LANGUAGE IN CLINICAL REASONING: LEARNING AND USING THE LANGUAGE OF COLLECTIVE CLINICAL DECISION MAKING

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“There are no facts, only interpretations”

(Nietzsche)

SUPERVISOR'S CERTIFICATE

This is to certify that the thesis entitled "Language in Clinical Reasoning: Learning and using the language of collective clinical decision making" submitted by Stephen Loftus in fulfilment of the requirements for the degree of Doctor of Philosophy is in a form ready for examination.

Professor Joy Higgs
School of Physiotherapy
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March 2006

CANDIDATE'S CERTIFICATE

I, Stephen Loftus, hereby declare that the work contained within this thesis is my own and had not been submitted to any other university of institution as a part or a whole requirement for any higher degree.

Stephen Loftus

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ABSTRACT

The aim of the research presented in this thesis was to come to a deeper understanding of clinical decision making from within the interpretive paradigm. The project draws on ideas from a number of schools of thought which have the common emphasis that the interpretive use of language is at the core of all human activity. This research project studied settings where health professionals and medical students engage in clinical decision making in groups. Settings included medical students participating in problem-based learning tutorials and a team of health professionals working in a multidisciplinary clinic. An underlying assumption of this project was that in such group settings, where health professionals are required to articulate their clinical reasoning for each other, the individuals involved are likely to have insights that could reveal the nature of clinical decision making. Another important assumption of this research is that human activities, such as clinical reasoning, take place in cultural contexts, are mediated by language and other symbol systems, and can be best understood when investigated in their historical development.

Data were gathered by interviews of medical students and health professionals working in the two settings, and by non-participant observation. Data analysis and interpretation revealed that clinical decision making is primarily a social and linguistic skill, acquired by participating in communities of practice called health professions. These communities of practice have their own subculture including the language game called clinical decision making which includes an interpretive repertoire of specific language tools and skills. New participants to the profession must come to embody these skills under the guidance of more capable members of the profession, and do so by working through many cases. The interpretive repertoire that health professionals need to master includes skills with words, categories, metaphors, heuristics, narratives, rituals, rhetoric, and hermeneutics. All these skills need to be coordinated, both in constructing a diagnosis and management plan and in communicating clinical decisions to other people, in a manner that can be judged as intelligible, legitimate, persuasive, and carrying the moral authority for subsequent action.

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TABLE OF CONTENTS

PAGE

SUPERVISOR'S CERTIFICATE....ii

CANDIDATE'S CERTIFICATE....iii

ACKNOWLEDGMENTS....iv

ABSTRACT....vi

PUBLICATIONS ARISING FROM THIS RESEARCH....vii

TABLE OF CONTENTS....viii

LIST OF FIGURES....xii

LIST OF TABLES....xii

CHAPTER 1: INTRODUCTION....1

1.1 STATEMENT OF THE RESEARCH TOPIC....1
1.2 PURPOSE AND GOALS OF THE PROJECT + Research Questions....3
1.3 CONTEXT AND BOUNDARIES OF THE PROJECT....5
1.3.1 Definition of Clinical Decision Making....5
1.3.2 Collective Decision Making....5
1.3.3 Problem-Based Learning....6
1.3.4 The Language and Social Dimensions of Clinical Decision Making....6
1.4 KEY DIMENSIONS OF THE THEORETICAL FRAMEWORK FOR THE THESIS....7
1.4.1 Language and Interaction....7
1.4.2 The Place of Context....8
1.4.3 Views of Culture....9
1.4.4 Distributed Cognition....10
1.4.5 Vygotskian Perspectives....11
1.4.6 Wittgenstein and Ordinary Language Philosophy....13
1.4.7 Views on Clinical Decision Making....15

1.5 OVERVIEW OF THE PHILOSOPHICAL FRAMEWORK FOR THE THESIS....16

1.6 OVERVIEW OF THE RESEARCH APPROACH....17
1.6.1 Introduction....17
1.6.2 Social Constructionism....17
1.6.3 Hermeneutic Phenomenology....18

CHAPTER 2: CLINICAL REASONING WITHIN MEDICINE: PRACTICE AND EDUCATION 19

2.1 INTRODUCTION 19
2.2 PERSONAL ANECDOTE 19
2.3 CLINICAL REASONING AS A SEARCH FOR MEANING 22
2.4 RESEARCH TRADITIONS IN CLINICAL REASONING IN MEDICINE 24
2.5 BEHAVIOURISM 26
2.6 COGNITIVE SCIENCES/COGNITIVISM 29
2.7 COGNITIVE STRUCTURES IN CLINICAL REASONING 29
2.8 ELABORATION 31
2.9 HYPOTHETICO-DEDUCTIVE REASONING 33
2.10 EXPERT/NOVICE RESEARCH 35
2.11 SITUATED COGNITION 38

CHAPTER 3: DECISION THEORY AND AIDS TO MEDICAL DECISION MAKING 47

3.1 INTRODUCTION 47
3.2 NORMATIVE DECISION MAKING 49
3.3 DESCRIPTIVE THEORIES OF CLINICAL DECISION MAKING 55
3.4 DECISION AIDS 58
3.5 CONCLUSION 65

