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A conversation analytic study of calls to medical reception for doctor's appointments

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Abstract

A call to medical reception is regularly an entry point into primary health care services. Telephone-mediated interactions between patients and receptionists have been found to temper demand for doctor's appointments and influence patient satisfaction ratings; yet little is known about what exactly happens to produce those effects. The present study asks how medical receptionists respond to telephone-mediated appointment requests. Audio recordings of 18 calls between receptionists and patients at a New Zealand University health care practice were collected, transcribed and examined in detail using conversation analysis. The findings reveal the complexity of telephone-mediated medical receptionist work which involves multiple engagements involving the caller and the on-line booking systems. The work has clinical components and evidence was found of receptionists' orientations to the potential urgency of callers' problems and how a triaging process was initiated. Overall, this study shows medical receptionists do skilful communicative work granting patient requests or progressing relevant courses of action in a clinically responsible way, thus delivering a valuable and unrecognised aspect of health care delivery.

Keywords: primary health care; social interaction; mediated communication; telephone triage; qualitative, gendered work

Introduction

Medical reception interactions are an important yet understudied aspect of health-care communication. Talking with medical receptionists can be an initial step into accessing clinical services. It has been theorised as a significant social interaction where a person's identity is effectively transformed into that of patient (Neuwelt et al., 2015). There are also important practical consequences of the exchanges. Gallagher et al. (2001) found that receptionists for a general practice were able to temper demand on the limited resource of doctors' time by offering appointment-alternatives. Hewitt et al. (2009) linked the communication style of medical receptionists to reports of patient satisfaction with task-focused speech associated with negative evaluations and rapport-talk with positive ones. The present research is an in-depth examination of telephone-mediated medical reception interactions that produces new knowledge about how appointment requests are progressed, managing the multiple and sometimes oppositional forces of social interactional norms and institutional constraints.

Medical receptionists are mostly women and their jobs are frequently part time and poorly paid (Copeman & Van Zwanenberg, 1988; Neuwelt et al., 2015, 2016; Ward & McMurray, 2011). Like other health roles occupied predominantly by women such as midwives (Henwood & Hart, 2003) and rest-home workers (Lee-Treweek, 2008) the skills involved tend to go unrecognised and are undervalued (Acker, 2006). For example, medical receptionist work is considered purely administrative yet observational and interview research has suggested that it also involves tasks that require a level of clinical decision making including processing repeat prescriptions (Swinglehurst et al., 2011) and giving out test results (Neuwelt et al., 2016). In New Zealand, the geographical location of the present study, primary care receptionists regularly take the first step in a triage process, triggered when patients ask for same day or urgent appointments (Arroll, 2011). Motivated by a feminist sensibility about the gendered division of labour in health sector, this study aims to contribute to new knowledge about the nature and value of medical receptionist work by examining recordings of their telephone-mediated interactions with patients and analysing in detail how requests for appointments are managed.

Medical receptionist telephone-mediated work is situated within a complex and dynamic environment, involving engagement with various communication and information systems. Coined 'multi-tasking' in popular and scholarly psychology, the concept has been critiqued and re-specified as 'multi-activity' from discursive and embodied perspectives (Haddington et al., 2014). Well-documented in studies inspired by ethnomethodology and conversation analysis, multi-activity has been used to capture how instrumental tasks are accomplished along with emotional forms of work in gender-stratified industries like beauty therapy (Toerien & Kitzinger, 2007) and hairdressing (Stefani & Horlacher, 2018). The analysis reported in this study describes how receptionists managed talking with callers while also navigating the computer based booking system.

Studies report a range of attitudes on medical receptionists. They can be judged as officious, impersonal, insensitive, and generally unhelpful, especially when cast as gatekeepers (e.g. Arber & Sawyer, 1985; Gallagher et al., 2001). Helpful encounters with receptionists are key to patient satisfaction too, considered by some as second only to communication with their doctor (Paddison et al., 2015). Observation and interviews with receptionists themselves show them to be caring and compassionate workers, who can be constrained in their ability to help patients as much as they would like (e.g. Hammond et al., 2013; Neuwelt et al., 2015, 2016). While self-reports about medical receptionists importantly point to the central importance of communication in their work, they do not analyse the conversations themselves which is something that the present study does.

