

S Ok so uhm d'ya know what a diet history is? it's just a usual=

C =it's what I eat
S ((Laughs)) OK it's just usual. Uhm so what would you eat from the time, uhm, that you get up till, uhm, breakfast.

C Ah nothing. I get up and have coffee and then I'll have breakfast or I won't have breakfast, depending on how I feel.

Case ID 6

S OK? so what if uhm I jes wanta take yer a:a history, what you eat in a normal day, (. ) just to get an idea of y're diet=

C mhmm

S = and uhm that way we can see if there's anything else we can consider, [an']=

C [hmm]

S = how we might be able to change anything=

C mmm

S Would that be OK?

C Yes. No-

S Jes need to ask you just on a very average sort of day =

C = mm=

S = the sort of things you'd eat (. )

[for each meal]

C [Well I have] (. )two weet bix for breakfast [and I use]=

Case ID 7

S (. )All right then^ we'll start firstly-oh risk factors of heart disease also has history and diet, so it's good to start with diet because you can control that, and then reduce any risk factors "( ) heart disease". I'll start with finding out, what you normally eat during the day, so we'll start in the morning and gradually work over through the end of the day. Ok? So morning, "what would you normally have?"

C oh cup a tea

Case ID 8

S Now um you filled out your diet hiss-try, diet record, is this all the- there is t' go or d'ya want me t' ask you=

C =well I let's see y'know he. hhhh he

S Is sat- issat what you normally have, [during the day?]

C [what I have for breakfast]
Case ID 9
S Well ^how about we start with uhm we'll look at the diet, your diet, and then you might have some [questions]
C (untranscribable overlap))
S Well we'll start uhm with breakfast, do you have anything before breakfast at all?
C Sometimes a glass a water

Case ID 10
C 'an I've been buyin' tha P-Prootican bread?=
S =Prittiken bread?= 
C =Yeah, the low cholesterol
S Yes
C Y'know, so I've been having one slice a that
S mm
C 'n say at breakfast I have, at breakfast I have been, been measuring out ma cereals ah er a quarter of a cup to a third of a cup s'mtimes
S Yeah
C the cereal
S and what kind of cereals would [that be]
C [I have oats s'mtime- everyday excep=((overlapping sounds))]

Case ID 11
S Ok () Ok 'right' Ok ummm so ummm what I'd like to have a look at today first of all is um the types of foods that you eat um because as you know we can um reduce weight through diet um can you tell me about the sort of foods that, the usual foods that you eat throughout the week?
C [aahhhh]
S [from maybe] breakfast?
C from breakfast...
S u-huh

Case ID 12
S all right, well if it sounds all right with you, what we might do is have a look at the foods you've been eating and perhaps we can have a look at that together and see if there's anything like that, so can you tell me about the foods that you normally eat
C well for breakfast I just have two weetbix, skim milk and a cup of tea
Case ID 13
S Well how 'bout, if you start, by telling me, uhmm 'bout the things that you like to eat and your usual eating pattern? =
C =Well I usually eat just about anything, but I have a hiatus hernia which- seems to uhm (.). hhh I don' know, it's sort er, I get tummy ache from time to time and feel I need to eat [something] =

Case ID 14
S um so I might just quickly go through what you are eating=
C =yeah=
S =if that's OK? (.). uhm so breakfast, °we'll start off°=
C =All-b bran

Case ID 15
S Alright. What we can do then is have a look at what foods that you're eating at the moment its taking like a diet history, thats what its called and its just getting a picture of what you normally might have on a normal day. So, would you be able to help me out with that?
C Yes, I'll try.
S So what might you actually have in the morning?
C Usually I have toast in the morning, I usually have 2 slices of toast sometimes I only have 1 but most mornings I have to have 2 slices, and I might have grilled cheese on it, or if there's left over vegetables from the night before I've had vegetables on toast, you know I like vegetables on toast, sometimes I have cereal, but not very often, it's mostly just toast, I might have a egg or something like that.

Case ID 16
C So can you tell me a little bit about the foods that you eat?
S In the morning I have cup of coffee not decaffinated coffee Caro thats made from wheat.

Case ID 17
S Well, what I'd like to do, I thought, is maybe j'st go through what you are eating at the moment, and then (.). see what I think, and what you think, en see where we can fix things up? °OK°=
C Sounds [fine]
[and then] if you've got any questions after that, we answer those (relating)." OK* ^mhm^ (.) let's-start off with what you eat, tell me about what you like to eat?

