

**CASE STUDY 10**

**a WEEKLY STAFF MEETING  
of a HOME-CARE OFFICE**

## I. BACKGROUND INFORMATION

In the Fall of 1989 the student researcher, an anthropology student, asked Kris, a friend, to tape record a weekly staff meeting of the home health care nursing agency in which she worked. Kris did so and served as respondent in the study.

According to Kris, our firm is in direct competition with county public health nurses. We are fighting for the same patients and health care dollars

Her mental image of the weekly staff meetings is as follows:

we get together at the Niagara Falls home care office

we meet on Wednesday mornings usually

in T's little office

(T is a new secretary

she sort of tends to like feel important)

As the student researcher explained, "the exact number of participants varies. This particular week six female nurses attended the meeting: Kris, Maureen and Peggy who always attend;

Constance, Lois and Emmy who attend only on occasions."

**Kris is the clinical coordinator, i.e. the boss.**

part of my job is to hunt down sick people ready to come home from the hospital

some of the girls call me Kris A.C., for ambulance chaser

**Maureen's** responsibility is to review all the patients who are already in the community

she's got a list of those patients and she gives us a status on each one

she's the business person at this meeting

although she is a nurse business comes first in her mind

**She is the watchdog of the organization.**

**Peggy** used to be the secretary

but now she does all the uh organization and training of patients

those who have to go home from the hospital

she's real sharp  
 and knows what's going on  
 she was in bad shape the day of the meeting

**Constance** occasionally tends to crash the meetings

she's the sales person  
 and when Constance shows up  
 --she's an RN--  
 she tries to help out clinically  
 but when she helps out  
 Maureen and I are forced to meet separately  
 and undo all the things Constance has done

As the student researcher explains "the purpose of the weekly meeting is to share information about present patients under their care, to discuss possible prospective patients, and to deal with any other business related matter."

Kris's view of the purpose of these meetings is as follows:

this is a clinical meeting  
 the only reason for having the meeting  
 is to understand how the patients are doing  
 we meet once a week to facilitate communication on the patients in our care  
 the purpose of these meetings is to offer communication between the three of us

Kris's mental image of what takes place in the course of these meetings is as follows:

the meetings are very informal  
 we sit around for a few minutes and do small talk to get started  
 and  
 we just tell little stories about our patients  
 and can get to know them  
 and keep up to date on them  
 it takes about 20 minutes  
 and then someone buys coffee

She gives the following details:

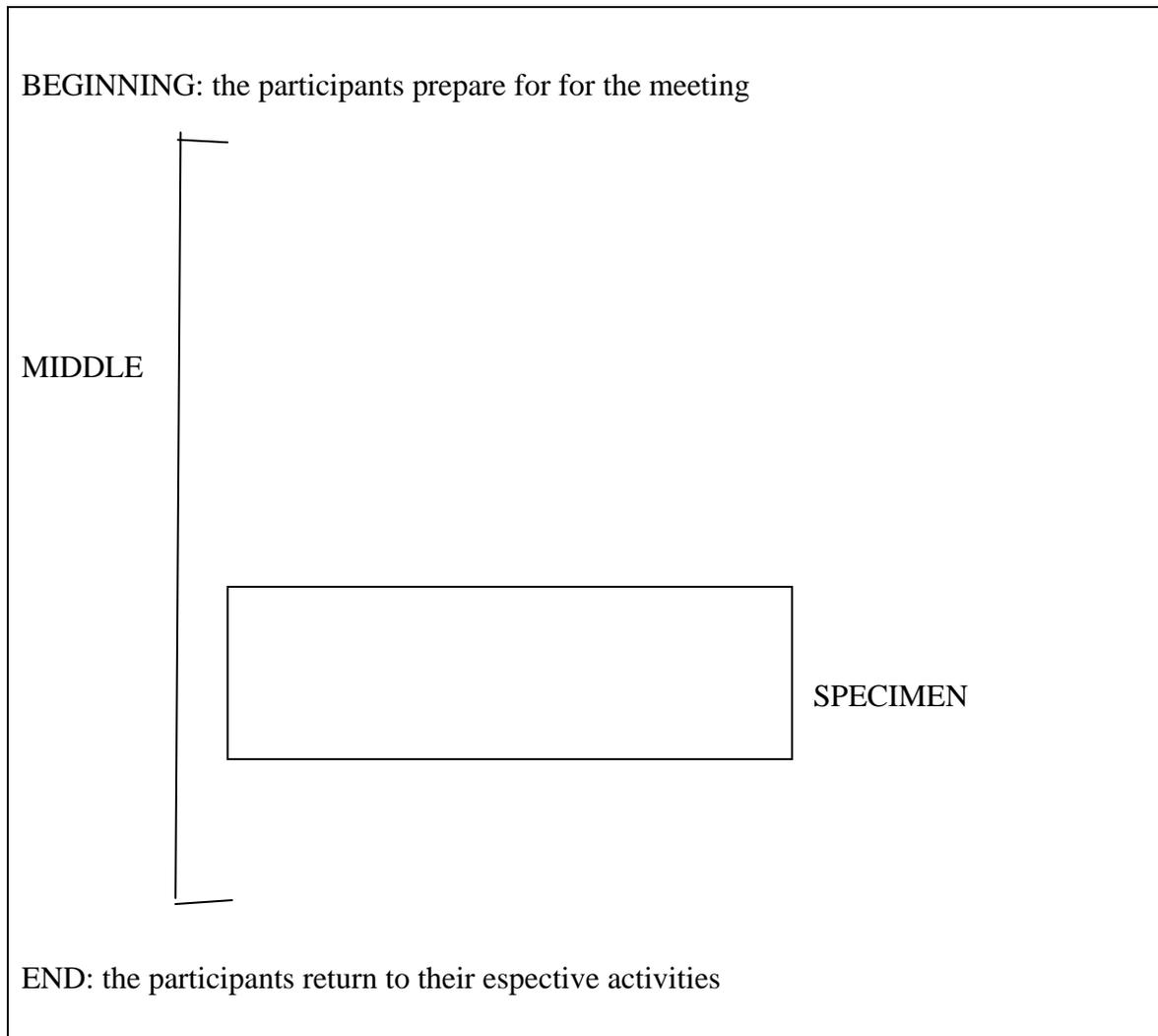
one of the things we do is to have a clipboard with all the patients' names on it  
those that are still in the hospital  
now  
one of the things we do at the meeting is to review the patients on the clipboard  
uh  
we also have journals for communicating each patient's status  
I usually take the clipboard  
and review all the patients  
I've met them all  
I know what status they're at  
and  
I read their charts  
so I can review the patients  
this lets Peggy know how each is doing  
and who the social worker is  
she then acts as a liaison between the social worker and me  
the next thing we/ that we do  
is to review all the patients who are already in the community  
a lot of them come back into the hospital  
and Peggy wants to know about that  
that's Maureen's responsibility  
she's got a list of those patients  
and she gives us the status on each one  
as Maureen goes through the patients  
I write down each name and a code  
depending on their condition  
and the therapy they're on

The specimen lasts for 6 minutes 10 seconds. This particular section was picked by Kris for in-depth analysis very likely because she is the center of attention, as prospective patients are discussed.

## PLACE OF SPECIMEN IN ENTIRE EVENT

There is only one environment, the meeting takes place in the secretary's office.

The entire meeting lasts just over 27 minutes.



## II. VERBAL FLOW STRUCTURE

### A: SEGMENTATION OF TALK IN SPECIMEN

#### 1) RESPONDENT'S SEGMENTATION:

In her Blow-by-Blow, the respondent gives a lengthy commentary. An example is as follows:

Well in this section I'm telling the group about two possible prospective patients  
Part of my job is to hunt down sick people ready to come home from the hospital  
Some of the girls call me Kris AC for ambulance chaser.

In the Follow-up Interviewing the information present in the Blow-by-Blow is characterized on the basis of two notions: **TYPES OF TALK** and **INDIVIDUAL AGENDA ITEMS**.

There are two types of talk: **SMALL TALK** and **UNLABELLED (= WORK-RELATED TALK)**.

UNLABELLED TALK frames 9 AGENDA ITEMS:

meeting preparation talk
meeting wrap up talk
present patient talk
present patient summary
prospective patient talk
wrap up of patient discussion
anecdotal talk
doctor talk
clarification of business practices

The distribution of the TYPES OF TALK and AGENDA ITEMS within the entire event, including the specimen, is as follows:

## **SMALL TALK**

**meeting preparation talk**

**present patient talk**

**anecdotal talk**

**doctor talk**

**present patient summary**

**clarification of business practices**

### **SPECIMEN**

**prospective patient talk**

**doctor talk**

## **SMALL TALK**

**wrap-up of patient discussion**

**clarification of business practice talk**

**meeting wrap-up**

## **SMALL TALK**

The distribution of the two Types of Talk and Agenda Items in the specimen is as follows:

**UNLABELLED**

1. Prospective Patient Talk (2-25)
2. Doctor Talk (26-33)
3. Prospective Patient Talk (34-41)
4. Doctor Talk (42-97)

**SMALL TALK (98-133)**

**UNLABELLED**

5. Wrap up of Patient discussion (134-141)
6. Clarification of Business Practice Talk:
  - 6.1. Clarification of a procedure (142-155)
  - 6.2. discussion of loss of a patient's business (156-173)
  - 6.3. reassuring the group (174-179)
  - 6.4. billing procedures (180-189)
  - 6.5. clarifying a billing procedure (190-204)

The relation between types of talk, agenda items, speaker and length of time they speak in the entire event is as follows:

<b>TYPE OF TALK + Categories of Agenda Items</b>	<b>WHO IS TALKING</b>	<b>LENGTH (min:sec)</b>
<b>SMALL TALK</b>	<b>ALL</b>	<b>0:27</b>
----- <b>meeting prep talk</b> -----	<b>M &amp; K</b> -----	<b>0:43</b> -----
<b>present patient talk</b> -----	<b>M + k &amp; c</b> -----	<b>0:20</b> -----
<b>anecdotal talk</b> -----	<b>M</b> -----	<b>0:40</b> -----
<b>present patient talk</b> -----	<b>M + k</b> -----	<b>1:20</b> -----
<b>anecdotal talk</b> -----	<b>K + m</b> -----	<b>0:35</b> -----
<b>present patient talk</b> -----	<b>K+ c &amp; m</b> -----	<b>0:20</b> -----
<b>anecdotal talk</b> -----	<b>K</b> -----	<b>0:15</b> -----
<b>present patient talk</b> -----	<b>M + k &amp; c</b> -----	<b>3:30</b> -----
<b>anecdotal talk</b> -----	<b>K</b> -----	<b>0:10</b> -----
<b>present patient talk</b> -----	<b>M + k &amp; c</b> -----	<b>5:10</b> -----
<b>anecdotal talk</b> -----	<b>K + m</b> -----	<b>0:15</b> -----
<b>present patient summary</b> -----	<b>M &amp; K + c</b> -----	<b>0:45</b> -----
<b>doctor talk</b>	<b>M &amp; K</b>	<b>0:25</b>

<b>present patient talk</b> -----	<b>M &amp; K</b> -----	<b>0:25</b> -----
<b>present patient summary</b> -----	<b>K &amp; M + c</b> -----	<b>0:35</b> -----
<b>doctor talk</b> -----	<b>K &amp; K</b> -----	<b>1:20</b> -----
<b>present patient talk</b> -----	<b>M</b> -----	<b>0:30</b> -----
<b>clarify.of bus.practice talk</b> -----	<b>ALL</b> -----	<b>2:00</b> -----
<b>present patient talk</b> -----	<b>K + m &amp; c</b> -----	<b>2:40</b> -----

**SPECIMEN**

<b>prospective patient talk</b> (2-25) -----	<b>K + m</b> -----	<b>0:35</b> -----
<b>doctor talk (26-33)</b> -----	<b>K &amp; M</b> -----	<b>0:15</b> -----
<b>prospective patient talk</b> (34-41) -----	<b>K</b> -----	<b>0:20</b> -----
<b>doctor talk (42-97)</b> -----	<b>M&amp;K</b> -----	<b>1:05</b> -----
<b>SMALL TALK(98-133)</b> -----	<b>K &amp; C + e</b> -----	<b>0:45</b> -----
<b>wrap up of patient disc.</b> (134-141) -----	<b>K</b> -----	<b>0:15</b> -----
<b>clarificat. of bus. Practice</b> <b>Talk (142-209)</b>	<b>K&amp; M+ l &amp; c</b>	<b>1:55</b>

<b>meeting wrap-up</b> -----	<b>K</b> -----	<b>0:25</b> -----
<b>SMALL TALK</b>	<b>ALL</b>	<b>0:40</b>

## Transcript of talk as segmented and characterized by respondent

K (1): and that's everybody who's here<sup>1</sup>

### 1: Prospective Patient Talk

K (2): Dr W does have two more patients in the

(3): hospital

(4): Nina

(5): who is a young TPN patient

(6): uhm...

pause

(7): I think she is in her early 60's

(8) who had been planning on going home

(9): but is now very very terminal

(10): and I don't think that she is

(11): going to be getting any better

(12): but I did mention

(13): her to him

(14): and the other is a pain management patient

(15): uhm...

pause

(16): it's F.I.L.P.S.K.Y.

(17): the first name starts with an R

(18): and he says: "the man is REAL strange"

(19): and he said

(20): you-know

(21): "I/I certainly will think about it

(22): but let me go see him to-morrow"

(23): he'll write the order for us to

(24): uh...

(25): to see him

### 2 : Doctor Talk

M (26): Dr W doesn't seem to be the type to talk about his patients like that

K (27): he doesn't?

(28): oh yes he does

(29): you should know he used to talk about Michelle L

M (30): well Michelle L WAS strange

K (31): well...

(32): **laughter by group**

K (33): he calls them like he sees them

### **3: Prospective Patient Talk**

K (34): so there is a potential/

(35): these are not even referrals yet

(36): there is a potential

(37): uh...

(38): pain management referral

(39): and then there is a TPN patient in the

(40): hospital here of his

(41): that might bear watching

### **4: Doctor Talk**

M (42): why do you think he's slacked off on his referrals?