Although situated at the beginning of a pathway to accessing healthcare and being influential for patient satisfaction, medical reception interactions are seldom considered in health communication research that examines naturalistic recordings. There is a substantial conversation analytic literature on medical communication between doctors and patients in primary health care settings (Heritage & Maynard, 2006; Teas Gill & Roberts, 2012; Barnes, 2019) but very little of the work on social interactions with the medical practice *before* the patient gets to the doctor's office. There is also a considerable body of interactional research on health helplines (see Bloch & Leydon, 2019 for a review) that also does not consider calls to medical receptions. A notable exception is a series of studies that examined calls to UK-based primary health care practices (Sikveland et al., 2016; Sikveland & Stokoe, 2017 Stokoe et al., 2016). One recurrent pattern identified in that work was when initial requests were not

granted by receptionists and no alternative was offered, an extra interactional burden was placed on the caller to ask for alternatives options.

In sum, the present study addresses a substantive gap in the health communication literature. It investigates the important but insufficiently understood and likely undervalued work of medical receptionists by recording calls and analysing them in detail for how relevant activities are accomplished by the parties. Taking a feminist perspective (Weatherall, 2015) and drawing broadly on the theoretical and methodological frameworks of discursive psychology (Edwards & Potter, 1992; Hepburn & Wiggins, 2005) and conversation analysis (Mondada, 2018; Schegloff, 2007) our focus is on how medical receptionists respond to requests for appointments. We consider the complex material environment that requires receptionists to engage with callers and computers, the institutional constraints of having limited availability of doctor's appointments and a triage system that requires a level of clinical assessment and decision making about urgency. Our aim is to document the skill and value of medical receptionist work and produce knowledge that can further enhance it.

Data and method

Telephone reception at a New Zealand university's primary health care and counselling service was the setting for the present study. The practice was a sizeable one, spanning two campuses and servicing a student population of around 20,000. Patients were able to access the services provided, free of charge. The large population the practice serviced and its low cost meant demand for routine and acute care was high, particularly during teaching periods. Just prior to the commencement of this study an evaluation of the service revealed long wait times for doctor's appointments which was the reported cause for high levels of frustration and disenfranchisement amongst patients (Potter, 2018). As a result, a telephone triage system had just been implemented to manage same-day appointments whereby patients would be called back by a triage-nurse for further assessment of the urgency for medical attention from a doctor. Aside from arranging triage-nurse call back, the receptionist could also arrange non-urgent appointments with counsellors, doctors and nurses through an online booking system. Appointment requests made up the vast majority of the work at the university health care service examined. Other receptionist tasks included arranging transfers of medical notes and providing general information regarding service availability.

The services had a call management software that connected callers to a receptionists work station. Routinely callers first heard a pre-recorded messaged that asked them to indicate what from a wide range of services offered that they were calling for so the call could be appropriately directed. During data collection periods, callers who selected to 'make a doctor's appointment' or 'speak to a receptionist' were directed to a pre-recorded message about the study which was the first in a two step process for getting consent to include the call in the study, further details about the ethical procedures are provided below.

There were 37 calls that passed the first step in the consent process from which 18 were ultimately included in the study. The period of data collection (November 2018 through to January 2019) was during a non-teaching, less busy time, at the request of the service management. The study sample involved three different receptionists (all women) and 17 patients (one who had two calls included). On average calls were one minute and 35 seconds long.

The audio recordings were edited so that identifying information was deleted. Names, places and other possibly identifying information in the transcripts were pseudonymised All calls were transcribed following conversation analytic conventions (Jefferson, 2004). Audio recordings can be played but not shared with bone fide researchers, who are welcome to contact the corresponding author if they would like to hear the data excerpts.

Ethics

Ethical permission to collect the data was granted by the University Human Ethics committee (ID#0000026843), which required a two-step process to protect callers, who were considered to be from a vulnerable participant population. There was an initial agreement that the call could be recorded and then after the call had been completed, a subsequent step sought consent for the call recording to be included in the research.