S ohhhh (.)

C say the first thing in the morning

S OK I find breakfast a chore I must admit.

Case ID 18

S [Well], what we might do is um we'll just go through your diet=

C =mhm=

S =and what you eat=

C =mhm=

S =and um and then we'll just look for a couple of things there=

C =right=

S = and see what we can do for you?

C Right

S What would be the first thing you eat in the day?

C The first thing in the morning I probably have, well when I go to work I only 1 morning I have toast because I don't have breakfast in the morning. I have lunch at 11.30 which I sometimes have some bread with tomato on it or cheese sometimes I have meat slice, chips.

Case ID 19

S I'd like to look at your diet first I think before anything like this and just see where we can go from there to start off with and maybe sort of look at when you're getting hungry and just sort of see if we can do other things when you're getting hungry to sort of stop you from ( ).

C My problem is at night lately and I wasn't that bad until I was put onto cortisone, have I had problems since then I'm not on it now but.

Case ID 20

S =but that's good if you're looking for that. OK. uhm what I'll do is we'll just go through and get a bit of an idea of your diet at the moment

C mm

S so can you tell me a bit about it?

C Um. Well I went off it for a while 'cause I was getting tired of being on the one y'know thing all the time

S OK well, not that, sorry, I should say, not necessarily a diet but what you're eating at the moment
C Yeah
S How you normally tend to eat. Start with breakfast, yes.
C Well I only have a Weet Bix for breakfast.

Case ID 21
S Ok. What we'll do is we'll just run through what you normally eat at home
C [mmm
S [uhmm just on an average day and so if ya have like it doesn't have to be I have this this and uhm and just thinking of one day uhm
C [mmm
S just try 'n think of what ya have uhm and if it's toast one day and cereal the next then I have toast and I have or I have cereal rather than just one because that gives me a better idea of
C Well I eat the same thing really for breakfast every
S [Well start with uhm
C a cup of brown rice

Case ID 22
S So what we'll do first is have a look at your diet and see how you're going, and if there's anything uhm in your diet that we can change to lower your cholesterol. Uhmm so really exercise is really important, so you're doing that, you're not smoking so that's on your side, there's no history in your family, that's on your side too, so we'll just have a look at the diet and see if there's anything
C [Alright
S [OK hhh What would ye have for breakfast?
C I have rolled oats, orange juice uhm and rolled oats and a cup of tea (that's my) breakfast.

Case ID 23
S Yeah no. OK, well the next step to do is to see what you are eating and what your pattern is, and see where you are going wrong. Ummm, OK, so what what would you have for breakfast? Is breakfast the first=
C =yeah for brekkie I have, uhm, about nine thirty I have a break for morning tea time and I usually, that's either a bowl of cereal or just fruit salad or something.
Case ID 24
S Ok? Alright then, so we will go through a bit of your diet. What you - what you have during the day, we'll just take it a day - ok - a normal day.
C Ah sometimes I have porridge

Case ID 25
S OK what I might do is go through what you would normally have during the day to eat and then on special occasions and you know things that normally fall into what you eat during the day OK?. So that we can get a good idea of what you are eating and maybe target some spots that you can improve, that might help you to lose weight. First of all do you do any exercise like walks?
S Goodness me that is pretty steep. Ok then - fire away and tell me what you had for breakfast.
C For breakfast I had a Weetbix

Case ID 26
S Good, well I'll just go through it again, you know, just what your usual day, just to make sure everything's all right, so are you getting bored with your meals at all
C No I change. I have a variety on toast. This morning I had poached eggs on toast. One poached egg on brown bread, and fruit juice

Case ID 27
S Right what I'll do is just go through a da- just- go through what you-normally eat. what you usually have*, c's that way we c'n see if there's any areas that a::are terrib-y'know, that's been too, that we can concentrate on?=
C =I can tell you right now*.=
S = ah right, well tell me.(hh)=
C =Bread.

