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Territories of knowledge, professional identities and patients' participation in specialized visits with a team of practitioners / Galatolo, R., Margutti, P.. - In: PATIENT EDUCATION AND COUNSELING. - ISSN 0738-3991. - 99:6(2016), pp. 888-896. [10.1016/j.pec.2015.11.010]

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25/07/2026 05:22

Manuscript Number:

Title: Patients' embodied conversational initiatives in admission visits at a centre for prosthesis application

Article Type: Original Article

Keywords: Patients' initiatives, embodied practices, specialised medical encounters, doctor-patient interaction, conversation analysis.

Corresponding Author: Prof. Renata Galatolo, Ph. D.

Corresponding Author's Institution: University of Bologna

First Author: Renata Galatolo, Ph. D.

Order of Authors: Renata Galatolo, Ph. D.; Piera Margutti, Ph. D.

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TITLE

Patients' embodied conversational initiatives in admission visits at a centre for prosthesis application.

FIRST AUTHOR: Renata Galatolo, Department of Philosophy and Communication, University of Bologna. Via Azzo Gardino, 23 – 40122 Bologna, Italy.

Tel. +39.051 2092228

Fax. +39.051 2092215

e-mail: renata.galatolo@unibo.it

CO-AUTHOR: Piera Margutti, Department of Human and Social Sciences, University for Strangers, Perugia, Italy.

Corresponding author: Renata Galatolo, Department of Philosophy and Communication, University of Bologna. Via Azzo Gardino, 23 – 40122 Bologna, Italy.

Tel. +39.051 2092228

Fax. +39.051 2092215

e-mail: renata.galatolo@unibo.it

ACKNOWLEDGEMENT

We wish to thank the INAIL Centro Protesi Vigorso di Budrio and the doctors, technicians, nurses and clients who participated in the research.

KEYWORDS:

Patients' initiatives, embodied practices, specialised medical encounters, doctor-patient interaction, conversation analysis.

Abstract

Objective and methods

This analysis focuses on patients' conversational initiatives during admission visits at a centre for prosthesis construction and application. Using a conversation analysis approach, the paper describes a multimodal device, which includes gaze, gestures, body movements and verbal production, which patients systematically use to introduce their conversational initiatives.

Results

The analysis shows that the device accomplishes different and concurrent interactional functions: it announces the patient's impending turn-taking and its topic, it locally constructs the object of shared attention, and it makes the referent of the patient's turn visible and accessible. Furthermore, the device legitimises the patient's contribution, constructing it as strongly grounded in the direct experience that the patient has of his body. In addition to these functions, the strength of the multimodal device is also demonstrated by its adaptability to local interactional constraints.

Conclusion and practice implications

The analysis shows patients' ability to transform contingent elements, such as the immediacy and availability of their injured limbs, into interactional resources for introducing unaddressed concerns. Through the detailed analysis of patients' conversational initiatives, the study contributes to an enhancement of patients' interactional competence and an empowerment of their agency.

Patients' embodied conversational initiatives in admission visits at a centre for prosthesis application.

1. Introduction

The relevance of patient's participation in health-care processes has become increasingly evident and is a central factor for the development of a patient-centered medicine[1]. Since the late 70s, studies of doctor-patient communication demonstrated that patients' involvement is positively associated with health outcomes, as it promotes patients' acceptance of the doctors' proposals and, consequently, patients' adherence to therapy [2, 3, 4]. In the last two decades, interactional studies of doctor-patient communication contributed to enhance patients' active role focusing on patients' participation and showing that, despite the asymmetry in favour of doctors, patients can succeed in locally influencing the manner in which interactions unfold [5]. As the stages of the medical encounter [6] differ with regard to the doctors' authority (for example, the diagnosis stage is considered more authoritative than the prescription stage [7]), patients' contributions and initiatives vary accordingly. Patients' initiatives during history-taking were mainly described in terms of expanded answers to doctors' questions [8] and of bodily conduct to display symptoms and suffering to the physician's attention [9], while patients' participation in diagnostic activity was described in terms of candidate explanations of their symptomatology [10] and in terms of extended responses to doctors' diagnostic statements [11]. Finally, during the prescription phase, patients' expressions of agency were mostly described in terms of resistance to prescription [12, 13].

This paper builds on these prior studies by providing an analysis of patients' conversational initiatives during admission encounters at a centre for prosthesis construction and application. In comparison to primary care visits, these encounters are more specialised and less familiar to the patients. We present an analysis of the multimodal resources that patients use to make

conversational initiatives, focusing on a specific multimodal pattern that includes gaze, gestures, movements of the injured limb and verbal production.

Patients use this pattern to introduce their conversational initiatives across all stages of the visit, with different degrees of success. The strength of patients' initiatives varies according to the sequential location, the type of action and the degree of response they obtain [14].

The analysis shows that the multimodal device allows the patients to accomplish concurrent and varied interactional tasks, such as announcing turn-taking and its topic, constructing locally shared attention [15] and providing evidence and authority for the patients' assertions.

2. Data and methods

Data were collected in an Italian centre specialising in prosthesis construction and application.