(43): is it just the people that...

K (44): I have been watching the census

(45): there has not been anybody

(46): uhm...

(47): well

(48): first of all there has not been anybody

(49): uhm...

(50): well first of all...

(51): he has been out of town

(52): and...

pause

(53): and like the doctors that cover for him

(54): aren't aggressive

(55): but

pause

(56): the patients who are admitted in pain are

- (57): already on the therapy  
(58): and other than that  
(59): it's just this one other patient that has an appropriate diagnosis  
(60): I know  
(61): because  
(62): one of the things I screen  
(63) when I screen the  
(64): census sheets  
(65): is his name  
(66): who's he admitting?

M (67): oh yeah

K (68): uh...

- (69): who's he admitting?  
(70): and who are they?  
(71): and so I take a look at those charts  
(72): and  
(73): he just doesn't have appropriate referrals  
(74): right now  
(75): one day  
(76): I said to him:  
(77): "do you have any for us?"  
(78): and he had a stack of probably  
(79): ten charts  
(80): and he looked at his charts  
(81): and he/  
(82): and he tried to figure out if these people had groshongs  
(83): and if he did  
(84): then he told me what he referred them on  
(85): he said:  
(86): "oh yeah this patient can have pain management  
(87): this person doesn't need anything  
(88): they don't have a catheter"  
(89): that's exactly how he did it  
(90): but  
(91): Dr W isn't/  
(92): you-know if he wants somebody home on/

(93): on a certain therapy

(94): he doesn't have any problem

(95): finding us

(96): so he might search you down

(97): or happen to run into me

## **SMALL TALK**

### **a: Trigger for Communal Joking**

E (98): do you know the names of new patients that/

(99): or old patients that are all

(100): stable on the therapy they're on?

K (101): yeah

(102): yeah

### **b: Communal Joking**

K (103): I-know I look at these patients

(104): and I think that they were last year's

(105): **laughter by group**

(106): we're ready to get a new batch

(107): **laughter by group**

C (108): we'll be like last year when the hospital list is just like February's was

(109): **laughter by group**

K (110): it's like

(111): seasonal

C (112): I-know-it

(113): it's frightening when I can come in

(114): and come in sporadically

(115): and I know

(116): I start right in on it

(117): **laughter by group**

K (118): sort-of like watching soaps

(119): **laughter by group**

C (120): right

(121): and I then get into it

(122): right in

(123): I feel like they're family now

(124): **laughter by group**

(125) I'm not kidding

K (126): I saw a patient that we started a long time ago

(127): and her catheter was backing up blood

(128): and she said:

(129): "I was just going to call you"

(130): and

(131): I said:

(132): "here I am

(133): **laughter by group**

## **5: Wrap up of Patient Discussion**

K (134): so that's everybody

(135): clinically

(136): everybody home

(137): and everybody here

P (138): good

K (139): you look like you're going to fall asleep

P (140): oh

(141): my head's like super plugged

## **6: Clarification of Business Practice Talk**

### **6.1: Clarifying a procedure**

L (142): all-right

(143): if they need an aide service

(144): then they go to the county

(145): if not...?

K (146): it sounds to me if that's/

M (147): no

K (148): oh

M (149): no

(150): Mr L wanted like a shift of these services

(151): so that he feels

(152): that

(153): we aren't certified

(154): number one

(155): [inaudible]

## **6.2: Discussion of loss of a patient's business**

K (156): so you are going to bill availability as...?

P (157): pass the kleenex

K (158): the health insurance

(159): is he medicaid?

M (160): yes

(161): he is medicaid

(162): as his primary insurance

K (163): ok

(164): but

(165): we could have kept the case for nursing

(166): and the county could have kept it for...

(167): uh...

(168): just the aide service

M (169): but

(170): the county preferred to put it together in a package deal

(171): and we haven't gotten a long-term program

K (172): oh

M (173): he went to Niagara long-term

## **6.3: Reassuring the group**

K (174): right now Niagara count is still not doing any chemotherapy

(175): and they were going to let me know when

(176): they were going to start doing chemo

(177): and I'm in contact with them occasionally

(178): they have no policies and procedures for chemo right now

(179): uhm...

## 6.4: Billing Procedures

M (180): so

(181): that wasn't part of Niagara long-term

(182): they were just medicaid station

(183): couldn't I take them?

K (184): yes you can

(185): so you do it hourly

(186): like two hours three days a week?

M (187): yeah

(188): generally the medicaid will go a little higher than medicare

(189): you can generally never give a whole shift of care with medicaid

## 6.5: Clarifying a Billing Problem

K (190): Constance

(191): I got a question about billing for Delaudette

C (192): yes

K (193): patient had been on Delaudette

(194): and who had started on major medical

(195): is now medicare primary

C (196): uh huu

K (197): does she have to change her drug?

C (198): I don't know the answer

K (199): ok

C (200): I'll check/have to check with/

K (201): well

(202): I'll call her because it's

(203): specifically Susan D

C (204): ok

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fn1

end of Present Patient Talk

## (2) ANALYST'S SEGMENTATION: VERBAL FLOW SECTIONS

The systematization of the respondent's segmentation yields candidate basic units, the Verbal Flow Sections.

They are obtained as follows:

### **DEFINING CRITERIA for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

### **SEGMENTATION CRITERIA for VF1 SECTIONS:** agenda items:<sup>1</sup>

#### **Patient-Oriented Talk:**<sup>2</sup>

prospective patient talk (2-25), (34-41)

doctor talk (26-33). (42-97)

#### **Event articulating:**<sup>3</sup>

Wrap up of patient discussion (134-138)

#### **Clarification of Business Practice Talk:**<sup>2</sup>

clarifying a procedure (142-155)

discussion of loss of a patient's bus. (156)+(158-173)

reassuring the group (174-179)

billing procedures (180-189)

clarifying a billing problem (190-204)

**DEFINING CRITERIA for VF2:****Type of Talk:** SMALL TALK (neutral & ritualistic modes)**Modality of Talk:** displaced**Focality:** focal**SEGMENTATION CRITERION for VF2 SECTION (98-133):****topic:** closeness to patients**DEFINING CRITERIA for VF3:****Type of Talk:** INFORMATIVE**Modality of Talk:** here-and-now**Focality:** marginal<sup>3</sup>**SEGMENTATION CRITERION for VF3 SECTION (134-137):****triggering agent:** the way P looks and acts**DEFINING CRITERIA for VF4:****Type of Talk:** ACTIVITY-RELATED**Modality of Talk:** here-and-now**Focality:** marginal<sup>3</sup>**SEGMENTATION CRITERION for VF4 SECTION (157) :****triggering agent:** P needs to blow her nose

---

fn1

With Work-Related Talk, agenda items rather than topics

fn2

There are two main and two sub, categories, of AGENDA ITEMS. They are:

**1: event-articulating agenda items**

**2: substantive agenda items**

- patient-oriented Talk**
- Clarification of business practice talk**

fn3

Note that the marginal flows are disregarded by the respondent, as if they did not occur.

**(3) COMPARISON between A's and R's ORGANIZATION**

ANALYST'S	RESPONDENT'S				
<b>UNLABELLED</b>					
VF1Section (2-25)	1: prospective patient talk ( 2-25)				
VF1Section (26-33)	2:doctor talk (26-33)				
VF1 Section (34-41)	3: prospective patient talk (34-41)				
VF1 Section (42-97)	4: doctor talk (42-97)				
<b>SMALL TALK</b>					
VF2 Section (98-133)	<table border="1" style="border-collapse: collapse;"> <tr> <td data-bbox="672 829 649 861">1:</td> <td data-bbox="672 829 1175 861">trigger to communal joking (98-102)</td> </tr> <tr> <td data-bbox="672 875 649 907">2:</td> <td data-bbox="672 875 1062 907">communal joking (103-133)</td> </tr> </table>	1:	trigger to communal joking (98-102)	2:	communal joking (103-133)
1:	trigger to communal joking (98-102)				
2:	communal joking (103-133)				
<b>UNLABELLED</b>					
VF1 Section(134-138)	Wrap up of Patient Discussion (134-41)				
VF3 Section(139-141)					
VF1 Section(142-155)	1: clarifying a procedure (142-155)				
<table border="1" style="border-collapse: collapse;"> <tr> <td data-bbox="245 1354 487 1386">VF1 Section (156)</td> </tr> <tr> <td data-bbox="245 1400 487 1432">VF4 Section (157)</td> </tr> <tr> <td data-bbox="245 1446 542 1478">VF1 Section (158-173)</td> </tr> </table>	VF1 Section (156)	VF4 Section (157)	VF1 Section (158-173)	2: discussion of loss of patient's business (156-73)	
VF1 Section (156)					
VF4 Section (157)					
VF1 Section (158-173)					
VF1 Section (174-179)	3: reassuring the group (174-79)				
VF1 Section (180-189)	4: billing procedure (180-89)				
VF1 Section (190-204)	5: clarifying a billing procedure (190-204)				

**B: BASIC UNITS: INTERNAL STRUCTURE  
and  
PARTIAL RHETORICAL ORGANIZATION of  
TALK IN CORES**

Each VF Section is now examined in turn in order to ascertain how many basic units it contains. Then, the internal structure of each basic unit, and the partial rhetorical organization of Talk in their respective cores, are described in some detail.

## VF1 SECTION (2-25)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

##### **Defining Criteria for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

##### **Segmentation Criterion for VF1 Section (2-25):**

**Agenda Item Category:** Patient-Oriented

**Individual Agenda Item:** Prospective patient talk

#### b) Transcript of Talk in Section:

K to all (2): Dr W does have two more patients in the

(3): hospital

(4): Nina

(5): who is a young TPN patient

(6): [uhm...]

pause

(7): --I think she is in her early 60's--

(8): who had been planning on going home

(9): but is now very very terminal

(10): and I don't think that she is

(11): going to be getting any better

(12): but I did mention

(13): her to him

(14): and the other is a pain management patient

(15): uhm...

pause

(16): it's F.I.L.L.P.S.K.Y.

(17): the first name starts with an R

(18): and he says: "the man is REAL strange"

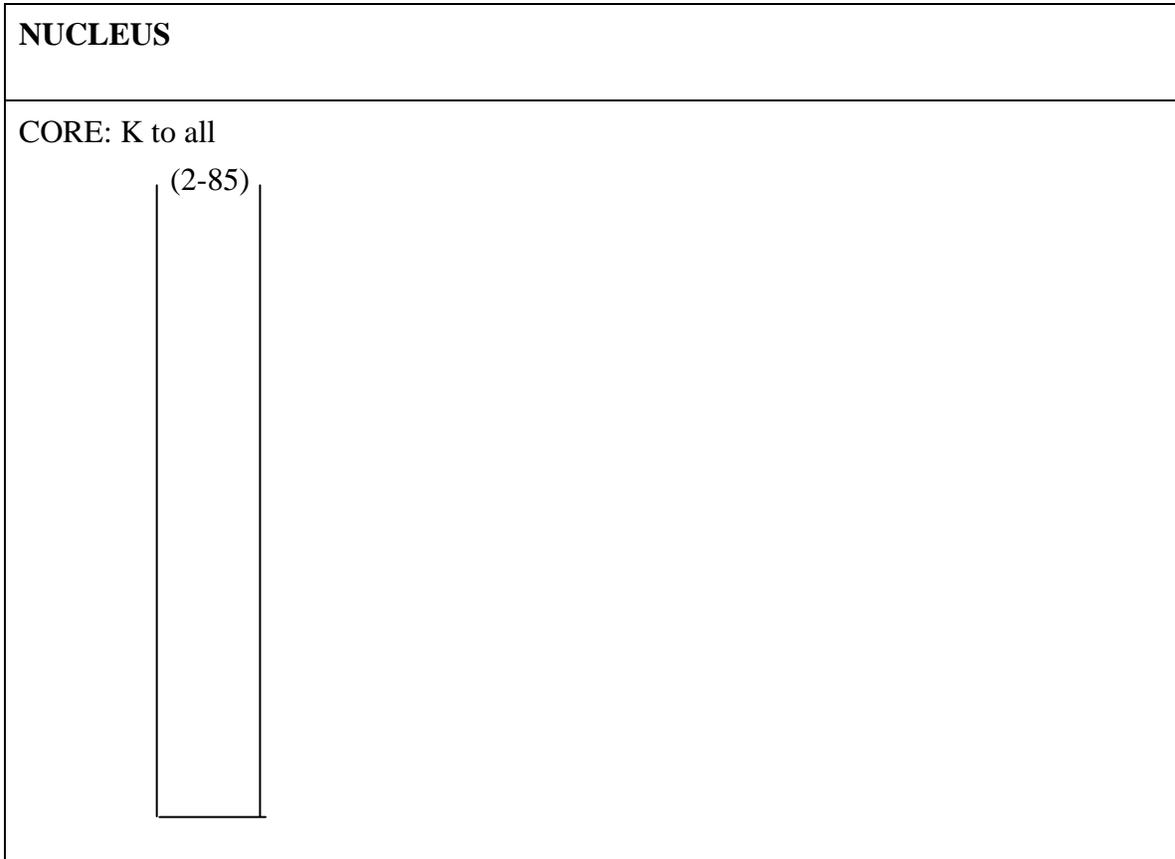
- (19): and he said  
(20): you-know  
(21): "I[I/I] certainly will think about it  
(22): but let me go see him to-morrow"  
(23): he'll write the order for us [to]  
(24): [uh...]  
(25): to see him

## **(2) BASIC UNITS:**

There is only one basic unit, VF1 Stretch (2-25). It is an INFORMING, specified by the semantic schema: Kris tells the group about two prospective patients.

**(3) DETAILED ANALYSIS OF INFORMING (2-25)****a) INTERNAL STRUCTURE OF INFORMING:**

The INFORMING has only a nucleus. The latter has only a core, a univox by Kris.



