What is ACCORDS?
Adult and Child Center for Outcomes Research and Delivery Science

ACCORDS is a ‘one-stop shop’ for pragmatic research:
• A multi-disciplinary, collaborative research environment to catalyze innovative and impactful research
• Strong methodological cores and programs, led by national experts
• Consultations & team-building for grant proposals
• Mentorship, training & support for junior faculty
• Extensive educational offerings, both locally and nationally
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Details</th>
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<tbody>
<tr>
<td>February 13, 2023</td>
<td><strong>Methods and Challenges in Conducting Health Equity Research</strong></td>
<td><em>&quot;Nothing About Us Without Us&quot;: Meaningful Engagement of Tribal Communities in Research</em></td>
</tr>
<tr>
<td></td>
<td>*Virtual</td>
<td><strong>Presented by:</strong> Spero Manson, PhD</td>
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<tr>
<td>March 1, 2023</td>
<td><strong>Hot Topics in Mixed Methods and Qualitative Research</strong></td>
<td><em>Harm Reduction Story Sharing with People Who Use Drugs: Visual Narratives Designed</em></td>
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<td></td>
<td>*Virtual</td>
<td><em>to Promote Overdose Prevention and Destigmatize Drug Use</em></td>
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<td><strong>Presented by:</strong> Marty Otanez, PhD</td>
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<tr>
<td>March 20, 2023</td>
<td><strong>Methods and Challenges in Conducting Health Equity Research</strong></td>
<td><em>Using Mixed Methods to Understand Nuance in Disparities Work: Photovoice and Medicaid</em></td>
</tr>
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<td><em>Studies</em></td>
</tr>
<tr>
<td></td>
<td><strong>Presented by:</strong> Margarita Alegria, PhD (Mass. General Hospital/Harvard Medical School)</td>
<td></td>
</tr>
<tr>
<td>June 5-6, 2023</td>
<td><strong>COPRH Con 2023</strong></td>
<td><strong>Reassessing the Evidence:</strong> What is Needed for Real World Research and Practice</td>
</tr>
<tr>
<td>10:00 -3:00 PM MT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*all times 12-1pm MT unless otherwise noted
Applying Conversation Analysis to Healthcare Interaction

Presented by:
Jeffrey Robinson, PhD
What is Conversation Analysis (CA)?
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   - For at least 30 years, research on provider-patient communication has struggled with an inconvenient truth:
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   - For at least 30 years, research on provider-patient communication has struggled with an inconvenient truth: Communication behaviors documented in audio- and videotape of actual care are rarely significantly correlated with either providers’ or patients’ self-reports of the occurrence of those behaviors

<table>
<thead>
<tr>
<th>TABLE 2</th>
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<tr>
<td><strong>Comparison of SR of Office Visit Events with Medical Chart and Videotape</strong></td>
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a Indicates statistical significance.

### TABLE 2
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*Note.* SR = self report.

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*p < .05. †p < .10.*
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### TABLE 3
Correlations of Patients' SR of Affect, Communication, and Visit Experience With Audiotape (RIAS) and Videotape Ratings