This paper reports on a pilot study, based on an analysis of 10 visits, which has provided the basis for a larger study based on a sample of 40 additional visits. During these encounters, patients meet a multidisciplinary team composed of a chief orthopaedic technician, an orthopaedic surgeon, a physiatrist, an orthopaedic engineer and a healthcare assistant. The patient's relatives or caretakers can also be present.

Patients enter the centre after loss of a limb, primarily due to work accidents or surgery. Of the total 50 encounters, 30 were with patients with injured upper limbs and 20 were with patients with injured lower limbs. Video recordings were made with two cameras during the pilot study (10 encounters) and three cameras during the collection of the other 40 cases.

The aim of the admission visit is to determine the appropriate procedure for the patient: this approach might involve prescribing a prosthesis or a surgery, deciding the treatment and preparing the limb. The admission visit has four main phases [16]: 1) opening, 2) history-taking and physical examination, 3) prescription, and 4) closing. Because of the centre's specialisation, the reason for the visit is implied and, consequently, there is no complaint presentation. Our analysis includes only patients with upper limb amputation.

All data were transcribed using the conversation analytic transcription convention developed by Jefferson [17] to which we added special symbols for the multimodal phenomena (see Appendix).

For data analysis, we adopted conversation analysis (CA) methodology. CA provides analytical tools for the systematic study of actions and activities in ordinary and institutional settings and has already led to relevant applied results in doctor-patient interaction and in other professional settings [18]. The analysis of the interactional sequences that we propose includes multimodal phenomena [19].

Subject consent was obtained from all participants according to the Italian law n. 196/2003 "Codice in materia di protezione dei dati personali", which establishes the norms guaranteeing safeguarding of persons and other subjects with regard to the treatment of personal and sensitive data. Participants' names and other references to patients' or doctors' private information have been removed or changed to make them unidentifiable.

3. Results

The analysis focuses on a specific multimodal pattern that patients use to introduce their conversational initiatives, following doctors' post-answer vocal and verbal acknowledgments (sequence-closing thirds) [20] or other embodied closure signals (reading and writing records) [21]. These conversational initiatives are post-sequence expansions [22] and constitute forms of resistance to the sequence closure.

The components of the pattern, which can occur in partial or total overlap, are the following:

1. looking at the limb
2. looking alternately at the interlocutor and at the limb
3. moving the limb
4. producing comment, assessment or description of the limb

We now propose the analysis of some extracts in which the multimodal pattern occurs, focusing on its structure and its sequential position in the conversation.

Extract 1 - 2 (0.05.53)

P: Patient

MA: Chief technician

MB: Orthopaedic Surgeon

This extract occurs toward the end of the visit, in the prescription phase. The physician (MB) and the technician (MA) have already examined the patient's hand and explained to the patient (henceforth P) the type of prosthesis they will apply. In line 1, MB suggests physiotherapy to P.

01 MB: >oppure< va a un centro di fisioterapia: a, a fare- posso anche
or you go to a physiotherapy centre to- I can also

02 scrivere un po' di ultrasuoni in immersione un po' di fisioterapia.
write some ultrasound immersion therapy some physiotherapy

03 P: ^ ((STARTS NODDING))

04 P: o[kay adesso-
okay now

05 MB: [ce n'è uno vicino
there's one close by

06 P: [ah non so se a [HOMETOWN] ci sia-
ah I don't know if in [HOMETOWN] there's

07 MA: [ha già ripreso il lavoro: ro? ha già ripreso
have you already gone back to work have you already gone back

08 il la[vo:ro
to work

09 P: [no. non anco[:ra.
no not yet

10 MA: [°ho capito°
I see

11 MB: forse a [CITY NAME] ce n'è uno;
perhaps in [CITY NAME] there's one

12 P: [CITY NAME]?

13 (.) / ((MB NODS VERY SLIGHTLY))

14 P: sì.
yes

15 (.) / ((MB STARTS WRITING))

16 P: magari mi informo, così,
I might seek information so

17 (0.2)

18 MB: (così) lo scri[vo.
(so) I'll write it

19 P: [>sì <perché non- non-< fundamentalmente non riesco a
yes because I don't don't basically I can't

^ ((TURNING TO MA ON HIS LEFT HE RAISES HIS RIGHT HAND
PALM UP AND LOWERS HIS GAZE ON HAND))

20 afferrare gli oggetti [perché è molto sensibile in questa parte [°no e:°

		<i>grab hold on objects because it is very sensitive in this part no and</i>
		^ ((P ROTATES HAND PALM DOWN IN THE POSITION OF GRABBING AND RAISES GAZE TO MA))
21	MA:	[° °mhm ° °
22	MA:	[° °mhm
23		mhm ° °

Figure 1

Figure 2

In the extract, P's initiative occurs in line 19. P volunteers the description of a symptom ("basically, I can't grab hold on objects", lines 19-20) when the prescription activity is largely initiated and introduces his initiative at the end of a sequence during which he has been involved, with the doctor (MB), in locating a suitable physiotherapy centre (lines 11-18). The activity of "searching for the centre" is clearly closed by both participants by temporarily postponing it (P: "I might seek information, so" – MB: "so I'll write it"). P then takes his turn to introduce his concern about his difficulty grasping objects with his injured hand (lines 19-20). P takes his turn while looking at the limb, the first component of the multimodal pattern that accomplishes both functions of announcing P's taking the turn and its content; second, by quickly shifting his gaze toward MA and then to his hand again ("up and lower his gaze on hand", line 19, second component of the pattern), P ensures shared attention to the limb [23]; and third, by rotating his hand in a grasping position (third component of the pattern), he shows the difficulty he is verbally describing [24] (fourth component of the pattern).