Case ID 28
S OK, well we'll just find out what you are eating if that's OK, just in an average sort of day, what would you be having
C yes, I've got a really, really bad eating pattern. um, let's see, like today for instance all I've had is a breakfast bar for breakfast, yeah, I've had..
Case ID 29

((untranscribable talk))

S what you had for breakfast, and what you have to eat
C in the morning, I have either Weetbix with bran, Bran Flakes I’ve had just for a change, and porridge. I have that on the weekend ( )

Case ID 30

S what I’d like to do now is find out what you’re actually eating ( )
C I find breakfast very hard, um, because Weetbix bloats me up so I tend to have a banana or Rice Bubbles

Case ID 31

S OK so what we need to do is look at exactly what you are eating so we can work from there, so if you could just run through everything that you’d normally eat and drink throughout the day starting from when you get up in the morning
C when I get up in the morning, I usually have a cup of tea

Case ID 32

S OK. Well how about we look at the way - you say that you don’t eat big meals and you just snack. And we’ll just run through what you eat throughout the day, if you could just start from when you get up in the morning.
C Well for breakfast, sometimes I just usually skip breakfast, except for when I’m working, because I start at five so I have two pieces of toast and a glass of milk.
### SUMMARY OF COMPONENTS OF DIET HISTORY PHASE:
Number of question-answer pairs to completion of diet history narrative, narrative markers used to construct the sequence of talk, and comments on significant features of the phase, by case ID number (Baseline group).

<table>
<thead>
<tr>
<th>Case ID number</th>
<th>Number Q-A pairs</th>
<th>Narrative markers</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>n/a</td>
<td>n/a</td>
<td>client proposes binge eating as cause of problem pre-empting need for diet history. Student later pursues history with an apology, client begins with 'breakfast' and student uses titles for other meals to bring talk back to history. Client responds to questions in narrative rather than 'just the facts' form.</td>
</tr>
<tr>
<td>2</td>
<td>45</td>
<td>breakfast, MT, lunch, dinner, supper, AT.</td>
<td>Client gives moral versions of eating habits, student maintains neutral stance.</td>
</tr>
<tr>
<td>3</td>
<td>26</td>
<td>breakfast, MT, lunch, AT, tea, supper.</td>
<td>Client has completed a diet history form. Client clarifies terms of diet history interview.</td>
</tr>
<tr>
<td>Time</td>
<td>Breakdown</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>&gt;30 breakfast,</td>
<td>After first 7 questions client</td>
<td></td>
</tr>
<tr>
<td></td>
<td>lunch, tea,</td>
<td>interrupts and gives a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>supper</td>
<td>summary. Student re-introduces Q-A format.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Client suggests an</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>interrogation. Struggle for establishment of phase.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>51 breakfast, MT,</td>
<td>Some negotiation on dietary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>lunch, AT,</td>
<td>change within history phase.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dinner,</td>
<td>No request for commitment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>supper</td>
<td>on delicate issues.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>35 breakfast,</td>
<td>Client uses institutional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MT,* lunch,*</td>
<td>language and quotes dietary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AT,* dinner*</td>
<td>adages. Client directs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>narrative form (* listed by client) and pre-empts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>questioning sequences.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some negotiation sequences within history phase. Both</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>client and student make</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>proposals on dietary change.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>38 breakfast,</td>
<td>Some question-answer-evaluation sequences. Some</td>
<td></td>
</tr>
<tr>
<td></td>
<td>between b/l,</td>
<td>information giving.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>lunch,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>between l/d,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>dinner,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>supper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>25 breakfast,</td>
<td>Client has completed a diet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>lunch, tea,</td>
<td>history form. Talk mostly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>midmeals</td>
<td>on 'just the facts'. Some Q-A-E turns, with escalated response from client.</td>
<td></td>
</tr>
</tbody>
</table>
34 breakfast, MT, lunch, AT, tea, supper
Client has completed a diet history form. Talk mostly on 'just the facts'. Some gloss responses from student.

28 breakfast, in between, lunch, dessert
Client starts with term 'breakfast'. Interview mixed with narrative on issues other than food intake.

18 breakfast, lunch, tea, midmeals
Strong collaboration with Q-A format. No questions from client or information giving sequences from student.

23 breakfast*, MT, lunch*, AT, tea, supper
Strong collaboration with Q-A sequence. Narrative at completion of accounts of meals.

0 Client narrates intake through to last meal of day, then poses the problem. Student treats this as a delicate issue and defers it until later.