<table>
<thead>
<tr>
<th>Patient SR</th>
<th>RIAS Variable</th>
<th>Correlation With SR</th>
<th>Video Variable</th>
<th>Correlation With SR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Patient is responsive/engaged</td>
<td>.36*</td>
<td>Patient is active</td>
<td>.37*</td>
</tr>
<tr>
<td>Calm and peaceful</td>
<td>Patient is anxious</td>
<td>-.39*</td>
<td>Patient is relaxed</td>
<td>.07</td>
</tr>
<tr>
<td>Depressed/downhearted</td>
<td>Patient is sad/depressed</td>
<td>.08</td>
<td>Patient is passive</td>
<td>.35*</td>
</tr>
<tr>
<td>SR variables above combined</td>
<td>RIAS audio variables above combined</td>
<td>.43*</td>
<td>Video variables above combined</td>
<td>.43*</td>
</tr>
<tr>
<td>Physician interpersonal effectiveness</td>
<td>Patient shows approval</td>
<td>.25</td>
<td>Patient likes doctor</td>
<td>.38*</td>
</tr>
<tr>
<td>Patient dissatisfied with doctor</td>
<td>Patient shows disapproval</td>
<td>.17</td>
<td>Patient likes doctor</td>
<td>-.16</td>
</tr>
<tr>
<td>Doctor hurries too much</td>
<td>Provider is hurried</td>
<td>.37*</td>
<td>Doctor is cold</td>
<td>.41*</td>
</tr>
<tr>
<td>Doctor is friendly and courteous</td>
<td>Provider is friendly</td>
<td>.31†</td>
<td>Doctor is warm</td>
<td>.26</td>
</tr>
<tr>
<td>Doctor explains effectively</td>
<td>Provider gives information about medical condition</td>
<td>.15</td>
<td>Doctor is effective communicator</td>
<td>.02</td>
</tr>
<tr>
<td>SR variables above combined</td>
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<td>.44*</td>
<td>Video variables above combined</td>
<td>.33†</td>
</tr>
<tr>
<td>Patient participation</td>
<td>Patient asks questions about therapy</td>
<td>.11</td>
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<td>.24</td>
</tr>
<tr>
<td>Patient discussed goals/had partnership with doctor</td>
<td>Provider facilitates partnership</td>
<td>.14</td>
<td>Doctor is submissive</td>
<td>.27</td>
</tr>
<tr>
<td>Patient felt confused during visit</td>
<td>Patient checked understanding</td>
<td>.31†</td>
<td>Doctor is effective communicator</td>
<td>-.16</td>
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<tr>
<td>Patient nervous</td>
<td>Patient is anxious</td>
<td>-.02</td>
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*Based on 35 men and women. Correlations are point-biserial in cases in which one variable is dichotomous while the other has at least three ordinal levels or interval scores. Correlations are Pearson in cases in which both variables are ordinal or interval (based on robustness of Pearson correlation to ordinal data: Baker, Hardyk, & Petrinovich, 1966). Averaged.

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   - E.g., How do providers solicit patients’ chief complaints?
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   - Sequential relationships can be tested statistically
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2. All qualitative approaches focus on HOW subjects understand and WHAT subjects mean

3. CA additionally and uniquely focuses on HOW subjects ‘make sense’ or ‘make meaning’ when they actually interact

4. CA then focuses on how an utterance’s meaning affects subsequent behavior (i.e., sequential effects of interaction)

   • Sequential relationships can be tested statistically

   Provider:  
   [Question Type]  →  Nominally Coded (e.g., 0, 1, 2)  →  IV

   Patient:  
   [Answer Type]  →  Nominally Coded (e.g., 0, 1, 2)  →  DV
What is Conversation Analysis?

1. CA is a qualitative, social-science approach (epistemology and method)

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**Temporality**

Provider: [Question Type]

Patient: [Answer Type]
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Virtually no intervening behavior

Provider: [Question Type]

Patient: [Answer Type]
What is Conversation Analysis?

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Causality

Provider: [Question Type]  
Patient: [Answer Type]
What is Conversation Analysis?

1. CA is a qualitative, social-science approach (epistemology and method)
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4. CA then focuses on how an utterance’s meaning affects subsequent behavior (i.e., sequential effects of interaction)
   - Sequential relationships can be tested statistically
   - Sequential effects (e.g., QA sequence 1 vs. 2) can be statistically associated with more distal health outcomes (e.g., patient satis., treatment compliance)
Case Study 1:
How do Providers Solicit Patients’ Chief Complaints?
Case Study 1:
How do Providers Solicit Patients’ Chief Complaints?

• The first step is qualitatively investigating all of the different WAYS that providers can solicit patients’ chief complaints
Case Study 1:
How do Providers Solicit Patients’ Chief Complaints?