Despite occurring once the sequence "searching for the physiotherapeutic centre" has been closed, P uses his turn to expand his previous negative answer to MA's question about whether he had gone back to work (lines 7-10). Indeed, the turn begins with a "yes because", followed by the description of the grasping difficulty. P's initiative obtains minimal acknowledgement (MA "mh" in lines 21-23, while MB goes on writing), withholding indication about the doctor's use of the provided information [25].

In the following extract, we show a more successful patient initiative, using the same multimodal pattern.

Extract 2 - 5 (3:56)

P: Patient
 MB: Orthopaedic Surgeon
 MC: Physiatrist

The extract occurs immediately after doctors have examined P's right arm, where the hand was recently amputated. The doctor sitting in the middle (MC) asks the question in line 1. MB is the first doctor on the left [see figure3].

01 MC: non ha dolore vero? ((WHILE WRITING))
you don't have pain do you
 ^((P TURNS HIS GAZE TO MC))
 02 (0.5) ((P LOWERS HIS GAZE ON DOCUMENTS AND THEN RAISES GAZE TO MC))
 03 P: ↑.hh (silent inbreath)no=no=>no no<=assolutamente no.
 .hh (silent in breath)*no=no=>no no<=absolutely not*
 04 MC: ^((MC RAISES GAZE TO P))
 ^((MC NODS AND GAZE DOWN ON PAPERS WHEN TURNING TO WRITING))

05 (0.6)
 ^((P GAZES DOWN ON ARM))
 06 P: poi è guarito anche bene mi pa[:re dalla::,
besides it recovered also well it seems to me from the
 ^((P APPROACHES LIMB TO HIS FACE AND GAZES AT IT)) looks at MC looks at his arm

07 MB: ^((MB RAISES GAZE ON P'S LIMB, INTERRUPTS WRITING))

08 MB: [ah sì sì.
ah yes yes

09 (0.6)

10 MC: sì sì (effettivamente / assolutamente)
yes yes (actually / absolutely)
 ^((P RAISES GAZE ON MB AND THEN ON MC THAN BACK ON HIS ARM AND THEN AGAIN TO MC WHO MEANWHILE HAS RETURNED TO WRITING. MC NODS BUT LOOKS BACK ON THE PAPER: NO EYE-CONTACT))
 ((DOCTORS WRITE FOR 18 SECONDS))

Figure 3

Figure 4

In the example, P makes a conversational initiative producing an assessment about his limb: “besides it recovered also well” (line 6). Similar to the previous example, P's initiative occurs at the

closure of the previous sequence, in this case a question-answer sequence (lines 1-4). Indeed, the assessment is produced while MC is filling out forms after having obtained P's answer to his question (line 4). Filling out forms marks the end of the previous question-answer sequence and makes the patient's initiative a post-sequence expansion.

During a pause of 0.6 seconds, while MC fills out the forms, P looks at his amputated limb, raises it toward his head and rotates it several times while carefully examining it. Looking at the limb and moving it, P constructs the limb as the object of a new local shared attentiveness (the fact that P is attempting to draw the doctor's attention is confirmed by his gazing from the limb to the doctor and then back to the limb again, in line 6) and creates the conditions for the doctors to participate in the new assessment activity that he proposes. In this regard, MB and MC produce agreements with P's assessment in lines 8 and 10, respectively.

The construction of the shared attention to the limb is also obtained verbally. Indeed, by referring to the limb without using its name but the pronoun "it" ("besides it recovered also well"; in the Italian version, even the pronoun "it" is absent), P pushes the interlocutor to look for the referent in the immediate environment.

The following is another example of P's use of the multimodal pattern to introduce his initiative. Even in this case, P produces an unrequested assessment about his limb during his turn.

Extract 3 - 5 (03.16)

P: Patient
MA: chief technician
MD: Orthopaedic Engineer

The extract shows one of the examinations of P's limb during the history-taking phase. The doctors are looking at P's limb and assessing it, while P is performing some movements as requested by MA.

01 MC: c'è la prono-supina[zio:ne::, (.) conserva:ta
there's the prono-supination maintained
((MAKES ROTATING GESTURES WITH RIGHT HAND)) ^ ((SHIFTS GAZE FROM P'S FOREARMS
ON MA))