0 Review of diet treatment. Few interruptions to patient account.

16 in morning, MT, lunch, AT, dinner
Strong collaboration on Q-A sequence. Some preliminary introduction to sequences of questions.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>morning, recess, lunch*, AT*, tea, after dinner</th>
<th>Combination of Q-A sequences with negotiation of dietary change. Permission seeking, negotiation and advice giving formats. Caution in advice giving. Client does not answer next Q and changes Q-A turns at end of accounts of meals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>115</td>
<td>breakfast*, MT, next time, lunch*, AT, tea</td>
<td>Strong collaboration on Q-A sequence.</td>
</tr>
<tr>
<td>17</td>
<td>29</td>
<td>first thing, morning*, lunch*, next time, AT*, dinner</td>
<td>Strong collaboration on Q-A sequence.</td>
</tr>
<tr>
<td>18</td>
<td>13</td>
<td>mornings*, lunch, dinner</td>
<td>Strong collaboration on Q-A sequence. Refers to previous encounter.</td>
</tr>
<tr>
<td>19</td>
<td>23</td>
<td>breakfast, MT, lunch, AT, dinner, supper</td>
<td>Explicit educational session in introduction. Evaluation and permission seeking responses from client. Prompts by student &quot;continuing through the day&quot;. Advice sequences in diet history phase.</td>
</tr>
<tr>
<td>Day</td>
<td>Time</td>
<td>Event</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>10am</td>
<td>Question-answer sequences with information giving. Student brings talk back to diet history using narrative markers.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>61</td>
<td>Strong collaboration on Q-A sequence.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>21</td>
<td>Strong collaboration on Q-A sequence.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>47</td>
<td>Strong collaboration on Q-A sequence. Client initiates diet history narrative. Student supports this with narrative markers. Information delivery in diet history phase.</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>98</td>
<td>Strong collaboration on Q-A sequence. Some Q-A-E sequences.</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>5</td>
<td>Client initiates history with breakfast and completes account of meals through to supper. Review of diet treatment.</td>
<td></td>
</tr>
</tbody>
</table>
Three attempts by student to obtain narrative form of diet history. First response from client gives evaluation of diet problem, second a generalisation of eating habits and third begins with breakfast and follows through with a brief overview and accounts for dietary habits. Student picks up on lunch and Q-A-If format follows.

Client offers summary in first response but uses narrative markers. Student picks up on narrative markers to question briefly. Information giving in response to client questions.

Strong collaboration on Q-A sequence.
Question-answer sequences with information giving. Student brings talk back to diet history using narrative markers.

Strong collaboration on question-answer sequences, although not all questions on food consumption. Student also reviews social issues as they are mentioned.

Notes
1. The diet history narrative is related to the student's invitation to tell the story on usual food consumption, and is defined as a storyline beginning with breakfast and ending with supper at the end of the day.
2. Narrative markers are given as meal titles, for example, breakfast, morning tea (MT), lunch, dinner, afternoon tea (AT), tea, supper, between breakfast and lunch (b/l), between lunch and dinner (l/d), midmeals, dessert; or times of the day / temporal terms, for example, in morning, next, after tea, before bed etc.
   * indicates the narrative marker was used first by the client.
3. Q-A pairs are defined as two part sequences where the first pair part is an utterance from the student and the second pair part is a response from the client which indicates that a question has been answered.
4. n/a indicates that the sequence is not applicable to the analysis. This occurs where a storyline has not been established as defined in (1.).
APPENDIX 8:

DOCUMENTARY RESOURCES FOR THE EDUCATIONAL INTERVENTION

THE UNIVERSITY OF WOLLONGONG
GHMD931 DIETETICS 1: PRIMARY HEALTH CARE

Times: Part 1
Wednesdays 10:30-12:30pm 5.G03
Thursdays 8:30-10:30am 5.G03
Fridays 10:30-12:30pm 5.G03 Weeks 2-7.
Part 2
Wednesdays 10:30-12:30am 5.G03 (Tutorial)
Thursdays 12:00-2:00pm Wollongong West TAFE
Fridays 12:30-5:30pm Wollongong West TAFE
Nutrition Clinic (as scheduled)
Mondays 2:00-5:00pm Wollongong or Bulli Hospitals

Subject Co-ordinator: Linda Tapsell

Subject Objectives: Students should be able to:
1. List common nutritional problems in the Australian community and describe the prevalence and significance of these problems
2. Outline the processes of nutritional assessment of individuals
3. Compare and contrast different methods of assessment of dietary intake
4. Develop skills in taking diet histories
5. Analyse and evaluate dietary intake data
6. Describe the nutritional requirements of individuals throughout the lifecycle
7. Describe the pathophysiology of major nutrition related diseases in the community
8. Outline appropriate dietary modifications for the prevention and treatment of nutrition related diseases and for the nutritional health of individuals throughout the lifecycle
9. Develop and utilise a "ready reckoner" in estimating dietary formulations;
10. Demonstrate basic cooking skills;
11. Apply knowledge of food science to the context of community dietetics.
Subject Design
The first component of the subject focuses on the principles and practice of dietetics and has an emphasis on the skills required to collect and manipulate food and dietary data. Computer laboratory classes utilising the DIET 1 programme are included. Australian food composition data will be used to analyse nutrient intakes.