• The first step is qualitatively investigating all of the different ways that providers can solicit patients’ chief complaints

  • There are about 5 systematic ways, each of which mean something slightly different to patients
01 DOC: What can I do for you today.
02 (0.5)
03 PAT: Well- (0.4) I feel like (.) there's something wrong down underneath here in my rib area.
Extract 1

01 DOC:  What can I do for you today.
02 (0.5)
03 PAT:  We'll- (0.4) I feel like (.) there's something wrong down underneath here in my rib area.

Other Examples

• How can I help?
• What’s the problem?
• What’s going on?
What can I do for you today.

I feel like there's something wrong down underneath here in my rib area.

(a) Designed to communicate that the provider does not know; a lack of information to be 'filled in' by patient.
What can I do for you today.

Well- I feel like there's something wrong down underneath here in my rib area.

(b) As an action, it ‘requires’ patients to present their concerns as a first order of business.
What can I do for you today.

Well- I feel like there's something wrong down underneath here in my rib area.

Sequential effects of this strategy:

- When providers use open-ended solicitations, patients present for an average of 27.10 seconds, and tend to present >1 symptom
01 DOC: Sounds like you’re uncomfortable.
02 (.).
03 PAT: Yeah.
04 PAT: My ear, my- s- one side=of my throat hurt(s).
Extract 2

01 DOC: Sounds like you’re uncomfortable.
02 (.)
03 PAT: Yeah.
04 PAT: My ear, an’ my- s- one side=of my throat hurt(s).

Other Examples

• So you’re sick today?
• I understand you’re having sinus problems?
• You’re having knee problems since June?
01 DOC: Sounds like you're uncomfortable.
02 ( . )
03 PAT: Yeah.
04 PAT: My ear, an' my- s- one side=of my throat hurt(s).
Extract 2

01 DOC: Sounds like you’re uncomfortable.
02 (.)
03 PAT: Yeah.
04 PAT: My ear, an’ my- s- one side=of my throat hurt(s).
Extract 2

01 DOC: Sounds like you’re uncomfortable.
02 (.)
03 PAT: Yeah.
04 PAT: My ear, my one side of my throat hurt(s).

(b) As an action, it ‘requires’ patients to first (dis)confirm, and then present problems.
After patients confirm, providers sometimes launch into history taking, ‘interrupting’ patients’ presentations

01 DOC: You’re having knee problems since June.
02 PAT: Yes.
03 DOC: Okay what have you done for that. Since then.
Case Study 1: How do Providers Solicit Patients’ Chief Complaints?

- The first step is investigating all of the different WAYS that providers can solicit patients’ concerns.

- There are about 5 systematic ways, each of which mean something slightly different to patients.

Strategy 1 – Open-Ended Solicitation: 27.10 second presentations, >1 symptom

Strategy 2 – Requests for confirmation: 12.02 second presentations, ≤1 symptom

Case Study 1:
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Strategy 1 – Open-Ended Solicitation: 27.10 second presentations, >1 symptom

Strategy 2 – Requests for confirmation: 12.02 second presentations, ≤1 symptom

• Adjusting for patients’ age, sex, race and education, practice setting, and problem type, requests for confirmation result in significantly shorter problem presentations, that also have significantly fewer symptoms!

<table>
<thead>
<tr>
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<th>Loading</th>
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<tbody>
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**Comparing Listening Behavior**  

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- Compared to providers who used requests for confirmation, those who used open-ended solicitations were rated by patients as being significantly better listeners, and as having a significantly warmer relational style.

Case Study 2:
How do Providers get Parents to Vaccinate their Children?

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  1. Presumptive Initiation: Utterances that linguistically presuppose or presume that parents will vaccinate

      • E.g., “We have to do some shots.”
      • E.g., “We’ll do three shots and the drink. Is that okay?”
      • E.g., “So for vaccines, he gets the ones he got at two months.”