02	MA:	[sì: c'è un ↓po'. °°sì sì. yes there is a little yes yes ^ ((P's GAZE DOWN ON ARM))
03	P:	
04	MA:	(.) sì sì.° c'è un po'. uhuh, <u>va bene</u> , <u>gra[zie</u> . yes yes there is a little uhuh that's fine thank you ^ ((ADDRESSING P)) ((P's GAZE ON HIS LIMB CONTINUES))
05	P:	[c'è un= there's a ^ ((P RELEASES THE POSTURE LEANING BACK. MEANWHILE HE MOVES THE MUSCLES OF HIS FOREARM, MAKING THE UPPER PART OF HIS LIMB MOVE))
06		=minimo anche di- minimum also of
07		(2.0) / ((P's GESTURE CONTINUES, WHILE P GAZES AT DOCTORS. ONLY MD CROSSSES HIS GAZE. P TURNS TO MA))
08	MA:	°mhm° mhm
09	P:	di polso rima[hahasto ((audible outbreath)) of wrist remained ((GESTURE AMPLIFICATION: ADDRESSING MA, MOVING HIS LEFT HAND, P ILLUSTRATES THE GESTURE THAT HE MADE BEFORE WITH THE AMPUTATED WRIST; THEN HE LOOKS AGAIN AT HIS LIMB))
10	MD:	[°quello no ()° °that no ()° ((AND TURNS TO LOOK AT COMPUTER SCREEN))
11		(2.0) / ((P KEEPS MOVING WRIST, MA LOOKS AT LIMB AND SHAKES HEAD SLIGHTLY))
12	MA:	° quello non:: ()° that isn't / doesn't ()
13	MB:	^ ((RAISES GAZE FROM DESK TO P's LIMB))
14		(1.8) / ((MB KEEPS GAZE ON P's LIMBS WHILE P STOPS MOVING THE LIMB, LEANS BACKWARDS AND SMILES AT MB))
15	MB:	co:me un po' di (polso) What do you mean a little of (wrist) ((LEANING FORWARD ON TABLE TO REACH P's FOREARM))

Figure 5

Figure 6

Figure 7

Figure 8

Following P's performance, between lines 1 and 4, doctors look at and engage in a collective evaluation of P's limb. In line 4, MA dismisses the patient, thanking him ("that's fine thank you"). MA's behaviour allows P to leave the position he was requested to take for inspection of the limb and clearly closes the doctors' evaluative activity. When MA dismisses him, P begins to release the

position, leaning back in the chair and beginning his turn in overlap with MA's dismissing turn (line 5). As in the previous examples, P introduces his initiative at the closing of a sequence, producing an assessment about his limb: "there is also a minimum of wrist remained" (lines 5 and 6).

Compared to previous examples, P's initiative here is even stronger, as the prior assessing activity was performed only by the doctors and P was not involved at all, not even to answer questions.

Concerning P's use of the multimodal pattern to introduce his initiative, it is interesting to note that, in this case, P locally and contingently adjusts it. In fact, when P takes his turn, he is already looking at the limb (line 2), and he consequently shifts from drawing attention to the limb (as found in the previous examples) to maintaining his gaze on the limb. The effect of "maintaining the gaze" is obtained by contrasting gaze fixation with the body movement of leaning back in the chair. The movement of the whole body makes the gaze fixation newly relevant at that moment.

Thus, the three phases of the gaze component of the pattern are as follows: the maintenance of the gaze on the limb (while leaning back), the gaze shifting to the doctor (line 7), and the gaze coming back to the limb (line 9), following a pattern similar but not identical to the previous examples. This gaze-work precedes the verbal production, announcing P taking his turn and maintaining the current topic (the limb). In line 5, while gazing at his limb and delivering the assessment, P visibly moves the muscles of his forearm, thus showing what he refers to as the remaining wrist articulation, and giving evidence for his assessment. The structure of P's turn has the same format as that of the physicians' previous statements "there is...." (line 1, 2 and 4). Furthermore, the cut off of the turn "There's a minimum also of" (line 6) reflects the strong interplay between words and gestures[26]. During the silence of 2 seconds, after the "of", P shows the movement that he subsequently names as "minimum of wrist remained." The initial embodied introduction of the referent [27] has the function of encouraging the interlocutors to look at the limb and ensuring shared attention. In this case, the patient's initiative has a strong impact on the subsequent interaction as, after P's assessment, a new evaluative sequence (doctors express their disagreement with P in lines 10 and 12), including a new inspection of the limb (from line 15 on), occurs.

The following extract presents another occurrence in which P uses the same pattern to introduce his conversational initiative, but to produce a repair rather than an assessment. Even in this extract, the initial gaze component is locally adjusted to the immediate interactional context.

Extract 4- 3 (01. 08)

P: Patient

MB: Orthopaedic Surgeon

MC: Physiatrist

The extract captures an interaction in the first part of the history-taking phase, after the patient has been requested to describe the work accident that caused his impairment. In line 1, MC (the doctor in the middle (picture 9) checks P's previous narrative. MB is the first doctor on the left.

- 01 MC: quindi è finita la mano nel pistone?
so the hand was caught up in the cylinder
^ ((JOINTS HIS HANDS, AS IN A HOOK, AND THEN MOVES HIS RIGHT HAND AS IF HE WERE CUTTING))
- 02 P: sì=macchina stop, stava tirando:::, (0.4) legno caduto male, (.) poi=
yes machine stop I was pulling wood fell badly then
^ ((THE EXPLANATION IS ACCOMPANIED WITH GESTURES THAT ILLUSTRATE THE DYNAMICS))
- 03 MC: ^ ((NODS REPEATEDLY))
- 04 P: =è partito pistone
cylinder started
- 05 (0.6) / ((MC KEEPS NODDING AND LOWERS GAZE ON DESK TO WRITE))
- 06 MC: °ho capito° / ((STARTS WRITING))
I understand
- 07 (0.6) / ((DOCTORS ARE BUSY WITH PAPER WORK. MB RAISES HIS GAZE ON THE PATIENT'S HANDS FOR A FRACTION OF A SECOND AND THEN RETURNS TO READ PROTOCOLS ABOUT THE SURGERY))
- | | | |
|----|-----|--|
| 08 | P: | °cioè::,° (0.6) tutt'e due le mano nella::,
I mean both hands in the
^ ((P GAZES DOWN ON HIS HANDS))