Students will also be introduced to nutrition outpatient clinics serving the Illawarra community. During the session they will observe nutrition counselling and discuss their observations in class seminars. By the end of the session students should be able to take a diet history in the clinic, analyse the reported intake and suggest dietary changes.

The second component of the subject involves cooking classes (covering the major food groups) and associated seminars on food science and technology. Students will be required to prepare a number of recipes and complete short written assignments and reports relating to the classwork.

Subject Outline:
WEEK 1
- Introduction to dietetics
- Dietetics in the Primary Health Care setting
- Nutrition problems in the community
- Community programs, nutrition counselling
- Food and culture

WEEK 2
- "Tools of the Trade"
- Diet intake methodology
- Anthropometric assessment
- Biochemical indicators
- Recommended dietary intakes
- Core food groups
- Alternate food groups
- Dietary guidelines
- Food databases: NUTTAB
- Diet 1 program
- Ready reckoners
WEEK 3 Dietetic Management of Hyperlipidemia, NIDDM and Overweight.
   Disease pathophysiology
   Rationale for dietary management
   Case studies

WEEK 4 Dietetic Approaches to Eating Disorders and Food Intolerance
   Social, environmental and physiological factors
   Rationale for dietary management
   Case studies

Dietetic Approaches to Sports Nutrition
   Physiological requirements
   Rationale for dietary management
   Case studies

WEEK 5 Dietetic Approaches to meeting Nutritional Requirements
   Nutrition through the lifecycle
   Prevention of osteoporosis
   Nutrition and ageing
   Vegetarian diets
   Case studies

MID SESSION BREAK

WEEK 6 Nutrition in Aboriginal communities
   Practical nutrition programs
   Meeting with Year 2 MSc (N&D) students

WEEK 7 Review of Dietetics
   Exam (21 April)

WEEK 8-14 Presentation of Clinic Cases (Wednesdays)
   TAFE (Thursdays and Fridays)

Assessment:
In order to achieve a pass in this subject, students must pass the written exam, receive a pass assessment from the TAFE component, and achieve a result of at least 50% from the combined results of the assessments detailed below.
1. **Ready Reckoner/Diet Intake Study** 10% total marks

Completion of a ready reckoner and a personal diet intake study as outlined in class and utilised in the computer practicals. Marks will be awarded for analysis of the results and critical review of the methods used (including use of references). Due date: 25 March

2. **Written Exam** 40% total marks

A three hour written exam based on the material covered at the university.

Due date: Thursday 21 April, 1994, 9:20am-12:30pm.

3. **Clinic Case Study Report and Presentation** (35% total marks)

- **Case Study Report** (25% marks) to include:
  - a brief literature review on dietary management aspects relevant to this case. Marks will be awarded for the development of critical argument and referencing of journal articles (10% marks)
  - a one page description of the case using notes made in the clinic (2% marks)
  - adequate completion of a SOAP format (5% marks)
  - adequate completion of a nutritional care plan form (5% marks)
  - correct outline for prescribed generic meal plan and sample menu plan (3% marks)

- **Class Presentations** (10% marks) should last for 25 minutes and include time for discussion. Marks will be awarded for clarity of descriptions and explanations (4%), issues raised (3%) and generation of discussion (3%).

Due date: as timetabled between weeks 9-15.

4. **TAFE Component** (10% total marks)

Completion of TAFE component and participation in tutorial discussions.

Due date: end session

5. **Participation in Journal Club** (5% total marks)

Due date: weeks 3-13.

**Self directed learning**

An independent study program has been organised to complement class activities with those of the clinic. This involves the completion of a worksheet following the observation of the supervisor in the teaching clinic, the findings of which may be used in later classes. Two further worksheets are to be completed, one after taking the diet history in the clinic and the other during the week following the clinic visit, when an audio
recording of this performance is available. These activities are not assessed in this subject, but would assist students in contributing to class discussions.