In the first stage callers heard a message about the research, after they had already responded to a standard message indicating they wanted a doctor's appointment or to talk to a receptionist. Callers could opt-in to the recording by pressing a key on their phone or opt-out during the message and be transferred directly to a receptionist. For callers who opted-in, a message would appear on the receptionist's computer screen asking them to record the call. After the call was completed, the caller was contacted back by the researcher to get their consent for the recording to be included in the study. Nearly half the callers could not be recontacted (n=18) and one who was contacted did not give their consent. Those calls were permanently deleted.

Analysis

The analysis details the complexity of medical receptionist work in granting requests for doctor's appointments. It is organised to show increasingly clearer clinical aspects of what is being done with a final section highlighting how some responses function to temper demand for doctor's time. The first section presents examples where the receptionist responds by granting what is being asked for which includes requests for non-urgent and emergency or same-day appointments. For the former there is an orientation to the possibility that the matter may be more urgent and for the later the request is granted with an explanation of the triaging process. The second section shows receptionists deferring granting callers' requests for appointments by placing the patient on a list to be called back by a nurse, which is an initial step in the triage process.

Granting the requested action

Requesting is regularly accomplished via an adjacency pair of turns, where a preferred response typically progresses the request by granting it in an immediate and minimal way (Schegloff, 2007). In institutional settings, requesting can have an extended organisation where an interrogative series of turns gathers additional information necessary to grant what is being asked for (Kevoe-Feldman, 2019). In Extract 1 the request sequence is extended in two distinctive ways. One is further information gathering and the other is the time required to navigate the computer-based booking system. It begins with the delivery of the standardised opening where the receptionist gives an institutional identification and a personal one. The title of the extract provides a pseudonymised name of the receptionist and the unique identification number of the call.

Extract 1 Leanne 4

```
01  REC:   Student health and counselling Leanne speaking?
02         (0.9)
03  CAL:   Hello: my names Maya? u:m Kay Tims has got back
04         to me and >asked if< I can make an appointment<to
05         come and see her. hh
06  REC:   °o:kay su:re°=I'm just gonna bring her template
07         up here? I won't be a mo[ment ]
08  CAL:                            [ A:bs]olutely.=Now I
09         don't know if she works at Tuatua or Feldon
10         but I'm available to go to either.
11         (0.9) ((REC typing/.hh))
12  REC:   o:ka::y so >its'< just when she's next
13         available? °did you s[a:y or:°          ]
14  CAL:                         [yeah >that'd be< g]reat thank you.
15         (0.2)
16  REC:   °so°=
17  CAL:   =Hopefully its hh .Hhh[hh                   ]
18  REC:                         [>i-probably gonna be] the< first
19         week of:: hh (0.4) .h (0.3) Decembe(h)r.(0.4<I CAn do the fourth
20           of December. .hh at u:m (0.5) at Tuatua.
21         (0.9)
22  CAL:   Okay
```

The caller's request for an appointment in the above case is legitimated as coming from the doctor herself (lines 03-05). The receptionist's response beings with "O:kay s:ure" (line 06) which acknowledges the caller's request and *claims* a commitment to granting it (Lindström, 1999). The low volume and sound extension in both words may mark that the receptionist has already begun working with the booking system on the computer, a recurrent vocal practice that displays doing something else in addition to speaking on the phone (Ticca, 2014). The request will be *demonstrably* granted when its date, time and location has been agreed upon.

In the next bit of the same first responsive turn (lines 06-07), the receptionist provides some on-line commentary about what she is doing "I'm just gonna bring her template up here?" which orients to the accountability (Robinson, 2016) of the response time to deliver details about appointment possibilities and displays an assumption that the caller understands that it is due to an activity relevant to granting the request. A further orientation to the accountability of the timing is the the utterance "I won't be a moment" (line 07) which is a formulation found in other telephone-mediated settings to anticipate silences when multiple activities requiring different kinds of interactional engagement are being managed (Edmonds & Weatherall, 2019).

The caller acknowledges the announced delay with "absolutely" and provides more information about her flexibility in attending at one of the two possible locations "…I'm available to go to either" (lines 08-10). The position of the acknowledgement in overlap with the receptionist's talk and its turn design with a contracted transition relevance place (line 08) where further information is provided functions to display an understanding of the process underway and effectively accelerates its progress by pre-emptively providing what would otherwise have to be asked for. The typing sounds at line 11 is the "moment" previously anticipated when the receptionist is primarily engaged with the booking system. At line 9 the receptionist begins a new turn with an extended "o:ka::y so" which indicates the booking system task declared earlier has been completed and engagement with the caller is resuming.