^ ((P TOUCHES HIS LEFT FINGERS HAND WITH THE RIGHT HAND
FIRST ORIENTED TO MC WHO IS WRITING, THEN TURNING TO MB)) |
| 09 | MB: | ^ ((RAISES GAZE ON P)) |
- 10 (1.4) / ((P REPEATS THE GESTURE WITH BOTH HANDS TOWARDS MC WHO IS NOW LOOKING AT HIM))
- 11 MB: ma qui si era amputata anche la mano / ((POINTS WITH THE PEN TO THE RIGHT HAND))
but here you had also the hand amputated

Figure 9

Figure 10

Figure 11

In line 6, the doctor (MC) produces a verbal receipt (“I understand”) of P’s narrative of the work accident. The sequential closure function of the “I understand” is reinforced by MC’s return to filling out the documents and by the following silence (line 7). During the silence in line 7, the surgeon MB raises his gaze to P’s hands, and it is at that moment that P also looks at his hands while taking his turn (line 8). Thus, when P lowers his gaze to his hands, he aligns with MB’s gaze at the limb and constructs shared attentiveness. At this point, P produces his incomplete turn (“I mean both hands in the”, lines 8 and 9) pointing his right hand toward the left one to show that it has also been injured.

P’s turn repairs MB’s reference to a single hand in his question in line 1. The link between the repair (two hands) and its repairable (one hand) is constructed and reinforced through the partial repetition, in line 8, of the doctor’s turn in line 1: “so the hand was caught up in the cylinder” becomes “both hands in the”. The turn containing the repair is incomplete, and its meaning remains parasitic to the turn containing the repairable. As in examples 1 and 2, P links his turn to prior talk using a conjunction, in this case “I mean” (“cioè”, a typical Italian particle to initiate repair), but, in contrast with the other examples, the function of the turn’s incompleteness is different. While in the previous cases, the turn’s incompleteness leads the interlocutor to look for the missing verbal referent in the immediate physical environment, thus facilitating the construction of shared attentiveness, in this case the turn’s incompleteness has an anaphoric function and leads the interlocutor to refer back to the previous interaction.

4. Discussion and Conclusion

4.1 Discussion

The analysis identified a multimodal device, including gaze, gestures and verbal behaviour, which patients systematically use to introduce and sustain their conversational initiatives during admission encounters at a centre for prosthesis application. The first component of the device is visual, and it consists of initially looking at the limb and then looking alternately at the interlocutor and back at

the limb. The initial gaze at the limb has the function of announcing both the patient's taking his turn and the topic (the injured limb) of the contribution, while the gaze alternation from the limb to the interlocutor and back ensures the construction of the injured limb as a local object of shared attention. P's gestures and movements following the gaze have the function of showing the relevant parts or aspects of the limb to which P's contribution refers, in order to produce evidence for P's statements or assessments. The interplay between P's assertions or assessments about the limb and its being immediately visually available helps to construct P's initiatives as based on his direct experience of the limb, hence to legitimise P's assertions and assessments. The pattern is systematically used by patients at the closure of conversational sequences that are signalled by doctors' sequence-closing thirds, both through verbal acknowledgements and/or gestural closures such as reading or filling out documents. Patients' initiatives are thus post sequence expansions that, in this particular context, assume the function of resistance to the closure of the previous sequence. The analysis of four different occurrences showed that patients use the device during different stages of the encounter and that participants can adapt the device to local constraints; in example 3, P succeeds in using the device even though he is already gazing at the limb. Moreover, in example 4, P utilises the device by aligning with the doctor's initial gaze at his hand. These variations demonstrate the stability and local adaptability of the device.

4.2 Conclusion

This detailed analysis of patients' embodied initiatives in specialised medical encounters documents patients' ability to introduce unaddressed elements or concerns despite the asymmetry of the interaction or the unfamiliarity of the encounter. The analysis demonstrates that patients are able to transform injured limbs and their immediate visual availability into interactional resources.

4.3 Practice implications

Patients' embodied initiatives in specialised medical encounters attest to the patients' need to assume an active role beyond merely responding to questions or presenting their bodies for inspection. The analysis of the ways and moments in which patients succeed in obtaining unexpected conversational spaces can help doctors in planning encounters in order to facilitate patients' conversational initiatives. In particular, the analysis shows that the moments in which doctors withdraw their attention from the patient to attend to other tasks are often favourable for patients' initiatives, and this phenomenon can lead to a change of perspective on "distraction" caused by doctors' attention to multiple activities during the encounters. Furthermore, by documenting patients' interactional initiatives, this study enhances patients' interactional competence and empowers their agency.

We confirm all patient/personal identifiers have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the stories and/or of the transcripts and images.