CHAPTER 4: LANGUAGE AND INTERPRETIVE APPROACHES TO CLINICAL REASONING 67

4.1 INTRODUCTION 67
4.2 PERSONAL ANECDOTE 67
4.3 EXPERTISE AND KNOWLEDGE 68
4.4 DIALECTICS AND DIALOGISM 76
4.5 NARRATIVE AND CLINICAL REASONING 80
4.6 CATEGORIES AND CATEGORISATION IN CLINICAL REASONING 89
4.7 METAPHOR 94

CHAPTER 5: METHOD 100

5.1 INTRODUCTION 100
5.2 METHODOLOGY 102
5.3 THE INTERPRETIVE PARADIGM 105
5.4 PHENOMENOLOGY 107
5.5 PHENOMENOLOGY AND HUSSERL 108
5.6 HERMENEUTIC PHENOMENOLOGY AND HEIDEGGER 110
5.7 PHILOSOPHICAL HERMENEUTICS AND GADAMER 113
5.8 ETHICS 115
5.9 THE PARTICIPANTS – MEDICAL STUDENT GROUP 116
5.10 DATA COLLECTION – MEDICAL STUDENTS 117

5.11 THE PARTICIPANTS – MULTIDISCIPLINARY CLINIC GROUP 119
5.12 DATA COLLECTION – MULTIDISCIPLINARY CLINIC GROUP 120
5.13 ANALYSIS 121
5.14 CONCLUSION 123

CHAPTER 6: FINDINGS PART 1: OVERVIEW OF MAIN FINDINGS 124

6.1 INTRODUCTION 124
6.2 THEMES 124
6.2.1 Words and Categories 124
6.2.2 Metaphors 125
6.2.3 Heuristics/Mnemonics 126
6.2.4 Rituals 126
6.2.5 Narrative 127
6.2.6 Rhetoric and Hermeneutics 128
6.3 THE ICEBERG MODEL OF LANGUAGE IN CLINICAL DECISION MAKING 130
6.4 THE SOCIAL NATURE OF CLINICAL DECISION MAKING 131
6.5 VIGNETTE 133
6.6 CONCLUSION 138

CHAPTER 7: FINDINGS PART 2: CLINICAL DECISION MAKING AS A LANGUAGE PHENOMENON – MAIN THEMES ... 139

7.1 INTRODUCTION 139
7.2 LANGUAGE/WORDS 139
7.2.1 Commentary 142
7.3 CATEGORIES/MODELS 143
7.3.1 Commentary 151
7.4 METAPHOR 152
7.4.1 Commentary 164
7.5 HEURISTICS/MNEMONICS 166
7.5.1 Commentary 171
7.6 RITUAL 172
7.6.1 Commentary 179
7.7 NARRATIVE 180
7.7.1 Commentary 188
7.8 RHETORIC 190
7.8.1 Commentary 196
7.9 HERMENEUTICS 198
7.9.1 Commentary 209
7.10 CONCLUSION 211

CHAPTER 8: FINDINGS PART 3: LEARNING CLINICAL DECISION MAKING 213

8.1 INTRODUCTION 213
8.2 CLINICAL DECISION MAKING AND THE ZPD 213
8.3 PBL TUTORS 217
8.4 THE MULTIDISCIPLINARY CLINIC AS A ZPD 218
8.5 COMMENTARY 219
8.6 CONCLUSION 220

CHAPTER 9: CONCLUSION 221

9.1 INTRODUCTION 221
9.2 SUMMARY OF FINDINGS 221
9.2.1 Words/Utterances 222
9.2.2 Categories 222
9.2.3 Metaphors 222
9.2.4 Heuristics/Mnemonics 223
9.2.5 Ritual 223
9.2.6 Narrative 223
9.2.7 Rhetoric 224
9.2.8 Hermeneutics 225
9.3 THE SOCIAL NATURE OF CLINICAL DECISION MAKING 226
9.4 LIMITATIONS AND TRANSFERABILITY OF FINDINGS 227
9.5 IMPLICATIONS 229
9.5.1 Introduction 229
9.5.2 Dialogical versus Representational Language 229
9.5.3 Validity 231
9.5.4 Critical Social Science 231
9.5.5 Postmodern Health Care 232
9.5.6 Postmodern Philosophy 234
9.6 SUPPLEMENTARY INTERPRETATIONS 235
9.7 TEACHING IMPLICATIONS 238
9.8 CONCLUSION 239

REFERENCES 240

APPENDICES 260

Appendix A Participant Information Sheets 260
Appendix B Participant Consent Forms 265
Appendix C Interview Guides 268

LIST OF FIGURES

Figure 5.1 Crotty's (1998) research framework based on epistemology.....103

Figure 6.1 The clinical decision making "Iceberg" model 130

Figure 7.1 Some of the more common metaphors and the groups formed.....154

Figure 7.2 Three separate summaries with considerable overlap.....183

Figure 7.3 One composite and incremental summary 184

Figure 9.1 An alternative model for conceptualising language in CDM.....237

LIST OF TABLES

Table 5.1 Research Paradigms (derived from Higgs, 2001).....104