The Role of Reflective Interventionist Conversation Analysis in Advancing Racial Health Equity

SIREN National Annual Meeting

Francesca Williamson[1], Jessica Nina Lester[2], Cameka Woods[3], Erica Kaye[3]

[1]Indiana University School of Medicine
[2]Indiana University, Bloomington
[3]St. Jude Children's Research Hospital

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Overview

1. Consider the role of language in medical racism and racial health care inequities

2. Introduce Reflective Interventionist Conversation Analysis

3. Review an illustrative training intervention project for racial health equity

Three Research Stories About Language and Health Care Equity

Story 1: Cancer Patients' Pain

(1) OC D1P10:(19-20) Excerpt from Chapman & Beach (2020)

1	Patient:	I'm not going to be the best guy to put on the pressure sock on it
2		every:day?
3	Doctor:	Were there any inciting events for your leg?=
4	Patient:	=Oh yeah?=
5	Doctor:	Did you get on an airplane or something?=
6	Patient:	=Oh yeah yeah?
7	Doctor:	[What was it?]
8	Patient:	[I'm your typ]ical guy. Who could be like- like yo:u kno:w be- be the
9		head- beat in the head?
10	Doctor:	Uh huh.
11	Patient	And until someone would te- bu:t I still wouldn't listen still. (.)
12	→No, there was **pain** (.) in the leg?
13	Doctor:	Uh huh.
14	Patient	→If you just touched it?=
15	Doctor:	=Yeah?
16	Patient:	→I would be screaming! =
17	Doctor:	→=Bu:t I mean did anything- is there any reason why you got [(it then)].
18	Patient:	[I was]
19		driving a lot. >Every other day to LA (with each event) and between
20		every other day I was flying to Pittsburg?<

Chapman & Beach (2020) analyzed 65 video-recorded oncology interviews

Key findings:
1. Patients infrequently expressed complaints about pain
2. Doctor only minimally acknowledged patients' expressions of pain

Connection to racial health care equity: systematic racial disparities in pain care

(Anderson et al., 2009; Chapman & Beach, 2020)

Story 2: Patient Records

Beach et al. (2021) analyzed clinic notes (N= 9,251) from 165 physicians for 3,374 patients

Key findings: higher frequency doubtful or judgmental words in Black and women patients' records

"Black patients may be subject to systematic bias in physicians' perceptions of their credibility, a form of testimonial injustice."

Testimonial Injustice: Linguistic Bias in the Medical Records of Black Patients and Women

Mary Catherine Beach, MD, MPH[1,2,3,4], Somnath Saha, MD, MPH[2,5,6], Jenny Park[2,7], Janiece Taylor, RN, PhD, FAAN[8], Paul Drew, PhD[9], Eve Plank[10], Lisa A. Cooper, MD, MPH[2,3,4], and Brant Chee, PhD[11]

Connection to racial health care equity: systematic racial and gender bias in clinical documentation

(Beach et al., 2021; Sun et al., 2022)

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Story 3: Questioning Practices with Children

Stivers & Majid (2007) analyzed 570 video recorded pediatric appointments

Key findings: Pediatricians were less likely to directly ask Black and Latino children questions about their health, especially if their parents did not have college degrees
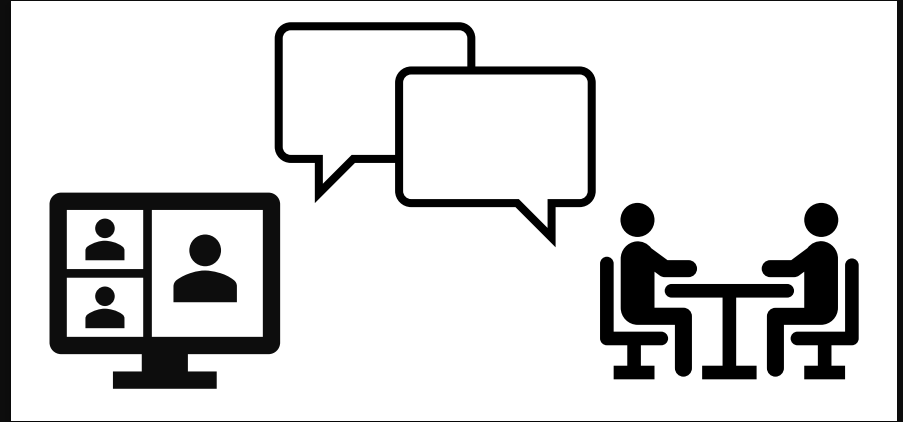
Connection to racial health care equity: systematic marginalization of Children of Color and their families