References

- [1] Bensing JM, Verhaak PFM, van Dulmen M, Visser A, editors. Communication: the royal pathway to patient-centered medicine. *Patient Educ Couns* 2000; Special Issue 39.
- [2] Schulman BA. Active patient orientation and outcomes in hypertensive treatment. *Med Care* 1979; 17: 267-80.
- [3] Greenfield S, Kaplan SH, Ware JE, Yano EM. & Frank JD. Patients' participation in medical care: effects on blood sugar control and quality of life in diabetes. *J Gen Intern Med* 1988; 3: 448-57.
- [4] Kaplan SH, Greenfield S & Ware J. Assessing the effects of physician-patient interactions on the outcomes of chronic disease. *Med Care* 1989; 27: 110-26.
- [5] For an overview, see Beach WA, editor. *Handbook of patient-provider interactions*. New York: Hampton Press; 2013. Section IV.
- [6] Byrne PS and Long BEL. *Doctors talking to patients: a study of the verbal behaviour of doctors in the consultation*. London: Her Majesty's Stationery Office; 1976.
- [7] Heath, C. (1992) The delivery and reception of diagnosis in the general practice consultation. In: Drew P, Heritage J, editors. *Talk at work*, Cambridge, Cambridge University Press: 235-67.
- [8] Stivers & Heritage (2001) Breaking the sequential mold: Answering more than the question during comprehensive history taking. *Text* 21 (1/2): 151-85.
- [9] Heath C. Demonstrative suffering: the gestural (re)embodiment of symptoms. *J Commun* 2002; 52: 597-616.
- [10] Pomerantz A, Gill VT, Denvir P. When patients present serious health conditions as unlikely. Managing potentially conflicting issues and constraints. In: Hepburn A, Higgins S, editors. *Discursive research in practice: new approaches to psychology and interaction*. Cambridge: Cambridge University Press; 2007: 127-46.
- [11] Perakyla A. Agency and authority. Extended responses to diagnostic statements in primary care encounters. *Language and social interaction* 2002; 35: 219-47.
- [12] Stivers T. Non-antibiotic treatment recommendations: delivery formats and implications for parent resistance. *Soc Sci Med* 2005; 60: 949-64.
- [13] Koenig, J. Patient resistance as agency in treatment decisions. *Soc Sci Med* 2011; 72:1105-14.
- [14] Robinson JD. Asymmetry in action: Sequential resources in the negotiation of a prescription request. *Text* 2001; 21: 19-54.
- [15] Kidwell M, Zimmerman DH. Joint attention as action. *J Pragmat* 2007; 39: 592-611.
- [16] Heritage J, Maynard DW. Introduction. In: Heritage J, Maynard DW, editors. *Communication in medical care*. Cambridge: Cambridge University Press; 2006: 1-21.

- [17] Jefferson G. Transcript notations. In: Atkinson JM, Heritage J, editors. *Structures of social action: Studies in Conversation Analysis*. Cambridge: Cambridge University Press; 1984: ix-xvi.
- [18] Antaki C. *Applied conversation analysis*. Basingstoke: Palgrave-Macmillan; 2011.
- [19] Stivers T, Sidnell J. Introduction: Multimodal Interaction. *Semiotica* 2005; 156: 1-20.
- [20] Schegloff EA. *Sequence organization in interaction*. Cambridge: Cambridge University Press; 2007.
- [21] Frankel RM. A-symmetry in the doctor-patient relationship: are we looking in the right places? In Nordberg B, editor. *Samspel och variation*. Uppsala Sweden: Uppsala University; 1996: 121-30.
- [22] Schegloff EA. *Sequence organization in interaction*, Cambridge: Cambridge University Press; 2007.
- [23] Hayashi M. Joint turn construction through language and the body: notes on embodiment in coordinated participation in situated activities. *Semiotica* 2005; 156: 21-53.
- [24] Streeck J. The significance of gesture: how it is established. *IPRA Papers in Pragmatics* 1988; 2: 60-83.
- [25] Ten Have P. Talk and institution: a reconsideration of the “asymmetry” in doctor-patient interaction. In Boden D, Zimmerman D, editors. *Talk and social structure: studies in ethnomethodology and conversation analysis*. Cambridge: Cambridge University Press; 1991: 138-63.
- [26] Eriksson M. Referring as interaction : on the interplay between linguistic and bodily practices. *J Pragmat* 2008; 41: 240-62.
- [27] Mondada L. [Multimodal organization of talk in interaction : embodied practices of referents’ introduction]. *Langue Française* 2012; 175: 129-47.

Symbols	Description
(.)	Indicates a gap of less than one-tenth of a second
(0.7)	Pauses timed in tenths of a second
[	Start of overlapping talk across adjacent lines
=	No discernible interval between turns or prior words
.	Falling intonation
,	Continuing intonation
?	Rising intonation (not necessarily a question)
.hhh	In-breath
hhh.	Out-breath
wohrd heh	Audible aspirations within words, including in laughter
°word°	Talk quieter than surrounding talk
WORD	Talk much louder than surrounding talk
word	Vocal emphasis
↑word↓	Marked variations in pitch in the following word/syllable
(word)	The transcriber's 'best hearing' of what is said, when unclear or uncertain
<	Indicate that the following talk sounds like it starts with a rush
<word>	Talk much slower than surrounding talk
>word<	Talk much faster than surrounding talk
^	Indicates the position in which the onset of gestures, gaze or body movements are deployed in relation to talk in the preceding line.
((.....))	Text in italic in double parenthesis represent an effort to describe other forms conduct
→	Indicates lines of particular interest

Table 1

Appendix: Transcription conventions

In Table 1 below, we describe the symbols we used in the extracts. All of them – except from the (^) symbol we devised to indicate the onset of gestures and gaze in relation to talk – were conceived by Gail Gefferson [17].