Textbooks
National Health and Medical Research Council (1991) Recommended Dietary Intakes for Use in Australia AGPS Canberra
Dietitians Association of Australia (1990) Principles of the Nutritional Management of Clinical Disorders (Handbook No.6) DAA Canberra
Dep Nutrition and Dietetics, School of Community Health (1990) Dietitian’s Pocketbook Curtin University of Technology, Perth WA

Recommended Reading
American Journal of Clinical Nutrition
Australian Journal of Nutrition and Dietetics
Grant A and DeHoog S (1991) Nutritional Assessment and Support Grant / DeHoog Seattle USA
Human Nutrition : Applied Nutrition
Journal of the American Dietetic Association
National Heart Foundation (1989) An Update on Diet and Heart Disease
Saxelby C (1986) Nutrition for Life Reed Books Pty Ltd,NSW
Walqvist M(Ed) (1988) *Food and Nutrition in Australia* Nelson Australia, Melbourne
Williams MH (1988) *Nutrition for Fitness and Sport* (2nd Ed) Brown USA
Williams S R et al (1988) *Nutrition throughout the Lifecycle* Times Mirror/Mosby College Publication, St Louis

Additional readings and journal articles are provided in the closed reserve section of the library under the subject name. Students should also peruse the relevant literature independently.
Session 2: 1994. Weeks 1-14
Times: Wednesday 9:30-11:30
        Thursday 10:30-12:30
        Mondays as timetabled at the Wollongong
        or Bulli Hospitals
Dates: 18 July-4 November
Venue: Building 5.G03 and the Wollongong and Bulli
Hospitals
Subject Co-ordinator: Linda Tapsell
Lecturer: Linda Tapsell
Tutor: Denise Chapman
Course Objectives: On completion of the subject students should be able to:
1. Counsel individuals and families on nutrition, food and diet issues
   1.1 Clarify the purpose of the counselling session
   1.2 Elicit sufficient information to define the problem correctly
   1.3 Give accurate and relevant information
   1.4 Communicate using a client centred approach
   1.5 Manage the consultation process effectively
2. Develop a nutrition education program for a small group
   2.1 Write a nutrition education plan
   2.2 Incorporate into the plan clear learning objectives and indications of
       teaching methods
   2.3 Facilitate learning in a small group
   2.4 Evaluate a small group learning program
3. Explore other aspects of communication as they relate to nutrition and
   dietetics practice

Course Outline:
This subject aims to develop skills in dietary counselling and nutrition
education in keeping with professional competencies defined by DAA. The
subject applies counselling and education skills to the professional
environment, and includes supervised counselling experience in dietetic
outpatient clinics within the IAHS and small group presentations
demonstrating basic teaching skills.
Learning focuses on the development of professional competence in nutrition counselling and in small group education. Classes will be conducted in an interactive manner with skills demonstrated and discussed, and finally return demonstrated for assessment purposes. Students will be exposed to the real life context of nutrition counselling through the nutrition clinics in the Illawarra.

Timetable

<table>
<thead>
<tr>
<th>Week</th>
<th>Monday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teaching clinic (scheduled appointments)</td>
<td>Introduction: Competency assessment</td>
<td>Structural organisation of the dietetic interview (video)</td>
</tr>
<tr>
<td>1</td>
<td>Nutrition counselling</td>
<td>Review of clinic (transcripts)</td>
<td>Talk in institutions</td>
</tr>
<tr>
<td>2</td>
<td>Nutrition counselling</td>
<td>Review of clinic</td>
<td>The diet history as narrative</td>
</tr>
<tr>
<td>3</td>
<td>Nutrition counselling</td>
<td>Review of observations</td>
<td>Idealised versions of practice. The client perspective</td>
</tr>
<tr>
<td>4</td>
<td>Nutrition counselling</td>
<td>The client perspective (transcripts)</td>
<td>Review of counselling</td>
</tr>
<tr>
<td>5</td>
<td>Nutrition counselling</td>
<td>Exam (transcripts)</td>
<td>Family therapy</td>
</tr>
<tr>
<td>6</td>
<td>Counselling assessments</td>
<td>Working with interpreters</td>
<td>Writing learning objectives</td>
</tr>
<tr>
<td>7</td>
<td>Counselling assessments</td>
<td>Education program planning</td>
<td>Teaching skills</td>
</tr>
<tr>
<td>8</td>
<td>Counselling assessments</td>
<td>Teaching methods</td>
<td>Teaching skills</td>
</tr>
<tr>
<td>9</td>
<td>Counselling assessments</td>
<td>Teaching skills</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Counselling assessments</td>
<td>Evaluation methods</td>
<td>Evaluation methods</td>
</tr>
</tbody>
</table>

mid session break
Assessment: In order to pass this subject, students must achieve a pass level in all four components.