1. Presumptive Format

Extract 4

01 DOC: Uhm s:o: fo:r=h vacci:nes he gets thuh ones th’t=‘e got at two months p[lus ] (. ) thuh flu shot?
03 MOM: [Okay.]
04 MOM: Okay,
Extract 4

01 DOC: Uhm s:o: fo:r=h vacci:nes he gets thuh ones th’t’e got at two months p[lus ] (. ) thuh flu shot?
02
03 MOM: [Okay.]
04 MOM: Okay,

Patient accepts all vaccinations
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2. Participatory Initiation: Utterances that linguistically provide parents with latitude to make the vaccination decision themselves
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   - E.g., “We have to do some shots.”
   - E.g., “We’ll do three shots and the drink. Is that okay?”
   - E.g., “So for vaccines, he gets the ones he got at two months.”

2. Participatory Initiation: Utterances that linguistically provide parents with latitude to make the vaccination decision themselves
   - E.g., “Are we going to do shots today?”
   - E.g., “What do you want to do about shots?”
   - E.g., “You’re still declining shots?”

2. Participatory Format

Extract 5

01 DOC: So _h__hh a:ny thoughts you guys had on:: thuh- (.) thuh no:rmal one year shots of which you may or may not want to do.
04 MOM: Uh::m (.) ( ) I think I just wanna do thuh (.) pneumococcal?
2. Participatory Format

Extract 5

01 DOC: So hhh any thoughts you guys had on: thuh- (. )
02 thuh no:rmal one year shots of which you may or
03 may not want to do.
04 MOM: Uh::m (.) ( ) I think I just wanna
05 do thuh (. ) pneumococcal?

Patient
resists full
vaccination
Who initiated the vaccine recommendation or plan specifically? \(n = 111\)

- No plan verbalized \((3\% ; n = 3)\)
- Parent \((13\% ; n = 15)\)

Provider \((84\% ; n = 93)\)

How does the PROVIDER initiate the vaccine recommendation? \(n = 93\) 

- Presumptive \((74\% ; n = 69)\)
- Participatory \((26\% ; n = 24)\)

How does PARENT respond to the provider’s initiation? 

- Accepts \((74\% ; n = 51)\)
  - Resists \((26\% ; n = 18)\)
- Accepts \((4\% ; n = 1)\)
  - Provides own plan \((13\% ; n = 3)\)
  - Resists \((83\% ; n = 20)\)
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- Compared to participatory formats, presumptive formats resulted in children receiving significantly more vaccines by the ends of visits, and in being significantly less under-immunized over the course of multiple visits.


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• Compared to presumptive formats, participatory formats resulted in an increased odds of a highly rated parental visit experience.


Case Study 3:
How to Solicit Patients’ Full Agenda of Concerns?

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• Primary-care patients often leave visits with ‘unmet’ concerns, which can complicate health conditions and is costly for healthcare systems.

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- The most optimal way to solicit patients’ full agenda of concerns is for providers to do so immediately after patients finish presenting their chief complaints.

[[Patient Completes Chief Complaint]]

01 DOC: Yeah. We can definitely push you in to see ortho.
02 PAT: Okay.
03 DOC: That’s no problem.
04 PAT: Alright.
05 DOC: How are you otherwise? Any other concerns?
06 PAT: I’m doing fine, I had a slight reaction to
07 the flu shot, you know I woke up with kinda
08 sore throat.
[[Patient Completes Chief Complaint]]

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Patient presents a second, new concern
[[Patient Completes Chief Complaint]]

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02 PAT: Okay.
03 DOC: That’s no problem.
04 PAT: Alright.
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Providers almost never do this in actual practice (05%)

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  1. “Is there **ANY-thing** else you would like to address in the visit today?”

  2. “Is there **SOME-thing** else you would like to address in the visit today?”

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1. “Is there ANY-thing else you would like to address in the visit today?”

   • “Any” is a negative-polarity device that builds in a linguistic preference for a ‘No’-answer

2. “Is there SOME-thing else you would like to address in the visit today?”

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     - “Any” is a negative-polarity device that builds in a linguistic preference for a ‘No’-answer.

  2. “Is there SOME-thing else you would like to address in the visit today?”
     - “Some” is a positive-polarity device that builds in a linguistic preference for a ‘Yes’-answer.