Legends

Figure 1

Line 19
P: >si< perché non- non-
yes because I don't don't
^

((TURNING TO MA ON HIS LEFT HE
RAISES HIS RIGHT HAND PALM UP AND LOWERS HIS GAZE ON
HAND))

Figure 2

Line 19
P: fondamentalmente non riesco ad afferrare gli oggetti
basically I can't grab hold on objects

^ ((P ROTATES HAND PALM DOWN IN
THE POSITION OF GRABBING AND RAISES GAZE TO MA WHO IS NOT VISIBLE
IN THE PICTURE))

Figure 3

Line 5 and 6
((P GAZES DOWN ON ARM))
P: poi è guarito anche bene
besides it recovered also well
^((P ROTATES ARM AND GAZES AT IT))

Figure 4

Line 7
MB^ ((MB STOPS WRITING AND
RAISES GAZE ON P))

Figure 5

Line 2
MC: sì: c'è un po'. °°sì sì°°
yes there is a little yes yes
^ ((P'S GAZE DOWN
ON ARM))

Figure 6

Line 5
P formulates his independent
assessment

P: c'è un minimo anche di
there's a minimum also of
^((P RELEASES THE POSTURE
LEANING BACK. MEANWHILE HE MOVES
THE MUSCLES OF HIS FOREARM, MAKING
THE UPPER PART OF HIS LIMB MOVE))

Figure 7

Line 14
(1.8) / ((MB KEEPS GAZE ON P'S LIMBS WHILE P
STOPS MOVING THE LIMB, LEANS BACKWARDS AND SMILES AT
MB))

Figure 8

Line 15
MB: co:me un po' di (polso)
what do you mean a little of (wrist)
((LEANING FORWARD ON TABLE TO REACH P'S FOREARM))

Figure 9

Line 8
P: °cioè::,° (0.6)
I mean
^ ((P GAZE DOWN ON HIS HANDS))

Figure 10

Line 8
tutt'e due le mano
both hands
^ ((P TOUCHES HIS LEFT FINGERS WITH THE
RIGHT HAND))

Figure 11

Line 9
nella::
in the
^ ((MB RAISES GAZE ON P))

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Figure 2

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Figure 3
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Figure 4

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Figure 5
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Figure 6

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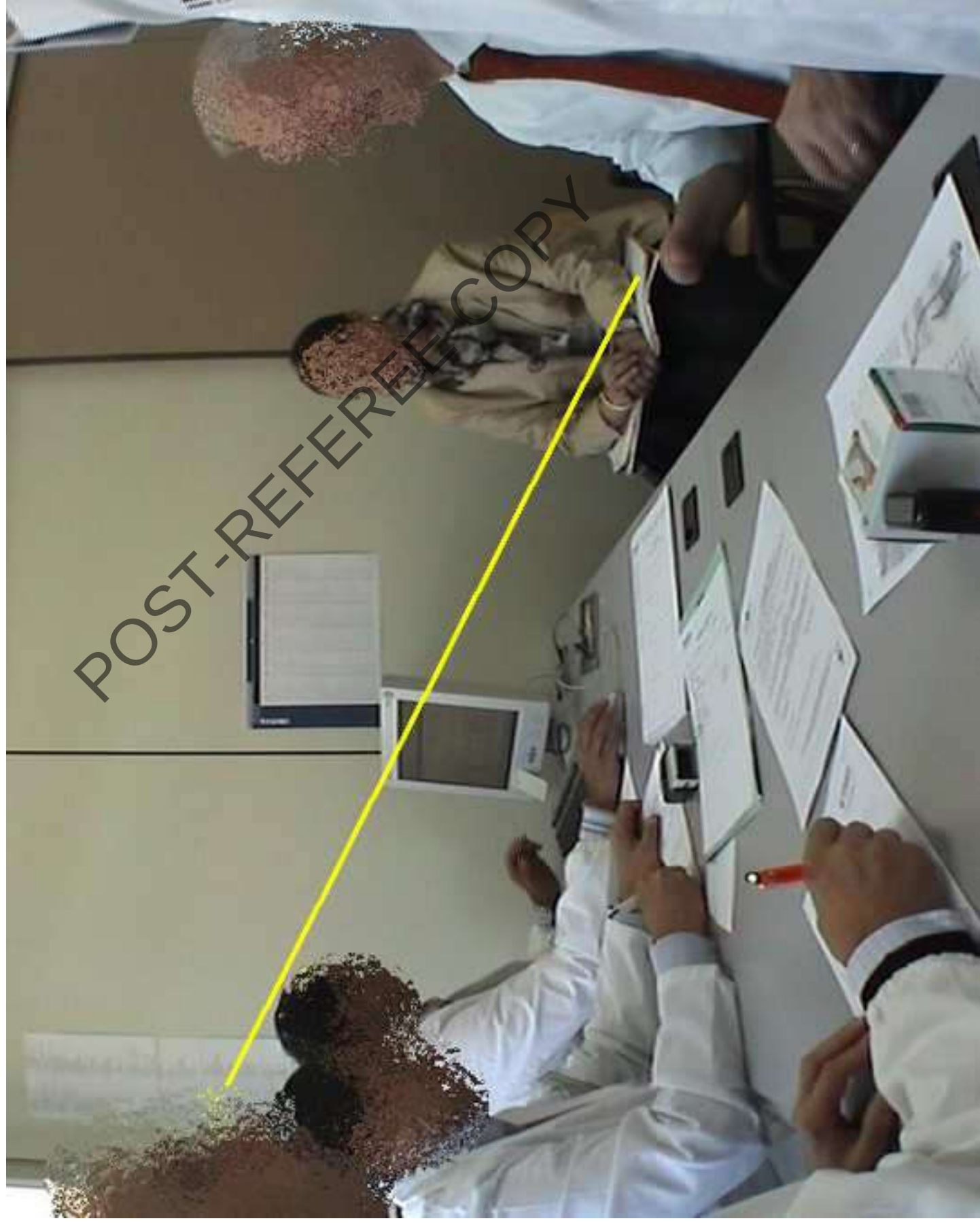