1. **Mid session exam: tape transcript analysis**: students will be required to analyse a transcript of a client-provider interaction. Due date: 17 August (20% total marks)

2. **Class participation**: students are expected to attend classes and participate in discussions. (10% total marks).

3. **Assessment of competence in nutrition counselling**: students are required to counsel individuals in the nutrition clinics. Students will be assessed using a competency assessment form distributed in class. Assessments will be conducted according to the timetable provided. Due date: as scheduled. 30% total marks.

4. **Assessment of competence in nutrition education**:
   Students are required to plan, implement and evaluate a nutrition education session for the class. (Topics are to be selected from the Dietetics 2 subject).

4.1 **Written assignment: program plan and evaluation report**

   *Plans* should be documented using the form distributed in class. Marks will be awarded for the appropriate completion of the components on the form. (10% marks)

   *Evaluation* should be undertaken at the time of the class presentation. A brief report on evaluation findings and recommendations for improvement should be submitted with the completed planning form. Marks will be awarded for the documentation of evaluation results and recommendations made for improvement. (10% marks)

   Due date: Friday following the scheduled teaching skills assessment.

4.2 **Class presentation: small group education session**
Each student will be required to provide a 20 minute group education session to the class demonstrating basic teaching skills. This will be assessed using an observation sheet distributed in class. Marks will be distributed across the list of skills outlined in this sheet.

Due date: as scheduled. (20% marks)

**Self directed learning**
Activities for independent learning have been organised to complement classroom and clinic learning. Students should complete the worksheets provided on completion of their counselling session in the clinic and after listening to the audio recording of this event during the following week. This exercise is not assessed but will assist in the participation of classroom discussions which is assessed.

**Textbook**

**Recommended Reading**
Egan G (1990) *The Skilled Helper* California Brooks Cole
UNIVERSITY OF WOLLONGONG  
ASSESSMENT OF COMPETENCE IN NUTRITION COUNSELLING

1. OPENING

<table>
<thead>
<tr>
<th>No clarification of purpose</th>
<th>Limited clarification of purpose</th>
<th>Clarification of purpose</th>
<th>Clarification of purpose. Sets client at ease.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

2. REASON FOR VISIT

<table>
<thead>
<tr>
<th>No discussion of reason for visit</th>
<th>States medical reason</th>
<th>Clarifies medical reason</th>
<th>Clarifies client and other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

3. ASSESSMENT

3.1 Dietary intake

<table>
<thead>
<tr>
<th>Elicits insufficient information to define problem correctly</th>
<th>Elicits sufficient information to define problem correctly</th>
<th>Elicits information to define problem correctly. Enhances subsequent phases of interview. Builds relationship.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

3.2 Social and environmental data

<table>
<thead>
<tr>
<th>No assessment</th>
<th>Elicits insufficient information to define problem correctly</th>
<th>Elicits sufficient information to define problem correctly</th>
<th>Elicits information to define problem correctly. Enhances interview. Builds relationship.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
3.3 Biomedical data
No assessment Elicits insufficient information to define problem correctly

0 1 2 3

4. EDUCATION
4.1 Diet-disease relationship
Gives unsafe information Gives basically accurate information with minor inaccuracies Gives accurate information Gives innovative explanation. Develops concepts.

0 1 2 3

4.2 Diet protocol
Gives incorrect information which prevents resolution of problem Gives basically accurate information with minor inaccuracies Gives accurate information which reflects the diet history Gives accurate information which reflects diet history. Develops concepts

0 1 2 3
4.3 Food information
Gives incorrect information which prevents resolution of problem | Gives basically accurate information with minor inaccuracies | Gives accurate information which reflects the diet history | Gives accurate information which reflects diet history. Develops concepts
0 | 1 | 2 | 3

4.4 Prior knowledge and understanding
No assessment of prior knowledge or understanding | Some assessment of prior knowledge and understanding but not utilised | Assesses and utilises client's prior knowledge and understanding
0 | 1 | 2

4.5 Evaluation
No attempt to evaluate interview progress and outcome | Attempts to evaluate interview progress and outcome | Makes various attempts to evaluate interview process and outcome | Successfully evaluates interview process and outcome
0 | 1 | 2 | 3