**b) RHETORICAL ORGANIZATION OF CORE:**

•1: Informing proper: <sup>1</sup>

(2): Dr W does have two more patients in the

(3): hospital

•2: Elaboration (in format of a list)

••1: First Case

•••1: Identification

••••1: name:

(4): Nina

••••2: clinical status (factual information): <sup>2</sup>

(5) who is a young TPN patient

**PAUSE**

(6) uhm...

**PARENTHESIS**

(7): I-think\_she is in her early 60's

(8): who had been planning on going home

(9): but is now very very terminal

**opinion:** <sup>3</sup>

(10): and I don't think that she is

(11): going to be getting any better

••••2: prospective patient status: <sup>4</sup>

(12): but I did mention

(13): her to him

••2: Second Case

•••1: Identification

••••1: clinical status (factual information): <sup>4</sup>

(14): and the other is a pain management patient

**PAUSE**

(15): uhm...

•••1: name (factual information) <sup>5</sup>

(16): it's F.I.L.L.P.S.K.Y.

(17): the first name starts with an R

•• 2: prospective patient status

•••1: making fun of Dr W: <sup>6</sup>

(18): and he says: "the man is REAL strange"

(19): and he said:

(20): "you-know..."

(21): [I/I] I certainly will think about it

(22): but let me go see him to-morrow"

•••2: K's opinion: <sup>7</sup>

(23): he'll write the order for us [to]

(24): [uh...]

(25): to see him

## Respondent's account:

-fn1

(2-25)

I'm telling the group about two possible prospective patients  
part of my job is to hunt down sick people ready to come home from the hospital  
some of the girls call me Kris A.C. for ambulance chaser

-fn2

(2-5) statement

-fn3

(8-11)

opinion

sympathy

-fn4

(12-17)

normal

statement

-fn5

(16-17) statement

-fn6

(18-22)

elaboration

joking

Kris is making fun of Dr W

-fn7

(23-25)

opinion

reassurance

## VF1 SECTION (26-33)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

**Defining Criteria for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

**Segmentation Criterion for VF1 Section (26-33):**

**Agenda Item Category:** Patient-Oriented

**Individual Agenda Item:** Doctor Talk

#### b) Transcript of Talk in Section:

M to K (26): Dr W doesn't seem to be the type to talk about his patients like that

K to M (27): he doesn't?

(28): oh yes he does!

(29): you should know he used to talk about Michelle L

M to K (30): well Michelle L WAS strange

K to M + all (31): well...

(32): laughter by group

K to M + all (33): he calls them like he sees them

### (2) BASIC UNITS:

There is only one basic unit, VF1 Stretch (26-33). It is a VERBAL ATTACK, specified by the semantic schema: Maureen attacks Kris verbally.

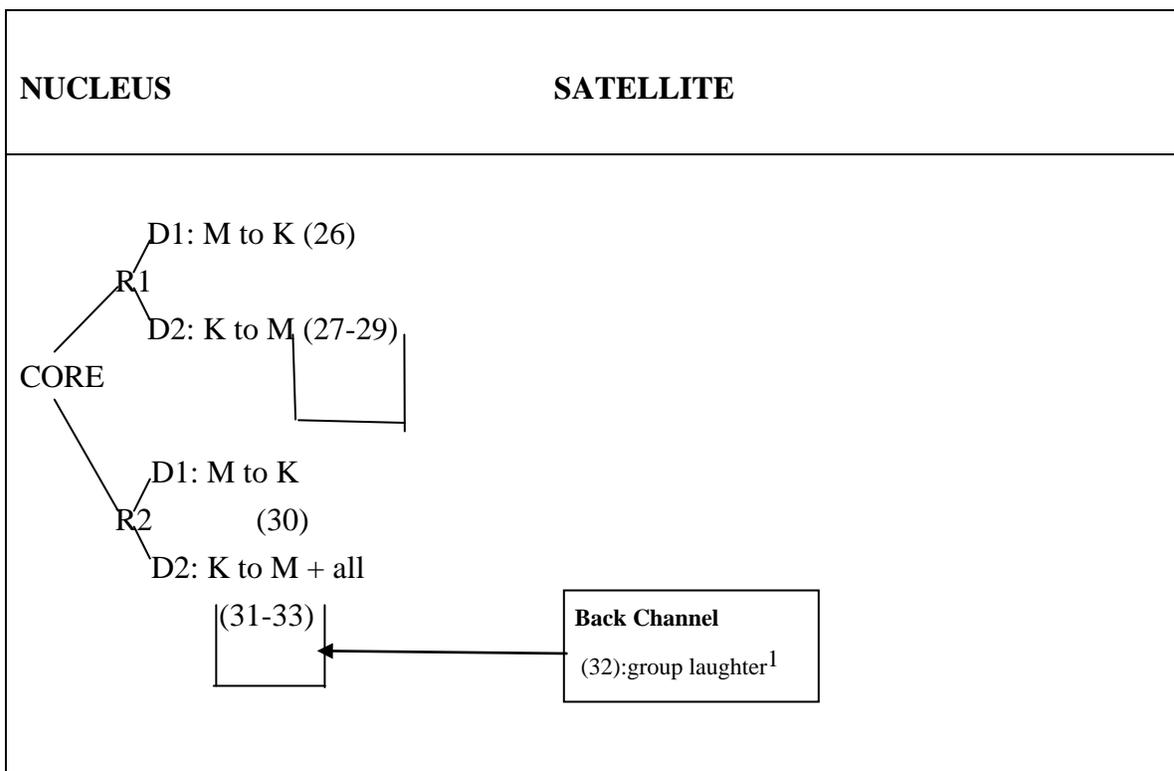
### (3) DETAILED ANALYSIS OF VERBAL ATTACK (26-33)

#### a) INTERNAL STRUCTURE OF VERBAL ATTACK:

The VERBAL ATTACK has a nucleus and a satellite.

The nucleus has only a multilogic core, a duo initiated by Maureen, with two rounds.

The satellite is a back channel by the group



#### Respondent's account:

-fn1

(30) general agreement

**b) RHETORICAL ORGANIZATION OF CORE:**

R1: M's initial attack

D1: M's rebuff/attack (in format of assertion of opinion): <sup>1</sup>

(26): Dr W doesn't seem to be the type to talk about his patients like that

D2: K's self defense (in format of sarcastic rejection of assertion)<sup>2</sup>

•1: preparation:

(27): he doesn't?

•2: rejection proper

(28): oh yes he does!<sup>3</sup>

•3: elaboration (giving evidence)

(29): you should know he used to talk about Michelle L

R2: M's renewed attack

D1: M to K: rejection of evidence (in format of sarcastic comment): <sup>4</sup>

**initiation:**

(30): well

**development:**

(30): Michelle L WAS strange

D2: K to M + all: self defense (proving her point that DrW talks about his patients): <sup>5</sup>

**initiation:**

(31): well

**development:**

(33): he calls them like he sees them

**Respondent's account:**

-fn1

(26)

opinion

engagement

Kris is questioning the morals of one of the doctors

Maureen is confronting Kris about her unprofessional behavior in joking about Dr W

-fn2

(27-29)

sarcastic response

annoyance

-fn3

'oh' marks speaker involvement

fn4

(30) sarcastic response

-fn5

(33)

opinion

I'm explaining that he is just like the rest of us

cooling down

## VF1 SECTION (34-41)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

**Defining Criteria for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Importance:** focal

**Segmentation Criterion for VF1 Section (34-41):**

**Agenda Item Category:** Patient-Oriented

**Individual Agenda Item:** Prospective Patient Talk

#### b) Transcript of Talk in Section:

K to all (34): so [there is a potential]

(35): these are not even referrals yet

(36): there is a potential

(37): [uh...]

(38): pain management referral

(39): and then there is a TPN patient in the

(40): hospital here of his

(41): that might bear watching

### (2) BASIC UNITS:

There is only one basic unit, VF1 Stretch (34-41). It is an INFORMING, specified by the semantic schema: Kris recapitulates information about two prospective patients.

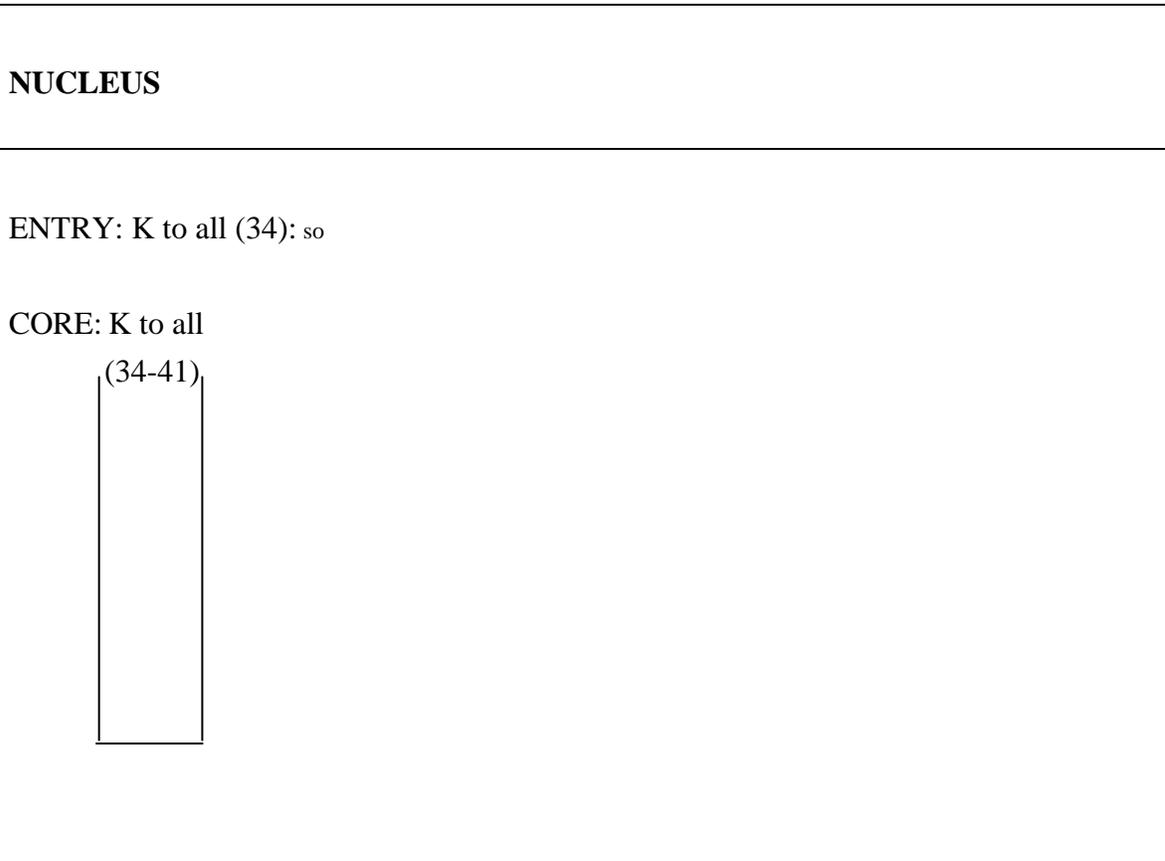
### (3) DETAILED ANALYSIS OF INFORMING (34-41)

#### a) INTERNAL STRUCTURE OF INFORMING:

The INFORMING has only a nucleus. The latter has an entry and a core.

The entry is a univox.

The core is a univox by Kris.



## b) RHETORICAL ORGANIZATION OF CORE:

Kris's recapitulation of clinical identification of the two prospective patients (in format of list): <sup>1</sup>

**REPAIRABLE (false start)**

(34): there is a potential

**PARENTHESIS**

(35): these are not even referrals yet

(35): there is a potential

(37): [uh...]

(38): pain management referral

(39): and then there is a TPN patient in the <sup>2</sup>

(40): hospital of his

(41): that might bear watching

## Respondent's account:

-fn1

(34-41)

statement

this is more talk about possible future patients ( same two prospective patients mentioned in Part 1)

normal (psychological state)

-fn2

(39-40)

this is the terminally ill patient that may be able to go home soon

## VF1 SECTION (42-97)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

##### Defining Criteria for VF1:

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

##### Segmentation Criterion for VF1 Section (42-97):

**Agenda Item Category:** Patient-Oriented

**Individual Agenda Item:** Doctor Talk

#### b) Transcript of Talk in Section:

M to K (42): why do you think he's slacked off on his referrals?

(43): is it just the people that/

K to M (+all)

(44): I have been watching the census

(45): there has not been anybody

(46): [uhm...]

(47): well

(48): first of all there has not been anybody

(49): [uhm...]

(50): well first of all...

(51): he has been out of town

(52):[and...]

pause

(53): and like the doctors that cover for him

(54): aren't aggressive

(55): but

pause

(56): the patients who are admitted in pain are

(57): already on the therapy

(58): and other than that

(59): it's just this one other patient that has an appropriate diagnosis

K to all (60): I know

(61): because

(62): one of the things I screen

(63) when I screen the

(64): census sheets

(65): is his name

(66): [who's he admitting?]

M (67): oh yeah?

K to all: (68): [uh...]

(69): who's he admitting?

(70): and who are they?

(71): and so I take a look at those charts

(72): and

(73): he just doesn't have appropriate referrals

(74): right now

(75): one day

(76): I said to him:

(77): "do you have any for us?"

(78): and he had a stack of probably

(79): ten charts

(80): and he looked at his charts

(81): [and he]

(82): and he tried to figure out if these people had groshongs

(83): and if he did

(84): then he told me what he referred them on

(85): he said:

(86): "oh yeah this patient can have pain management

(87): this person doesn't need anything

(88): they don't have a catheter"

(89): that's exactly how he did it

(90): but

(91): [Dr W isn't]

(92): you-know if he wants somebody home [on]

(93): on a certain therapy

(94): he doesn't have any problem

(95): finding us

(96): so he might search you down

(97): or happen to run into me

## **(2) BASIC UNITS:**

There is only one basic unit, VF1 Stretch (42-97). It is a VERBAL ATTACK, specified by the semantic schema: Maureen attacks Kris.