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  1. “Is there ANY-thing else you would like to address in the visit today?”

Are these formats different in terms of soliciting patients’ unmet concerns?

  2. “Is there SOME-thing else you would like to address in the visit today?”

[[Patient Completes Chief Complaint]]

01 DOC: Yeah. We can definitely push you in to see ortho.
02 PAT: Okay.
03 DOC: That’s no problem.
04 PAT: Alright.
05 DOC: How are you otherwise? Any other concerns?
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Randomized, Controlled Intervention: Trained providers to solicit additional concerns

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- 20 family-practice providers seeing patients with acute problems

Randomized, Controlled Intervention: Trained providers to solicit additional concerns

- 20 family-practice providers seeing patients with acute problems
  - 10 from urban Los Angeles; 10 from rural Pennsylvania

Randomized, Controlled Intervention: Trained providers to solicit additional concerns

20 Providers

Patient #1
Patient #2
Patient #3
Patient #4
Patient #5
Patient #6
Patient #7
Patient #8
Patient #9
Patient #10
Patient #11

Randomized, Controlled Intervention: Trained providers to solicit additional concerns

20 Providers

Patients filled out pre-visit questionnaire

Patient #1
Patient #2
Patient #3
Patient #4
Patient #5
Patient #6
Patient #7
Patient #8
Patient #9
Patient #10
Patient #11

We would like to get some information about your perceptions and your health. We are interested in your honest opinions, whether they are positive or negative. All of your answers are totally confidential – they will not be seen by the doctor or the medical staff. Please answer all of the questions. Thank you very much – we really appreciate your help!

Please CIRCLE the SINGLE, most appropriate answer.

1. Do you agree or disagree with the following statement: “Most people receive medical care that could be better.”

   1. Strongly Agree
   2. Agree
   3. Not Sure
   4. Disagree
   5. Strongly Disagree

2. Please list and describe your primary reason for visiting the doctor today?

   Lower back pain

3. In addition to your primary reason (above), what other issues, problems, or concerns do you want to talk to the doctor about today?

   Fatigue, constipation
We would like to get some information about your perceptions and your health. We are interested in your honest opinions, whether they are positive or negative. All of your answers are totally confidential – they will not be seen by the doctor or the medical staff. Please answer all of the questions. Thank you very much – we really appreciate your help!

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   - 2. Agree
   - 3. Not Sure
   - 4. Disagree
   - 5. Strongly Disagree

2. Please list and describe your primary reason for visiting the doctor today?

   - Lower back pain

3. In addition to your primary reason (above), what other issues, problems, or concerns do you want to talk to the doctor about today?

   - Fatigue, constipation

CONTINUED ON NEXT PAGE ⇒
Randomized, Controlled Intervention: Trained providers to solicit additional concerns

20 Providers

Patient #1
Patient #2
Patient #3
Patient #4

Patient #5
Patient #6
Patient #7
Patient #8
Patient #9
Patient #10
Patient #11

Control patients; providers received NO training

Randomized, Controlled Intervention: Trained providers to solicit additional concerns

Providers

Patient #1
Patient #2
Patient #3
Patient #4
Patient #5
Patient #6
Patient #7
Patient #8
Patient #9
Patient #10
Patient #11

All providers received ‘Any’ or ‘Some’ intervention
Are there ANY OTHER issues you’d like to discuss?

Are there SOME OTHER issues you’d like to discuss?
Extract 7

01 DOC: Is there anything else that you wan’ed tuh talk tuh me about today?
02 PAT: N:o, that’s i:t.
04 DOC: Okay.
1. “Any” Format

Extract 7

01 DOC: Is there anything else that you wan’ed tuh talk tuh me about today?
02 PAT: N:o, that’s i:t.
04 DOC: Okay.

Patient declines to present additional concerns
2. “Some” Format

01 DOC: Are there some other issues you’d like to discuss?
02 PAT: Uh:m I do have some family history things that I wan’ed to discuss with you too.
04 DOC: Oh: okay,
Are there some other issues you’d like to discuss?