5. CLIENT CENTRED BEHAVIOUR
5.1 Solicits client view
Actively avoids acknowledging view | Does not seek client view | Makes attempt to seek view but does not respond or responds negatively | Makes attempt to seek view and responds positively | Actively seeks view. Clarifies, responds.
0 | 1 | 2 | 3 | 4
5.2 **Participative discussion**

<table>
<thead>
<tr>
<th>Blocks cues</th>
<th>Misses cues</th>
<th>Acknowledges cues but does not follow up</th>
<th>Utilises cues in developing discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

5.3 **Non-verbal behaviour**

<table>
<thead>
<tr>
<th>Does not attend to client</th>
<th>Observes but does not respond to client</th>
<th>Responds to client's non-verbal cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

5.4 **Questioning style**

<table>
<thead>
<tr>
<th>Only uses closed or leading questions</th>
<th>Asks relevant questions, but does not follow up on client reported information</th>
<th>Uses open or closed questions according to client response. Uses response to develop relationship and resolution of problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

5.5 **Negotiation of client issues**

<table>
<thead>
<tr>
<th>No negotiation</th>
<th>Seeks agreement</th>
<th>Negotiates on issues in a participative way</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

5.6 **Focus of discussion**

<table>
<thead>
<tr>
<th>Client's focus is distracted by excess detail</th>
<th>Interviewer attempts to maintain client focus</th>
<th>Client's focus is enhances by interviewer without omission of important detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>
### 6. STRUCTURE
Maintains the direction of the interview

<table>
<thead>
<tr>
<th>Disorganised structure</th>
<th>Structure but with minimum flexibility</th>
<th>Structure and responds to client need</th>
<th>Responds to client needs. Manages interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
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<td>3</td>
</tr>
</tbody>
</table>

### 7. MANAGEMENT

#### 7.1 Goals of the session

<table>
<thead>
<tr>
<th>Goals not identified</th>
<th>Goals identified but not negotiated</th>
<th>Negotiates commitment to achievable goals in a time frame. States expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

#### 7.2 Strategies

<table>
<thead>
<tr>
<th>Strategies not identified</th>
<th>Strategies identified but not made explicit</th>
<th>Strategies identified and agreed upon but not negotiated</th>
<th>Negotiates commitment to achievable strategies in a time frame. States expectations</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3</td>
</tr>
</tbody>
</table>

#### 7.3 Follow-up

<table>
<thead>
<tr>
<th>Follow up not discussed</th>
<th>Seeks agreement on follow up</th>
<th>Negotiates follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

```
8. CLOSURE

<table>
<thead>
<tr>
<th>Closes interview abruptly</th>
<th>Polite closes with attempt at summary</th>
<th>Closes interview by summarising a take home message</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

OVERALL RATING

<table>
<thead>
<tr>
<th>Poor. Needs great deal of improvement in most areas</th>
<th>Inadequate. Needs improvement in most areas with particular improvement in some areas</th>
<th>Minimally competent. One or two major areas for improvement</th>
<th>Competent. needs some improvement. No major area of deficiency</th>
<th>Good. Conducts interview. may need improvement in finesse or style</th>
<th>Excellent. Conducts interview well. has finesse and style</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
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</table>


1. OBSERVATION OF COUNSELLING SESSION

1.1 How is the interview started?

1.2 How does the dietitian address the client perspective?

1.3 How does the diet history relate to diet counselling?

1.4 How does the dietitian use questions?

1.5 How was the interview structured overall?

2. SELF ASSESSMENT OF DIET HISTORY

2.1 What was your overall impression of your history-taking?

2.2 What were the best elements of your performance?

2.3 What areas should you improve / work on?

2.4 How will you do this?
3. AUDIO TAPE REVIEW OF DIET HISTORY
3.1 Did you gain sufficient information to provide advice?

3.2 How could your history enhance the counselling session?

4. SELF-ASSESSMENT OF COUNSELLING PERFORMANCE
4.1 What was your overall impression of your performance?

4.2 What were the best elements of your performance?

4.3 What areas should you improve / work on?

4.4 How will you do this?

5. AUDIO TAPE REVIEW OF COUNSELLING PERFORMANCE
5.1 How did you begin the session?

5.2 How did you deal with the client's concerns?

5.3 How did you use questions?

5.4 How was the session structured overall?