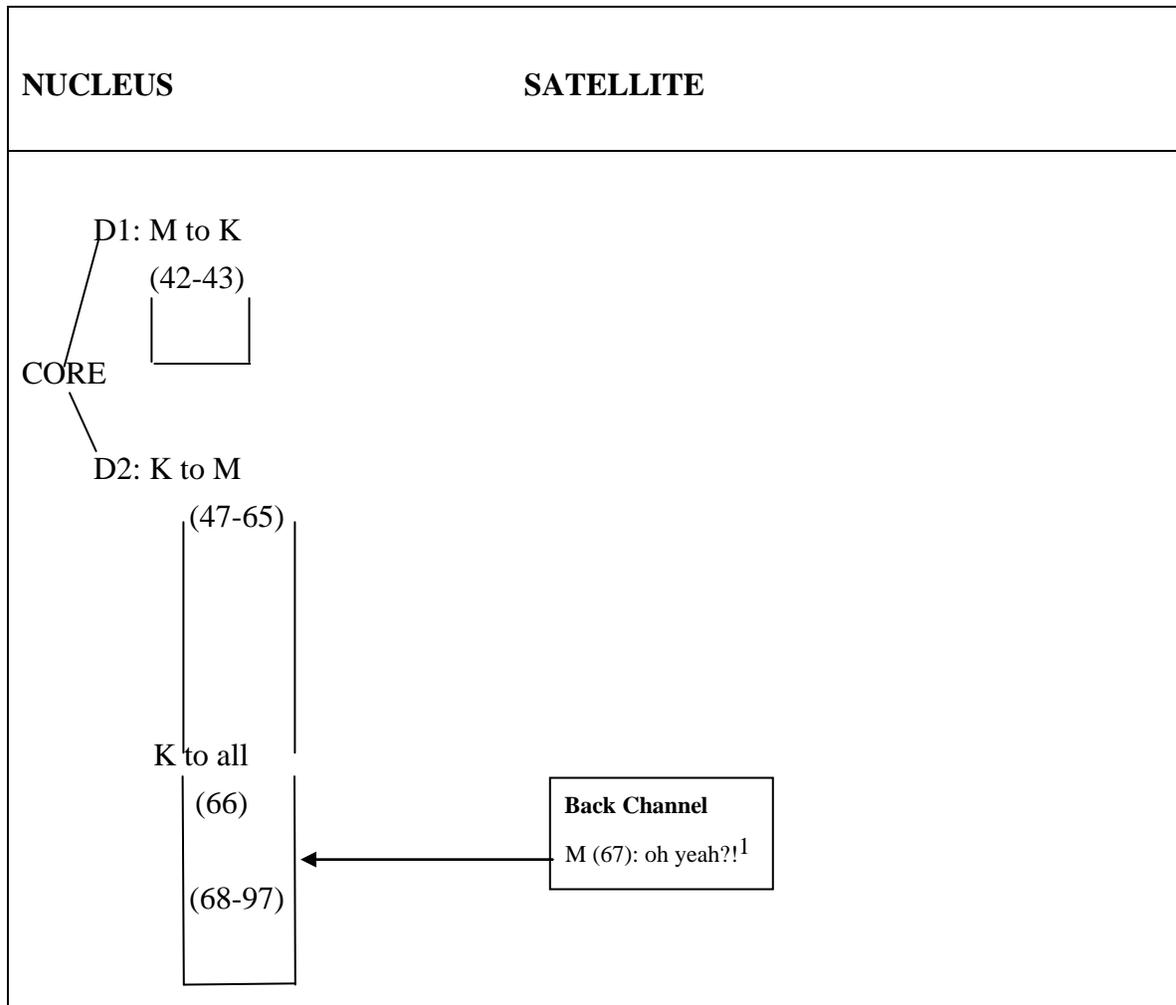
### (3) DETAILED ANALYSIS OF VERBAL ATTACK (42-97)

#### a) INTERNAL STRUCTURE OF VERBAL ATTACK:

The VERBAL ATTACK has a nucleus and one satellite.

The nucleus has only a multilogic core, a duo carried out by Maureen and Kris, with one round.

The satellite is a univocal back channel by Maureen



#### Respondent's account:

-fn1

(67) sarcastic response

indifference

'oh' marks speaker involvement

**a) RHETORICAL ORGANIZATION OF CORE:**

D1: M's attack (in format of a request for information)<sup>1</sup>

•1: request proper:

(42): why do you think he's slacked off on his referrals?

•2: elaboration (unfinished)

(43): is it just the people that/

D2: K's self defense <sup>2</sup>

**initiation:**

(47): well

**development:**

•1: list

••1: first point

**REPAIRABLES**

(44): I have been watching the census

(45): there has not been anybody

(46): uhm...

(47): well

(48): first of all there has not been anybody

(49): uhm...

(50): first of all

(51): he has been out of town

**REPAIRABLE**

(52): and...<sup>3</sup>

opinion: <sup>4</sup>

(53): and like the doctors that cover for him

(54): aren't aggressive

**REPAIRABLE**

(55): but...<sup>3</sup>

••2: second point (statement of facts):<sup>5</sup>

(56): the patients who are admitted in pain are

(57): already on the therapy

(58): and other than that

(59): it's just this one other patient that has an appropriate diagnosis

•2: justification to group

••1: justifying her own behavior

•••1: preparation:<sup>6</sup>

(60): I know

(61): because

(62): one of the things I screen

(63): when I screen the

(64): census sheets

(65): is his name

(66): who's he admitting?

[(68): uh...]

(69): who's he admitting?

(70): and who are they?

•••2: justification proper (opinion):<sup>7</sup>

(71): and so I take a look at those charts

(72): and...<sup>8</sup>

(73): he just doesn't have appropriate referrals

(74): right now

••2: justifying herself by illustrating how strange Dr W is (narrative)<sup>9</sup>

•••1: set up:

(75): one day

(76): I said to him:

(77): "do you have any for us?"

(78): and he had a stack of probably

(79): ten charts

(80): and he looked at his charts

**REPAIRABLE**

(81): and he/

(82): and he tried to figure out if these people had groshongs

(83): then he told me what he referred them on

(85): he said:

(86): "oh yeah this patient can have pain management

(87): this person doesn't need anything

(88): they don't have a catheter"

•••2: point of story (mocking sarcasm): 10

(89): that's exactly how he did it

•3: reassuring the group (opinion): 11

(90): but...<sup>11</sup>

**REPAIRABLE**

(91): Dr W isn't/

(92): you-know if he wants somebody home

(93): on a certain therapy

(94): he doesn't have any problem

(95): finding us

explanation: 12

(96): so he might search you<sup>13</sup> down

(97): or happen to run into me

## Respondent's account:

-fn1

(42-43) M questioning why Dr W hasn't sent us many new patients

question

-fn2

(44-59)

I'm explaining that it's not that he is avoiding doing business with us

it's just that he's been out of town a lot

and the patients he's been seeing lately haven't needed homecare

(44-51)

response

(44-57) annoyance

-fn3

(52) & (55) pause

-fn4

(53-54) opinion

-fn5

(56-59) statement

(58-59) normal

-fn6

(60-66)

elaboration

annoyance

elaboration:

(60-74)

I justify to the group that I've been watching for his patients

but there haven't been that many for referral

-fn7

(73-74) opinion

-fn8

(72) pause

-fn9

(75-85) illustration

(75-89)

I'm relating a recent discussion I had with Dr W

it shows how strange he thinks by the way he reviews cases for possible referral

(86-88) sarcastic quote

Note that Kris does not give clues regarding the internal structure of the narrative

line 86: 'oh' marks speaker involvement

-fn10

(89) mocking sarcasm

joking

-fn11

(90-95) opinion

(91-97) reassurance: I'm reassuring the group that we really don't have any business problems with this doctor

he will continue to send us referrals

-fn11' pause

-fn12

(96-97) explanation

-fn13

you is Maureen

## VF1 SECTION (98-133)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

##### Defining Criteria for VF1:

**Type of Talk:** SMALL TALK (neutral & ritualistic modes)

**Modality of Talk:** displaced

**Focality:** focal

##### Segmentation Criterion for VF1 Section (98-133):

**topic:** closeness to patients

#### b) Transcript of Talk in Section:

E to K (98): do you know the names of new patients that/

(99): --or old patients-- that are all

(100): stable on the therapy they're on?

K to E (101): yeah

(102): yeah

neutral

K (103): I-know I look at these patients

(104): and I think that they were last year's

(105): laughter by group

(106): we're ready to get a new batch

(107): laughter by group

C (108): we'll be like last year when the hospital list is just like February's was

(109): laughter by group

K (110): it's like

(111): seasonal

C (112): I-know-it

C (113): it's frightening when I can come in

(114): --and come in sporadically--

(115): and I know

(116): I start right in on it

(117): laughter by group

K (118): sort-of like watching soaps (119): laughter by group

C (120): right

C (121): and I then get into it

(122): right in

(123): I feel like they're family now

(124): laughter by group

(125): I'm not kidding

K (126): I saw a patient that we started a long time ago

(127): and her catheter was backing up blood

(128): and she said:

(129): "I was just going to call you"

(130): and

(131): I said:

(132): "here I am"

(133): laughter by group

## **(2) BASIC UNITS:**

There is only one basic unit, VF2 Stretch (98-133). It is a COMMUNAL JOKING, specified by the semantic schema: Kris and Constance engage in communal joking.

### **(3) DETAILED ANALYSIS OF COMMUNAL JOKING (98-133)**

#### **a) INTERNAL STRUCTURE OF COMMUNAL JOKING:**

The COMMUNAL JOKING has a PRE in the neutral mode and a MAIN PART in the ritualistic mode.

The PRE has only a nucleus. The latter has only a core, a dialogue initiated by E and addressed to K, with one exchange.

The MAIN PART has a nucleus and two types of satellites.

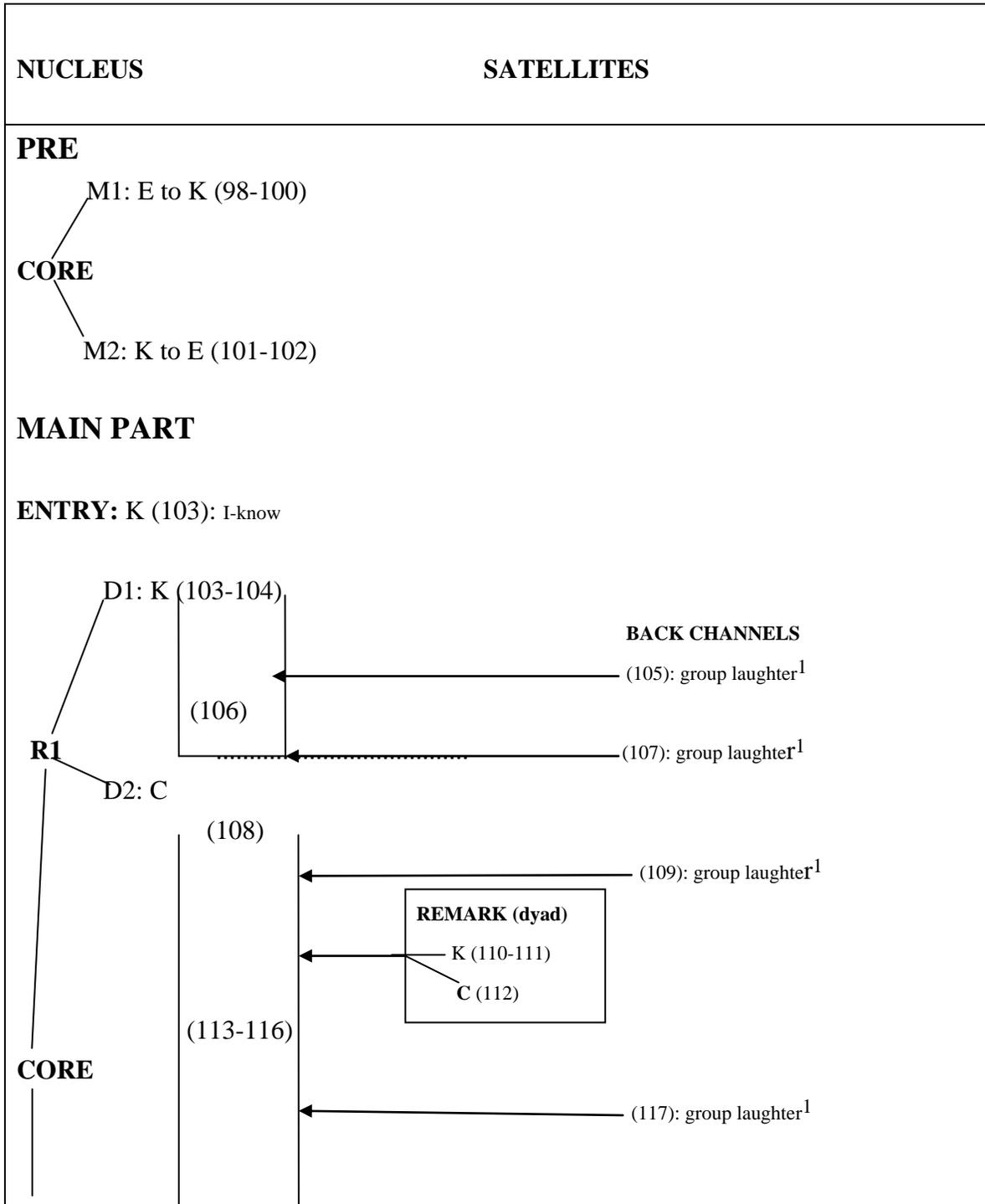
The nucleus has an entry and a core.