Figure 7
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Figure 8

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Figure 9

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Figure 10
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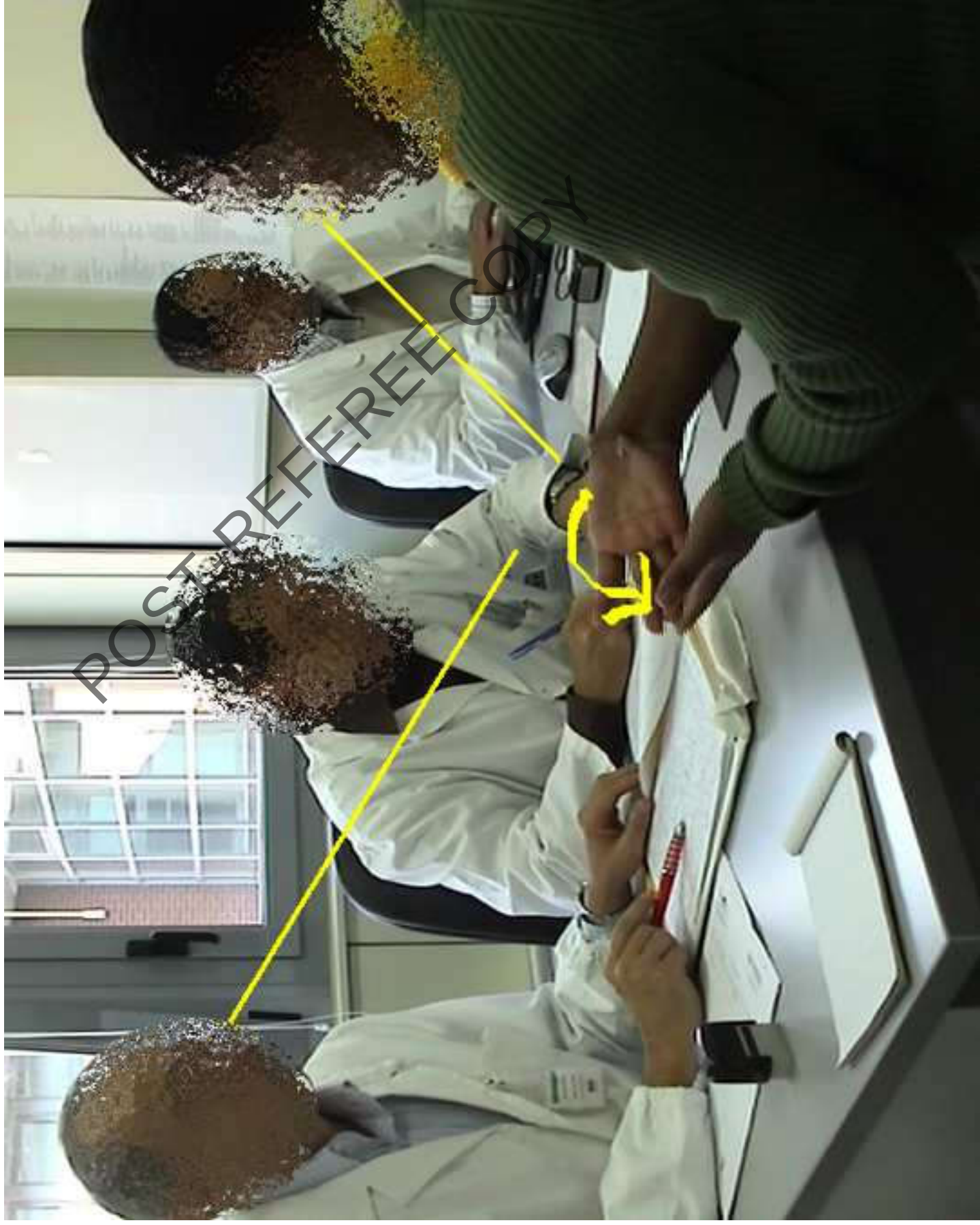


Figure 11

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