Uh: m I do have some family history things that I wanted to discuss with you too.

Oh: okay,
Case Study 3:
How to Solicit Patients’ Full Agenda of Concerns?

6.7x more likely than no question at all

Table 2. Variables Associated with Patients’ Unmet Concerns (n=99)

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Case Study 3:
How to Solicit Patients’ Full Agenda of Concerns?

1. Extremely small and subtle changes in communication (e.g., a single word) can matter for health outcomes
Case Study 3:
How to Solicit Patients’ Full Agenda of Concerns?

1. Extremely small and subtle changes in communication (e.g., a single word) can matter for health outcomes

    • In many cases, providers and patients do not *consciously* attend to these differences; they are not accurately self-reported, and to study them, you have to videotape actual behavior
Case Study 3: How to Solicit Patients’ Full Agenda of Concerns?

1. Extremely small and subtle changes in communication (e.g., a single word) can matter for health outcomes

   • In many cases, providers and patients do not *consciously* attend to these differences; they are not accurately self-reported, and to study them, you have to videotape actual behavior

2. Subtle communication strategies can be trained; CA can be used to design healthcare interventions
Case Study 4: Decreasing Prescription of ABX
Context: Pediatricians seeing children for acute respiratory track infections (ARTIs)
Case Study 4: Decreasing Prescription of ABX

Present Diagnosis

Recommend Treatment
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Parent Immediately Accepts

Visit Moves to Closure
Case Study 4: Decreasing Prescription of ABX

Present Diagnosis

Recommend Treatment

- Parent Immediately Accepts
- Parent Resists (No ABX)

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Providers are significantly more likely to perceive parents as expecting ABX

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Recommend Treatment

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Visit Moves to Closure

Parent Resists (No ABX)

Providers are significantly more likely to perceive parents as expecting ABX

This expectation is significantly associated with actually prescribing ABX

Case Study 4: Decreasing Prescription of ABX

Present Diagnosis

Recommend Treatment

1 2 3

In actual practice, there are three predominant treatment-recommendation strategies

1. Positive Treatment Recommendation (i.e., What Will Work)

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- “What about antibiotics?”

2. Negative Treatment Recommendation (i.e., What Won’t Work)

(5) 15-06-07

1 DOC: -> But in the meantime no:
2 antibiotics or anything yet.
3 DOC: Okay?,
4 MOM: Yeah.

2. Negative Treatment Recommendation (i.e., What Won’t Work)

[Text]

3. Two Part Recommendations (e.g., Negative + Positive)

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• Health Communication: “The study and use of communication strategies to inform and influence decisions and actions to improve health” (Centers for Disease Control and Prevention, 2000)
M[ister Bald]win,

[Hello. ]

Ye:s.

Hi. I’m doct’r Mulad I’m one o’ thuh interns here?

( .)

<Okay,>

(1.1)

How are you today.

Alright,

(1.7)

Okay. So. >Can I ask< you what brings you in today?

( .)

Yeah. I have lumps, in my uh breasts:.
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Understood as a ‘social’ inquiry into patient’s general state of being

Understood as a medical inquiry into patient’s chief complaint
01 DOC: Mister Hall?
02 (0.5)
03 PAT: Yes ((gravel voice))
04 (0.2)
05 PAT: Mmhhm ((throat clear))
06 (1.9)
07 DOC: Have a seat
08 (2.4)
09 DOC: I’m doctor Masterso[n.
10 PAT: [.h I: believe so.
11 DOC: How are you.
12 PAT: hhhhhh I call down fer som::e=uh::(m) (0.6)
13 breeth- eh: ( ) tablets: water tablets.

Understood as a ‘medical’ inquiry into patient’s chief complaint
09 DOC: How are you today.
10 PAT: Alright,

11 DOC: How are you.
12 PAT: hhhhhhh I call down fer som::e=uh::(m) (0.6)
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- Our intervention significantly increased clinicians’ use of 2-part treatment recommendations