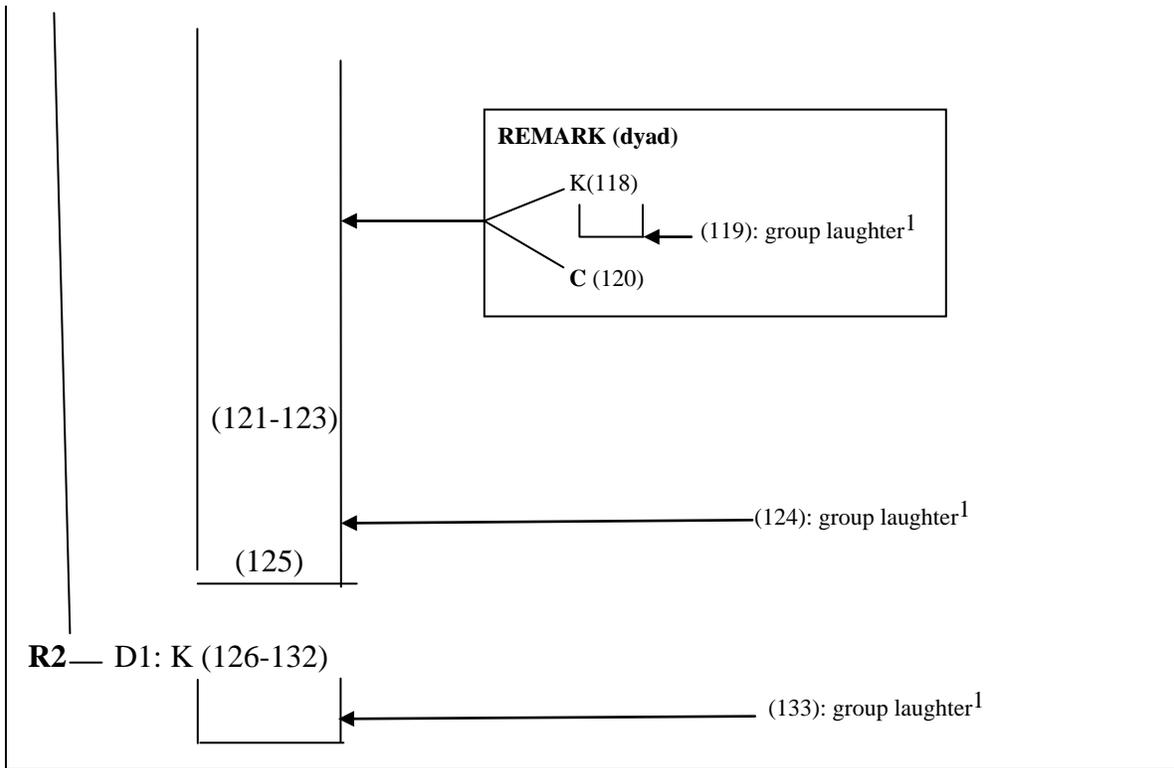
The entry is a univox.

The core is multilogic, a duo carried out by Kris and Constance, with 2 rounds.

The two types of satellites include 2 dyadic remark involving K and C and 6 instances of group laughter back channels.

The second remark dyad has a satellite, a group laughter back channel.





### Respondent's account:

-fn1

general agreement

**b) RHETORICAL ORGANIZATION OF CORES:**

**PRE TO COMMUNAL JOKING**

M1: Emmy's request for information: <sup>1</sup>

(98): do you know the names of new patients [that]

(99): or old patients that are all

(100): stable on the therapy they're on?

M2: Kris's response (affirmation): <sup>2</sup>

(101): yeah

(102): yeah

**MAIN PART: COMMUNAL JOKING <sup>2'</sup>**

**Round 1**

D1: K's presentation of theme <sup>3</sup>

•1: theme proper (illustration): <sup>3'</sup>

(103): I look at these patients

(104): and I think that they were last year's

•2: elaboration (comment): <sup>4</sup>

(106): we're ready to get a new batch

D2: C's repetition of theme

**development**

•1: theme proper: <sup>5</sup>

(108): we'll be like last year when the hospital list is just like February's was

**REMARK (dyad)**

opinion by K: <sup>6</sup>

(110): it's like

(111): seasonal

acknowledgement by M: <sup>7</sup>

(112): I-know-it

•2: elaboration (in format of narrative)

••1: set up

•••1: first phrasing:<sup>8</sup>

(113): it's frightening when I can come in

(114): and come in sporadically

(115): and [I know]

(116): I start right in on it

**REMARK (dyad)**

suggestion by K: <sup>8</sup>

(118): sort-of like watching soaps

acknowledgement by C: <sup>7</sup>

(120): right

•••2: repeat of (116): <sup>9</sup>

(121): and I then get into it

(122): right in

••2: point of story:

(123): I feel like they're family<sup>10</sup>

**termination:**

(125): I'm not kidding<sup>11</sup>

**Round 2**

D1: K's illustration of theme (with a narrative) <sup>12</sup>

•1: narrative set-up:

(126): I saw a patient that we started a long time ago

(127): and her catheter was backing up blood

(128): and she said:

(129): "I was just going to call you"

•2: point of story:

(130): and

(131): I said:

(132): "here I am"

**Respondent's account:**

-fn1

(98-100) question

normal

-fn2

(101-102) response

-fn2'

(103-132) communal joking

-fn3

(103-132)

here we are talking about how after a while all the patients seem to run together

I mean that this group is like that group

things don't really change that much over time

just like the soap operas it doesn't matter when you tune in

you always know what's going on

perhaps this job is a lot like that

-fn3'

(103-104) illustration

-fn4

(106) statement

-fn5

(108) affirmation

-fn6

(110-111) opinion

-fn7

(112) affirmation

-fn8

(113-116) everybody seems to know that although the patients change the job doesn't much

-fn8'

(118) suggestion

-fn9

(113-116) + (121-122) elaboration

-fn10

(123) opinion

-fn11

(125) affirmation

-fn12

(126-132) illustration

## VF1 SECTION (134-138)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

**Defining Criteria for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

**Segmentation Criterion for VF1 Section (134-138):**

**Agenda Item Category:** Event-Articulating

**Individual Agenda Item:** Wrap up of Patient Discussion

#### b) Transcript of Talk in Section:

K to all: (134): so that's everybody

(135): clinically

(136): everybody home

(137): and everybody here

P: (138): good

### (2) BASIC UNITS:

There is only one basic unit, VF1 Stretch (134-137). It is a SUMMARY, specified by the semantic schema: Kris wraps up the review section of the meeting.

### (3) DETAILED ANALYSIS OF SUMMARY (134-138)

#### a) INTERNAL STRUCTURE OF SUMMARY:

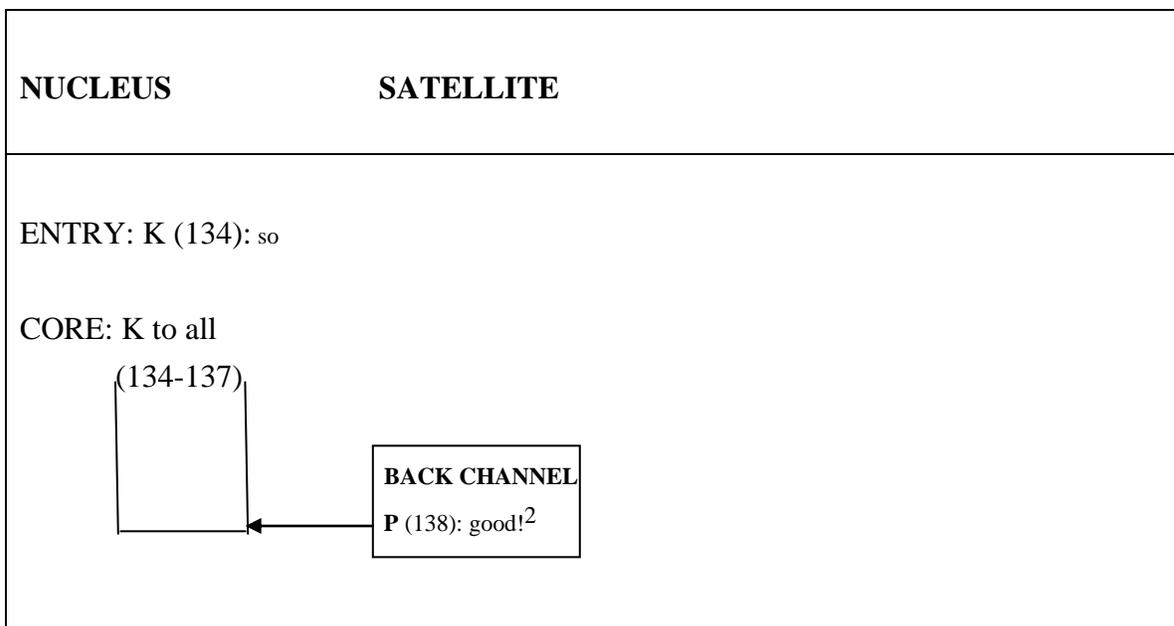
The SUMMARY has a nucleus and a satellite.

The nucleus has an entry and a core.

The entry is a univox.

The core is a univox by Kris, addressed to all.

The satellite is a univocal back channel by Peggy.



#### Respondent's account:

-fn1

(138) statement

**b) RHETORICAL ORGANIZATION OF CORE:**

K's summary: <sup>1</sup>

•1: general phrasing:

(134): that's everybody

(135): clinically

•2: specific phrasing:

(136): everybody home

(137): and everybody here <sup>2</sup>

**Respondent's account:**

- fn1

(134-138)

we are beginning to wrap up the "review" section of our meeting

statement

normal

-fn2

"here" refers very likely to the clipboard with all the patients' names on it

I usually take the clipboard and review all the patients

## VF3 SECTION (139-141)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

**Defining Criteria for VF3:**

**Type of Talk:** INFORMATIVE

**Modality of Talk:** here- and- now

**Focality:** focal

**Segmentation Criterion for VF3 Section (139-141):**

**triggering agent:** the way Peggy looks and acts

#### b) Transcript of Talk in Section:

K to P: (139): you look like you're going to fall asleep

P to K: (140): oh

(141): my head's like super plugged!

### (2) BASIC UNITS:

The Section is constituted by K's verbal responses to the triggering agent: the way Peggy looks and acts.

There is only one basic unit, VF3 Stretch (139-141). It is a QUERY specified by the semantic schema: K asks P what's the matter with her.

This is shown in the following Table:

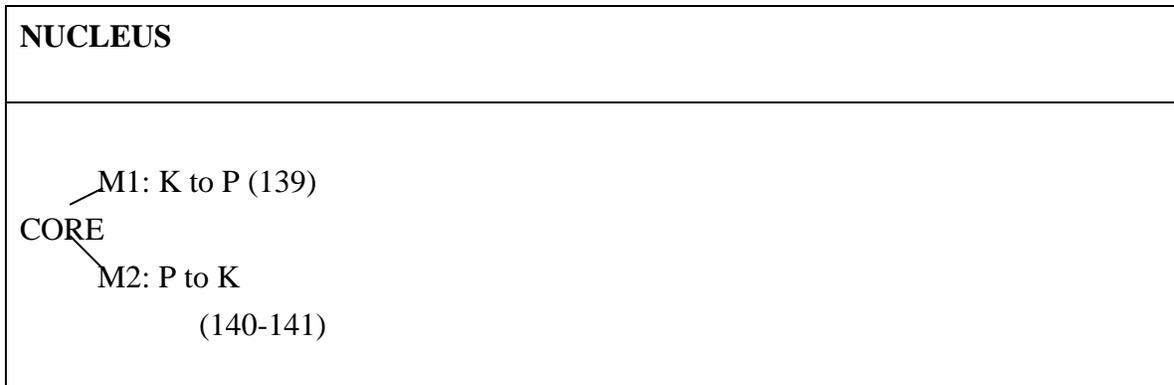
TRIGGERING AGENT	VERBAL RESPONSES
Peggy looking sick	————— QUERY by K to P

### (3) DETAILED ANALYSIS OF QUERY (139-141)

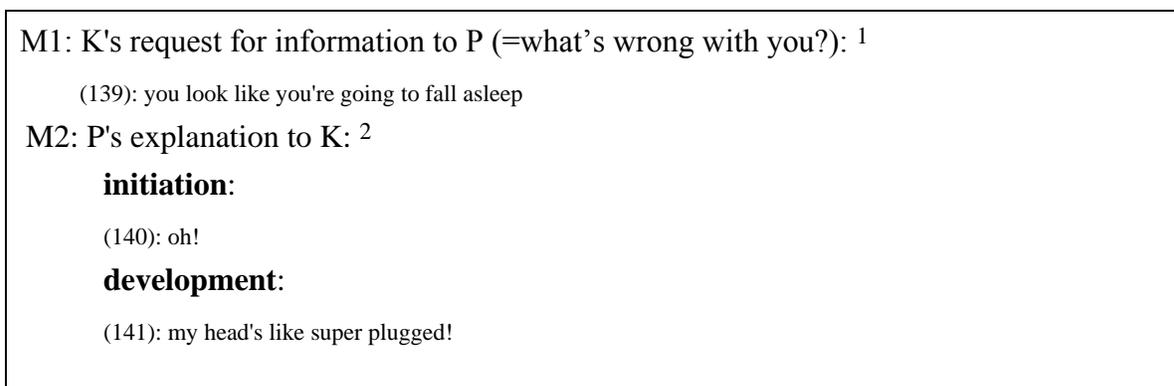
#### a) INTERNAL STRUCTURE OF QUERY:

The QUERY has only a nucleus.

The latter has only a core, a dialogue initiated by Kris and addressed to Peggy, with one exchange.



#### b) RHETORICAL ORGANIZATION OF CORE:



#### Respondent's account:

-fn1

(139) observation: Peggy was in bad shape

-fn2

(140-141) explanation

'oh' is an exclamation

## VF1 SECTION (142-155)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

**Defining Criteria for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

**Segmentation Criterion for VF1 Section (142-155):**

**Agenda Item Category:** Business-Practices-Oriented

**Individual Agenda Item:** Clarifying a Procedure

#### b) transcript

L to K (142): all-right

(143): if they need an aide service

(144): then they go to the county

(145): if not...?

K to L (146): it sounds to me if that's/

M to L (147): no

K (148): oh?

M to L (149): no

(150): Mr L wanted like a shift of these services

(151): so that he feels

(152): that

(153): we aren't certified

(154): number one

(155): [inaudible]

### (2) BASIC UNITS:

There is only one basic unit, VF1 Stretch (142-155). It is a QUERY, specified by the semantic schema: Lois asks Kris to clarify a procedure.