(Ilowite et al., 2017; Kaye et al., 2019; Stivers & Majid, 2007)

The point of these research stories is that language matters…and we can do something about it

How we use language impacts the **quality of care**

Medical racism manifests as **systematic interpersonal practices** that create health care inequities

We can learn new language and communication behaviors to promote health care equity

Picture courtesy of Adobe Stock

Reflective Interventionist Conversation Analysis

About Reflective Interventionist Conversation Analysis

Responsive to Practice	Collaborative	Inductive and Not Deficit-Driven	Prioritizes Openness	Implications for Practice

Key Assumptions:
1. All people are competent actors and work within interactional constraints
2. Language is a medium for social action
3. Prioritize analyses of recorded interactions that would occur without research
4. **Use research findings to create communication-based interventions**

(Lester & O'Reilly et al., 2019; O'Reilly et al., 2020; Sacks, 1992)
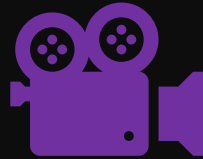
Overview of a Typical Research Process

Reflective Interventionist Conversation Analysis requires iterative and adaptive process guided by practical concerns and shared commitments

Meet with key participant groups (e.g., patients, clinicians)	Plan for data collection, analysis, ethics, logistics	Data collection, at least 6-18 months or longer	Collaborative analysis and share findings with key participant groups	Collaboratively design and implement an adaptive intervention

(Lester & O'Reilly et al., 2019; O'Reilly et al., 2020)

Overview of a Typical Research Process (cont.)

Challenges	Benefits
Access to data collection	New insights into patient experience
Time and labor-intensive	Identify beneficial and harmful practices
Potential to find harmful practices	Mutual learning
Vulnerability and resistance	**Evidence for data-driven policy and practice change**
No prescriptive solutions	

(Lester & O'Reilly et al., 2019; O'Reilly et al., 2020)

Health Equity Talk and U-CHAT Collaboration

Health Equity Talk Project
Francesca Williamson, PhD & Jessica Nina Lester, PhD
- Health equity education
- Graduate medical education
- Trauma-sensitive communication

Understanding Communication in Health Care to Achieve Trust
Erica Kaye, MD
- Clinical trial in pediatric oncology settings

Collaboration: Secondary Data Analysis

Shared interest: how racism impacts communication and patient care

Data: 97 audio recorded appointments with Children of Color and their families **(racially-discordant interactions)**

Goal: create a trauma-sensitive communication training for medical trainees
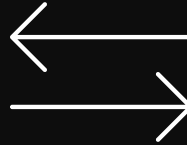
Preliminary Insights

Notable Practices
Children's rights to participate in their care
Opportunities for empathy
Patterns in questioning practices

Possible Train-ables
Eliciting children's assessments of their health
Effectively responding to emotional displays
Questioning practices that invite caregiver's expertise

(Williamson, Lester, Kaye, forthcoming)

Intervening to Create New Stories

Reflective Interventionist Conversation Analysis can help identify **subtle and systematic interpersonal practices that contribute to medical racism**

Communication and training are important parts of the broader structural and systemic changes needed to strive for racial health equity

Picture courtesy of Adobe Stock

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Francesca Williamson, PhD
Assistant Professor of Pediatrics, Graduate Medical Education Specialist
Indiana University School of Medicine
Email: frawhite@iu.edu

Dr. Williamson (she/her/hers) is an interdisciplinary scholar and qualitative methodologist by training, specializing in interactional research, critical qualitative inquiry, and justice-oriented STEMM education. Her work broadly focuses on designing disciplinary learning experiences to support learners in developing the knowledge, skills, and practices for advancing equity and justice through their scientific and professional endeavors. She is particularly interested in how educational, clinical, and research practices work to reproduce or subvert anti-Blackness. Dr. Williamson currently leads and collaborates with clinicians for multiple design-based implementation research projects focused on improving teaching, learning, and communication for health equity within medical training. She is also a 2022-2023 America Medical Association Health Systems Science Scholar.

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