### (3) DETAILED ANALYSIS OF QUERY (142-155)

#### a) INTERNAL STRUCTURE OF QUERY:

The QUERY has a nucleus and a satellite.

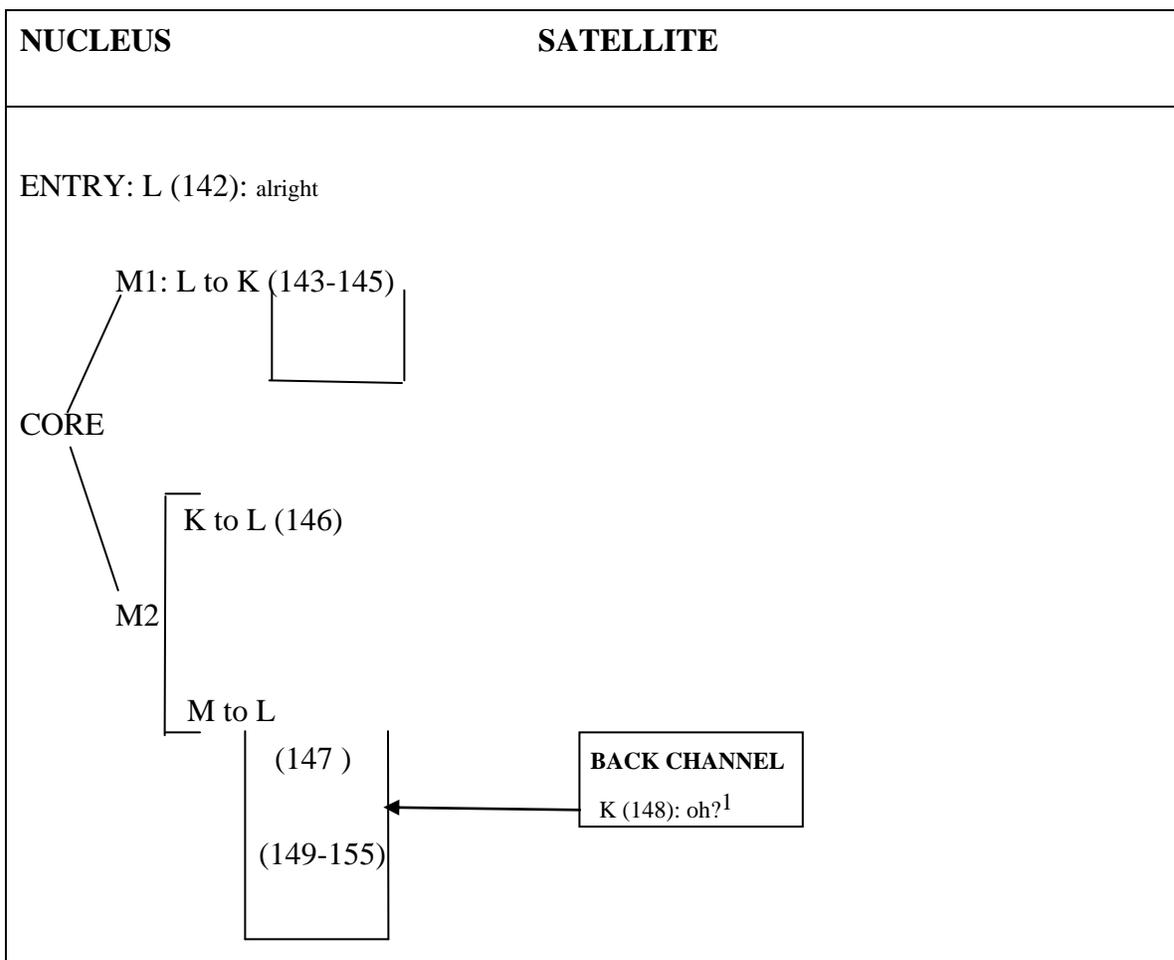
The nucleus has an entry and a core.

The entry is a univox.

The core is a dialogue initiated by Lois and addressed to Kris, with one exchange.

Note that the second member has a dual set of responses.

The satellite is a univocal back channel by Kris



#### Respondent's account:

-fn1

(148) annoyance ; sarcastic question

'oh' is an exclamation of doubt

## b) RHETORICAL ORGANIZATION OF CORE:

M1: Lois's request for clarification (in format of stated alternative): <sup>1</sup>

(143): if they need an aide service

(144): then they go to the county

(145): if not...?<sup>2</sup>

M2: dual set of responses

Kris's response (affirmation interrupted by Maureen): <sup>3</sup>

(146): it sounds to me if that's/

Maureen's response (contradicting Kris)

•1: contradiction proper<sup>4</sup>:

(147): no

(149): no

•2: elaboration (justification):<sup>5</sup>

(150): Mr L wanted like a shift a these services

(151): so that he feels

(152): that)

(153): we aren't certified

(154): number one

(155): inaudible

## Respondent's account

-fn1

(142-145) Lois is a new nurse and she's clarifying something she's unsure of (i.e. when to let patients go to county services) .Very likely Lois had Mr L in mind

normal

-fn2

(142-145) observation/question

-fn3

(146) affirmation

Kris is interrupted by Maureen

-fn4

(147)

engagement initiated by Maureen

negation

-fn5

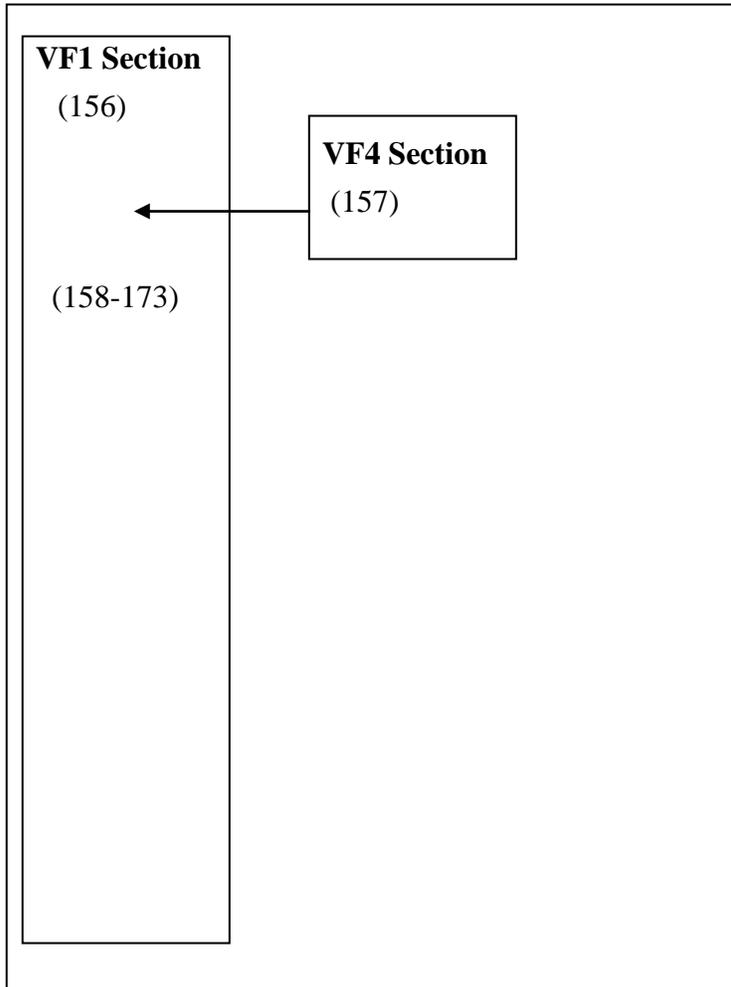
(150-155)

engagement initiated by Maureen

Maureen says that the reason why they lost him is because they don't have a long term program not because of lack of aide service

**OVERLAPPING VERBAL FLOWS:**

**VF1 Section (156)+(158-173) is overlapped by VF4 Section (157)**



## VF1 SECTION (156)+(158-173)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

##### **Defining Criteria for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

##### **Segmentation Criterion for VF1 Section (156)+(158-173):**

**Agenda Item Category:** Business-Practices-Oriented

**Individual Agenda Item:** Discussion of loss of a patient's business

#### b) Transcript of Talk in Section:

K to M (156): so you are going to bill availability as

(158): the health insurance?

(159): is he medicaid?

M to K (160): yes

(161): he is medicaid

(162): as his primary insurance

K to M: (163): ok

K to M: (164): but

(165): we could have kept the case for nursing

(166): and the county could have kept it for...

(167): uh...

(168): just the aide service

M to K (169): but

(170): the county preferred to put it together in a package deal

(171): and we haven't gotten a long-term program

K (172): oh

M to K (173): he went to Niagara long-term

**(2) BASIC UNITS:**

There is only one basic unit, VF1 Stretch (156-173). It is a SUGGESTION specified by the semantic schema: Kris makes a suggestion to Maureen.

**(3) DETAILED ANALYSIS OF SUGGESTION (156-163)****a) INTERNAL STRUCTURE OF SUGGESTION:**

The SUGGESTION has only a nucleus and 1 satellite.

The latter has an entry, an exit attempt and a core.

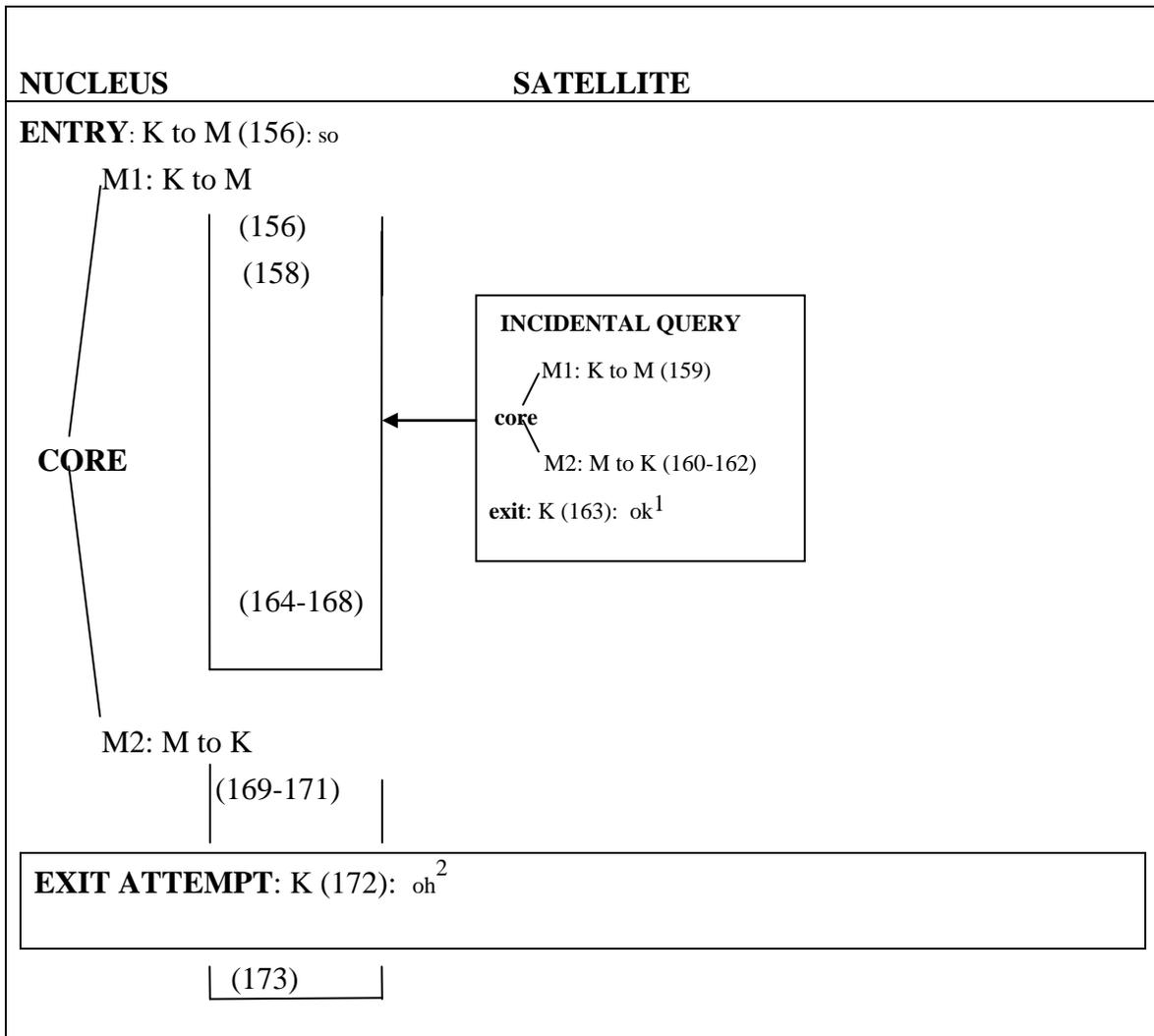
The entry and exit attempt are univoxes.

The core is a dialogue initiated by Kris and addressed to Maureen, with one exchange.

The satellite is an incidental query. The latter has a nucleus and an exit.

The exit is a univox.

The core is a dialogue initiated by Kris and addressed to Maureen, with one exchange.



### Respondent's account:

-fn1

(163) pause

-fn2

(172)

cooling down by Kris

statement

'oh' marks information receipt

## b) RHETORICAL ORGANIZATION OF CORES:

**M1: Kris's suggestion<sup>1</sup>**

•1: preparation:

(156): you are going to bill availability as

(158): the health insurance?<sup>2</sup>

### INCIDENTAL QUERY

M1: Kris 's question proper:<sup>3</sup>

(159): is he medicaid?

M2: Maureen's response<sup>4</sup>

•1: response proper

••1: affirmation:

(160): yes

••2: echoing:

(161): he is medicaid

•2: elaboration:

(162): as his primary insurance

•2: suggestion proper:

**initiation:** <sup>5</sup>

(164): but

**development:** <sup>6</sup>

(165): we could have kept the case for nursing

(166): and the county could have kept it for...

(167): uh...

(168): just the aide service

**M2: Maureen's justification of her rejection of Kris's suggestion**

**initiation:**

(169): but<sup>7</sup>

**development**

justification proper: <sup>8</sup>

(170): the county preferred to put it together in a package deal

(171): and we haven't gotten a long-term program

elaboration: <sup>9</sup>

(173): he went to Niagara long-term

**Respondent's account:**

-fn1

(156-173)

this is a discussion about a patient who was thinking about using our services but chose a rival service instead

we are discussing how we lost the patient's business

(156-171) engagement initiated by Kris

-fn2

(156) question

-fn3

(159) question

-fn4

(160-162) response

-fn5

pause

-fn6

(165-168) opinion

-fn7

the rejection is implied

-fn8

(169-171) justification

-fn9

(173)

normal

elaboration

## VF4 SECTION (157)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

**Defining Criteria for VF4:**

**Type of Talk:** ACTIVITY-RELATED

**Modality of Talk:** here- and- now

**Focality:** focal

**Segmentation Criterion for VF4 Section (157):**

**triggering agent:** Peggy needs to blow her nose

#### b) Transcript of Talk in Section:

P to ? (157): pass the kleenex

### (2) BASIC UNITS:

The Section is constituted by P's verbal responses to the triggering agent: Peggy needs to blow her nose.

There is only one basic unit, VF4 Stretch (157). It is a DEMAND specified by the semantic schema: Peggy asks for a kleenex.

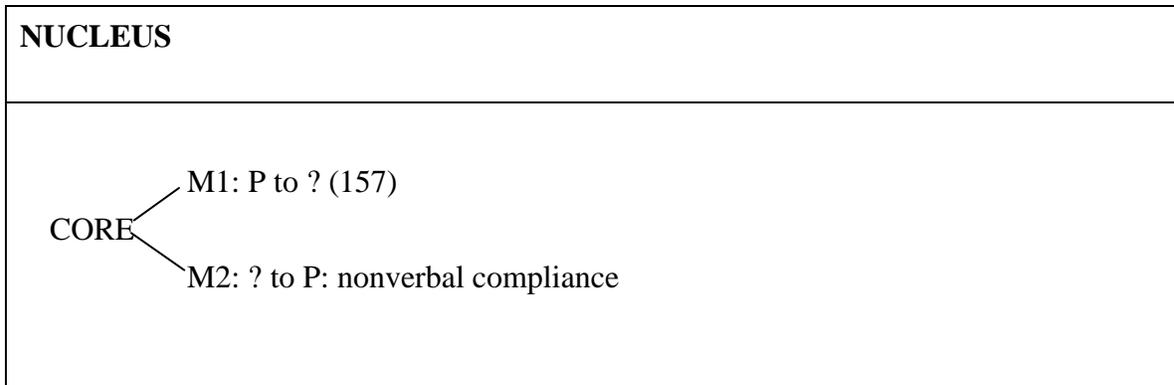
This is shown in the following Table:

TRIGGERING AGENT	VERBAL RESPONSE
Peggy needs to blow her nose	_____ DEMAND

### (3) DETAILED ANALYSIS OF DEMAND (157)

#### a) INTERNAL STRUCTURE OF DEMAND:

The DEMAND has only a nucleus. The latter has only a core, a quasi exchange initiated by Peggy and addressed to (?). It has one exchange.



#### b) RHETORICAL ORGANIZATION OF CORE:



#### Respondent's account:

fn1

(157) normal

## VF1 SECTION (174-179)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

**Defining Criteria for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

**Segmentation Criterion for VF1 Section (174-179):**

**Agenda Item Category:** Business-Practices-Oriented

**Individual Agenda Item:** Reassuring the Group

#### b) Transcript of Talk in Section:

K to all (174): right now Niagara county is still not doing any chemotherapy

(175): and they were going to let me know when

(176): they were going to start doing chemo

(177): and I'm in contact with them occasionally

(178): they have no policies and procedures for chemo right now

(179): uhm...

### (2) BASIC UNITS:

There is only one basic unit, VF1 Stretch (174-179). It is an INFORMING, specified by the semantic schema: Kris tells the group that they still have an edge on the county service.

### (3) DETAILED ANALYSIS OF INFORMIN (174-179)

#### a) INTERNAL STRUCTURE OF INFORMING:

The informing has only a nucleus.

The latter has only a core, a univox by Kris addressed to all

<b>NUCLEUS</b>
<b>CORE:</b> K to all <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 100px; text-align: center;">(174-179)</div>

#### b) RHETORICAL ORGANIZATION OF CORE:

<p>Kris's announcement<sup>1</sup></p> <ul style="list-style-type: none"> <li>•1: preparation: <ul style="list-style-type: none"> <li>(174): right now Niagara county is still not doing any chemotherapy</li> </ul> </li> <li>•2: announcement proper: <ul style="list-style-type: none"> <li>(175): and they were going to let me know when</li> <li>(176): they were going to start doing chemo</li> <li>(177): and I'm in contact with them occasionally</li> </ul> </li> <li>•3: repeat of preparation: <ul style="list-style-type: none"> <li>(178): they have no policies and procedures for chemo right now<sup>2</sup></li> <li>(179): uhm...<sup>3</sup></li> </ul> </li> </ul>
---

#### Respondent's account:

-fn1

(174-179)

I'm telling this group here that we still have an edge on the county service because they don't care for those on chemo yet

-fn2

(174-178)

normal (psychological state)

observation

-fn3

(179) pause

## VF1 SECTION (180-189)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

**Defining Criteria for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

**Segmentation Criterion for VF1 Section (180-189):**

**Agenda Item Category:** Business-Practices-Oriented

**Individual Agenda Item:** Billing Procedure

#### b) Transcript of Talk in Section:

M to K (180): so

(181): that wasn't part of Niagara long-term

(182): they were just medicaid station

(183): couldn't I take them?

K to M (184): yes you can

K to M (185): so you do it hourly

(186): like two hours three days a week?

M to K (187): yeah

(188): generally the medicaid will go a little higher than medicare

(189): you can generally never give a whole shift of care with medicaid

### (2) BASIC UNITS:

There are two basic units, as follows:

- (1) VF1 SubStretch (180-184) is a REQUEST FOR CLARIFICATION specified by the semantic schema: Maureen asks Kris to clarify a procedure
- (2) VF1 SubStretch (185-189) is also a REQUEST FOR CLARIFICATION, specified by the semantic schema: Kris asks Maureen to clarify a procedure.

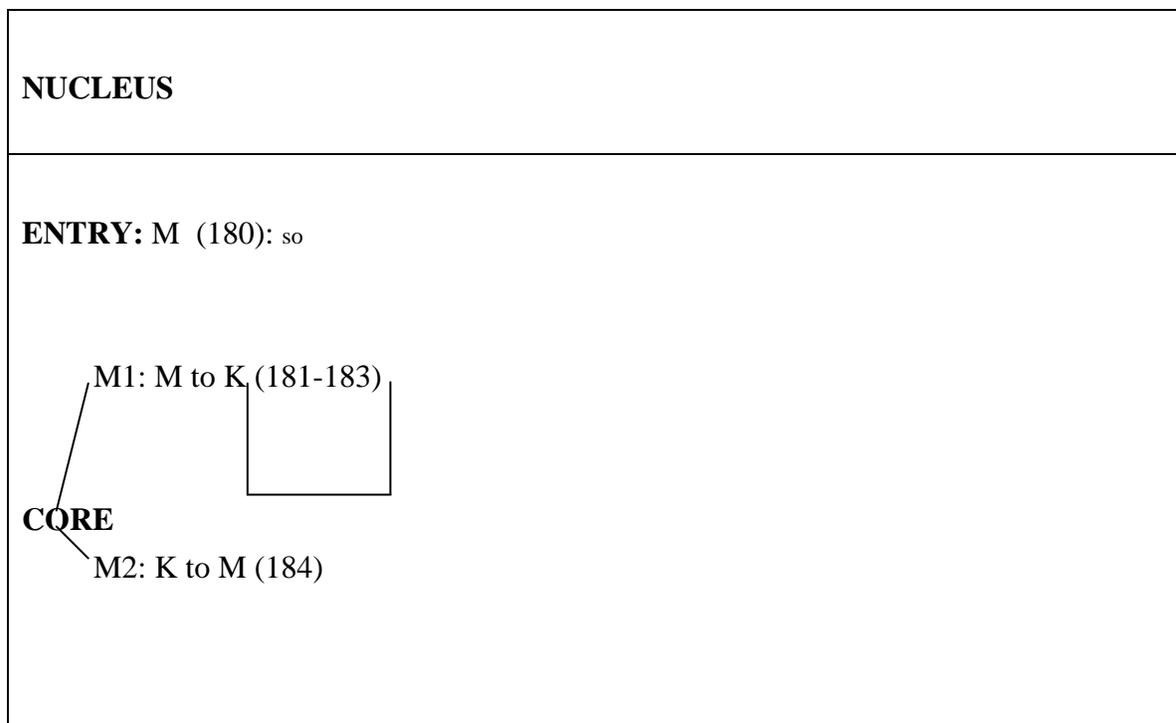
### (3.1) DETAILED ANALYSIS OF REQUEST FOR CLARIFICATION (180-184)

#### a) INTERNAL STRUCTURE OF REQUEST FOR CLARIFICATION:

The REQUEST FOR CLARIFICATION has only a nucleus. The latter has an entry and a core.

The entry is a univox.

The core is a dialogue, initiated by Maureen and addressed to Kris, with one exchange.



#### **Respondent's account:**

fn1

here we are talking about billing procedures

## b) RHETORICAL ORGANIZATION OF CORE:

M1: Maureen's request for clarification<sup>1</sup>

•1: preparation:

(181): that wasn't part of Niagara long-term

(182): they were just medicaid station

•2: request proper: <sup>2</sup>

(183): couldn't I take them?

M2: Kris's response proper<sup>3</sup>

•1: affirmation:

(184): yes

•2: echoing Maureen:

(184): you can

## Respondent's account:

-fn1

(180-184) here we are talking about billing procedures

(180-183) engagement initiated by Maureen

(181-182) explanation

-fn2

(183) question

-fn3

(184) response

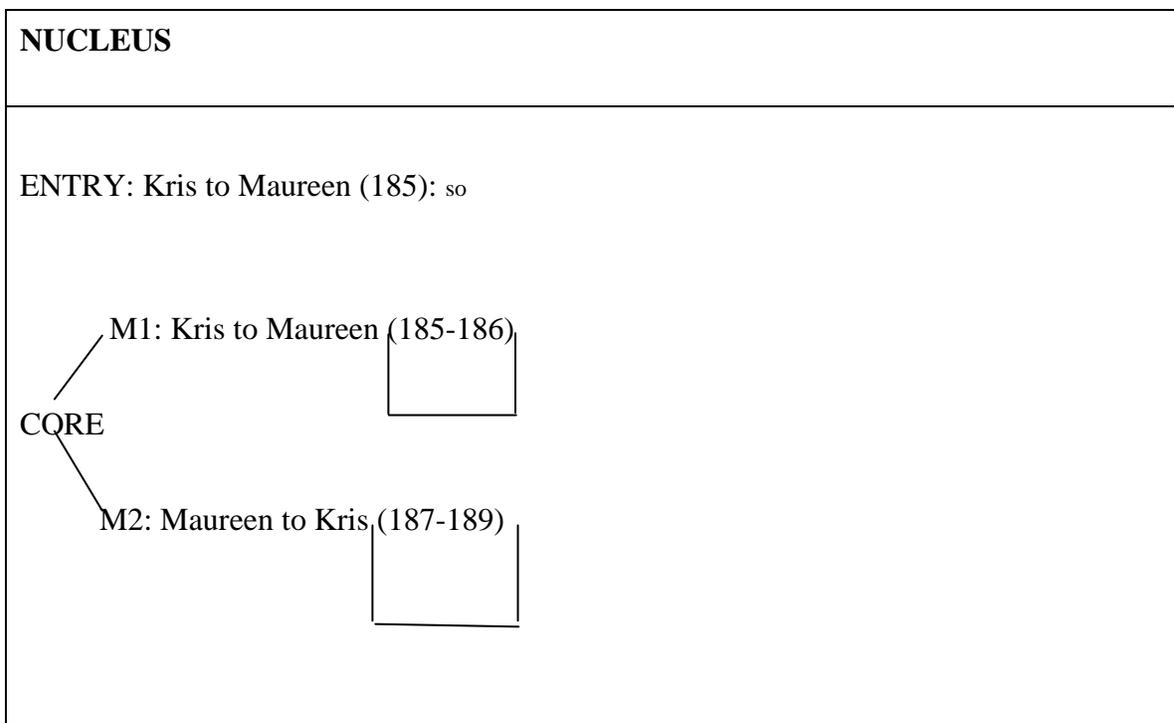
### (3.2) DETAILED ANALYSIS OF REQUEST FOR CLARIFICATION (185-189)

#### a) INTERNAL STRUCTURE OF REQUEST FOR CLARIFICATION:

The REQUEST FOR CLARIFICATION has only a nucleus. The latter has an entry and a core.

The entry is a univox.

The core is a dialogue, initiated by Kris and addressed to Maureen, with one exchange.



**b) RHETORICAL ORGANIZATION OF CORE:**

M1: Kris's request for clarification: <sup>1</sup>

(185): you do it hourly

(186): like two hours three days a week?

M2: Maureen's response

•1: response proper (affirmation): <sup>2</sup>

(187): yeah

•2: elaboration (explanation): <sup>3</sup>

(188): generally the medicaid will go a little higher than medicare

(189): you can generally never give a whole shift of care with medicaid

**Respondent's account:**

-fn1

(184-189) cooling down by Kris and Maureen

(185-186) question

-fn2

(187) affirmation

-fn3

(188-189) explanation

## VF1 SECTION (190-204)

### (1) RECAPITULATION

#### a) Analytic Specification of Section:

##### **Defining Criteria for VF1:**

**Type of Talk:** WORK-RELATED

**Modality of Talk:** displaced

**Focality:** focal

##### **Segmentation Criterion for VF1 Section (190-204):**

**Agenda Item Category:** Business-Practices-Oriented

**Individual Agenda Item:** Clarifying a Billing Procedure

#### b) Transcript of Talk in Section:

K to C (190): Constance

(191): I got a question about billing for Delaudette

C (192): yes

K to C (193): patient had been on Delaudette

(194): and who had started on major medical

(195): is now medicare primary

C (196): uh huu

K to C (197): does she have to change her drug?

C to K (198): I don't know the answer

K (199): ok

C to K (200): I'll check/have to check with/

K to C (201): well

(202): I'll call her because it's

(203): specifically Susan D

C (204): ok

**(2) BASIC UNITS:**

There is only one basic unit, VF1 Stretch (190-204). It is a REQUEST FOR CLARIFICATION, specified by the semantic schema: Kris asks Constance to clarify a billing procedure.

### (3) DETAILED ANALYSIS OF REQUEST FOR CLARIFICATION (190-204)

#### a) INTERNAL STRUCTURE OF REQUEST FOR CLARIFICATION:

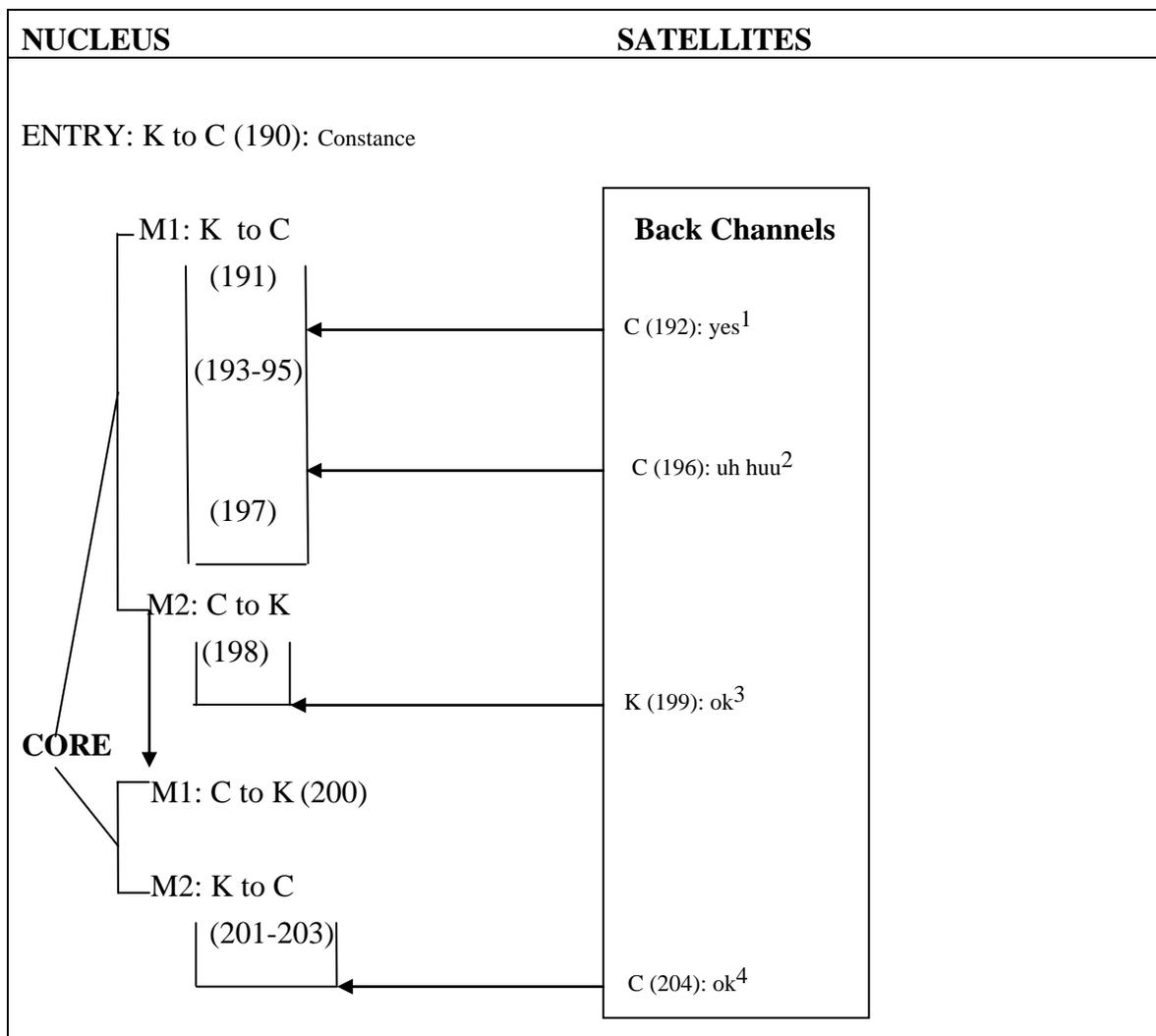
The REUEST has a nucleus and 4 satellites.

The nucleus has an entry and a core.

The entry is a univox.

The core is a dialogue, initiated by Kris and addressed to Constance, with two hinged exchanges.

The four satellites are univocal back channels by C and K



**Respondent's account:**

fn1

(190-197) I'm clarifying a drug problem here

(192) response

-fn2

(196) response

-fn3

(199)

sarcastic response

annoyance

-fn4

(204)

indifference

response

## b) RHETORICAL ORGANIZATION OF CORE

M1: Kris's request for clarification<sup>1</sup>

•1: preparation:

(191): I got a question about billing for Delaudette

•2: request proper:

(193): patient had been on Delaudette

(194): and who had started on major medical

(195): is now medicare primary<sup>2</sup>

(197): does she have to change her drug?<sup>3</sup>

M2: Constance's response

↓ (198): I don't know the answer<sup>4</sup>

M1: offer of service by Constance

(200): I'll [check] have to check with<sup>5</sup>

M2: Kris's dismissal of Constance

initiation:

(201): well<sup>6</sup>

development:

(202): I'll call her because it's

(203): specifically Susan D<sup>7</sup>

### Respondent's accounting:

-fn1

(190-197) I'm clarifying a drug billing problem here

(191) statement

-fn2

(190-191)

normal

statement

-fn3

(197) question

-fn4

(198) response

(198)+(200)

Constance notes that she doesn't know the answer but can find out got me

-fn5

(200)

normal

-fn6

(201) pause

-fn7

(201-203)

frustration

sarcastic response: I tell her that I'll take care of it

## III: INTERACTION CLIMATE

In reacting to the specimen the respondent initially paid only attention to the facts, i.e. the activities relating to the agenda of the business meeting. She saw Kris's and Maureen's actions only in this light. Kris is the ambulance chaser and Maureen is the watchdog.

Then she was asked to characterize the feelings experienced by the participants.

As explained by the student researcher "each segmented section was given an emotional label by the respondent. By viewing these emotional labels while reading the transcript the words begin to take on new and more lifelike meaning."

As the respondent worked on the specimen she became more and more aware of the tension between Kris and Maureen. She said that she was not aware of it before this exercise.

However, Kris's strategies to fend off Maureen's attacks and the significance of the competition between Kris and Maureen and Kris and Constance remained implicit in her commentaries. In other words, the participants' psychological states are explicit, but Kris's strategies and the participants' alignments are implicit.

### I. INTERACTIVE MODE:

#### 1: IMPLICIT STRATEGIES

1. Kris woes the group for support to ensure her dominant status by sharing her feelings with them, showing her gentle side, making them feel protected/safe, or making them laugh;
2. Constance woes the group for attention;
3. Kris uses the group as a shield to vent her anger at Maureen.

#### 2: IMPLICIT PARTICIPANT ALIGNMENTS

There are three types of alignments:

- (1) Maureen competes with Kris for dominant position in the group;
- (2) Constance competes with Kris for the attention of the group;
- (3) Kris looks down on Constance for being incompetent.

## II. REACTIVE MODE: PSYCHOLOGICAL STATES

Two types of psychological states can be distinguished: unemotional states and emotional states.

The unemotional states include:

normal: being business-like

cooling down: returning to a normal state

indifference: not being affected by a display of emotionality

The emotional states involve two situations: Kris dealing with the group and Kris and Maureen dealing with their anger.

In dealing with the group Kris displays three types of feelings:

sympathy: revealing her gentle side

reassurance: making the group feel protected/safe

joking: making the group laugh by being humorous.

Maureen's anger at Kris comes out as a frontal attack (engagement).

Kris's anger at Maureen comes out as a frontal attack only when she is addressing the group. Otherwise, her anger at Maureen or Constance comes out as annoyance escalating into frustration.

# DATA FROM RESPONDENT'S ACCOUNT PERTAINING TO INTERACTION CLIMATE

## VF1 Section (2-25)

### I. INTERACTIVE MODE

#### (1) IMPLIED STRATEGY:

Kris's implied strategy in dealing with the group is to woo them for support for dominant position in the group by revealing her gentle side (sympathy), by making them laugh (joking) and by making them feel protected (reassurance).

#### (2) IMPLIED PARTICIPANT ALIGNMENT:

Maureen is competing with Kris for a dominant position in the group

### II. REACTIVE MODE: PSYCHOLOGICAL STATES:

The sequence of psychological states experienced by Kris as she describes the two prospective patients to the group is as follows:

#### Prospective Patient 1

normal (2-7)

sympathy (8-11)

#### Prospective Patient 2

normal (12-17)

joking about Dr W (18-22)

reassurance (23-25)

In each case Kris alternates between being unemotional (normal) and emotional (sympathy), (joking, reassurance).

The sequence of psychological states experienced by Maureen and Kris as they confront each other is as follows:

#### 1. Maureen attacks Kris openly:

engagement (26)

#### 2. Kris's anger at Maureen comes out as annoyance (27-29)

#### 3. Kris returns to normal:

cooling down (31+33)

Kris's response to Maureen's attack is indirect anger and retreat into the safety of unemotionality.

**VF1 Section (26-33)****REACTIVE MODE: PSYCHOLOGICAL STATES**

Maureen attacks Kris directly (engagement) for her unprofessional behavior in questioning the morals of one of the doctors

Kris initially responds with sarcastic comments (annoyance), but she cools down

**VF1 Section (34-41)****REACTIVE MODE: PSYCHOLOGICAL STATES**

The only psychological state experienced by Kris as she summarizes her announcement to the group is: normal (34-41)

## VF1 Section (42-97)

### I. INTERACTIVE MODE

#### (1) IMPLIED STRATEGY:

Kris's implied strategy in dealing with Maureen's anger is to woo the group for their support by sharing her feelings with them (annoyance, frustration), making them laugh (joking) and making them feel protected/safe (reassurance)

#### (2) IMPLIED PARTICIPANT ALIGNMENT:

Maureen is competing with Kris for a dominant position in the group.

### II. REACTIVE MODE: PSYCHOLOGICAL STATES

The sequence of psychological states experienced by Maureen and Kris as they confront each other is as follows:

1. Maureen attacks Kris openly: engagement (42-43)
2. Kris's anger at Maureen comes out as annoyance (44-57)
3. Kris briefly returns to normal (58-59)
4. Kris's anger at Maureen comes out as annoyance (60-66)  
and escalates into frustration (69-74) as she addresses the group;  
she also makes the group laugh by joking (89) and she makes them  
feel protected/safe (reassurance (91-97)).

In summary: Kris's response to Maureen's attack is indirect anger and retreat into the safety of unemotionality; then she turns to the group for support.

## VF2 Section (98-133)

### I. INTERACTIVE MODE

#### (1) IMPLIED STRATEGIES:

Kris woes the group for support.

Constance woes the group for attention.

#### (2) IMPLIED PARTICIPANT ALIGNMENT:

Constance is competing with Kris for the attention of the group.

### II. REACTIVE MODE: PSYCHOLOGICAL STATES

The only psychological state experienced by Kris as she deals with Emmy is as follows:

normal (98-102)

The only psychological state experienced by Kris and Constance as they carry out their ritual joking with the group is as follows:

communal joking (103-133)

## VF3 Section (139-141)

### REACTIVE MODE : PSYCHOLOGICAL STATES

The only psychological state experienced by Kris in dealing either with the group in the official floor (134-138), or with Peggy in the private floor (139-141), is normal

## VF1 Section (142-155)

### REACTIVE MODE: PSYCHOLOGICAL STATES

The interaction between Kris and Lois is normal (142-146)

then Maureen attacks Kris openly : engagement (147+149-155)

Kris's anger at Maureen comes out as annoyance (148)

### VF1 Section (156)+(158-173)

#### **REACTIVE MODE: PSYCHOLOGICAL STATES**

Kris counterattacks openly: engagement (156-171)

then they both return to normal:

first Kris: cooling down (172)

then Maureen: normal (173).

### VF1 Section (174-179)

#### **REACTIVE MODE: PSYCHOLOGICAL STATES**

The interaction is normal (174-179).

### VF1 Section (180-189)

#### **REACTIVE MODE: PSYCHOLOGICAL STATES**

Maureen attacks Kris directly a second time: engagement (180-183).

This time Kris does not allow herself to be affected: cooling down (184-189).

Kris's response to Maureen's first attack is to initially express her anger indirectly as annoyance but as she pursues her attack Kris finally expresses her anger openly. Then the two women retreat into the safety of unemotionality.

Kris does not respond to Maureen's second attack and the two women retreat into the safety of unemotionality.

## VF1 Section (190-204)

### **I. INTERACTIVE MODE: PARTICIPANT ALIGNMENT**

Kris looks down on Constance as an incompetent busy body:

she tries to help out clinically

but when she helps out

Maureen and I are forced to meet separately

and undo all the things Constance has done

### **II. REACTIVE MODE: PSYCHOLOGICAL STATES**

The sequence of psychological states experienced by Kris and Constance as the two women confront each other is as follows:

1. at first Kris is all business-like: normal (190-198)
2. then, Kris's anger at Constance comes out as annoyance (199) that  
escalate into frustration (201-203)

Meanwhile Constance is totally oblivious to her anger:

normal (200)

indifference (204)

Kris expresses her anger at Constance indirectly.

Constance does not seem to notice anything.