The receptionist's orientation to a possibly relevant clinical matter is evident in the resumptive turn. She asks a clarifying question that is proposing the timing of the appointment "just when she is next available? °did you sa:y or:°" (lines 12-13). The use of the term "just" is a token that has a rhetorical function (Potter, 1996) which here works to acknowledge and disclaim a possible trouble with the wait time for available appointments. The quieter "°did you sa:y or:°", is a designedly incomplete utterance, a practice which can be used to prompt the recipient to complete the turn with a correction (Koshik, 2002). In doing so, the receptionist importantly orients to the possibility that the medical matter may be more urgent requiring less of a wait. The caller first accepts the proposal "yeah >that'd be< great thank you" (line 12) and then also orients to a possible trouble of wait time by an incomplete turn which is punctuated by breathiness "Hopefully its hh .Hhhhh" (line 15). The final element that is missing in the turn is a formulation of time reference. The format of the turn displays and assumes shared knowledge about long wait times for doctor's appointments.

The receptionist's turns at line 16 "°so°" and over lines 18-20 show her ongoing engagement with finding the next available appointment. Displays of searching include the sound extension "the first week of::" (line 19) and pauses prior to specifying the month of December (line 19). The outcome of the search is a proposal that specifies a date "the fourth of December" and place "at Tuatua" (lines 19-20) which is in fourteen days' time. The caller accepts that appointment simply with "okay", in a slot where an appreciative stance display was available.

In sum, Extract 1 shows an example where a request for a non-urgent appointment is granted by booking what has been asked for. Different aspects of the response show orientations to the accountability of the granting. One shows a structural preference where requests are normatively granted simply with no delay. In the present case, the granting is more of a process because it requires managing multiple engagements with the caller on the phone and the on-line booking system. The parties also orient to trouble with lengthy wait-times for non-urgent appointments. The receptionist displays a clinical concern that it might be too long for a pressing medical matter. The caller shows her understanding of protracted wait-times by expressing her hope that her appointment time would be otherwise.

Extract 2 is an example of how responding to an explicit request for an emergency appointment is done. The caller in the case below shows an understanding that the process involves being called by a nurse. The receptionist makes their role in progressing that course of action explicit which is to arrange a call-back by the triage nurse.

Extract 2 Leanne 16

```
01  CAL:   hi: um i was wondering if i was: able to be connected
02         one of the nurses #the um: emergency appointment
03         ones. .hh at all=or um called by one of them,
04         (0.5)
05  CAL:   asap?
06         (0.2)
07  CAL:   .skuh=
08  REC:   =oh:kay i can get a triage nurse to give you a call? A:h
09         >just one moment?<
10  CAL:   °.shih #yep#° hh
11  REC:   can you just give me your ID number ↑please?
```

By explicitly requesting to be connected with "one of the nurses #the um: emergency appointment ones." or alternatively "called by one of them," (line 01-03), the caller displays knowledge of the services on offer and that it is the nurse and not the receptionist that can make that decision.

The silence at line 05 which follows the reason for the call is a place where the receptionist could respond. However, she affords an opportunity for the caller to continue speaking – a practice that Gallagher et al (2001) noted receptionists use to solicit further information (2001). The caller takes up the opportunity, adding an increment to their turn (Schegloff, 2016) where they formulate the request as urgent by adding "asap?". After some further silence and a hearable sniff which consistent with their claim that they are ill (".skuh=", line 07), the receptionist grants the request by formulating what will happen as getting the triage nurse to give them a call. As in Extract 1 "just a moment" is used by the receptionist to manage the multiple engagements and marks a shift to giving interactional primacy to the computer. By the time the caller has said "#yep#" (line 10) the receptionist is ready move to the next activity of getting the students identification number (line 11) which is also seen in the next extract. Getting the student's identification number is necessary to progress the activity of being putting the caller on the triage list.

Extract 3 is a second example of how responding to a request for an emergency appointment is done. Compared with the previous example, the caller displays less knowledge about the process. Accordingly, the receptionist responds by providing a fuller explanation of the how the process for making a same day appointment with a doctor is made.

Extract 3 Judy 4

```
01  CAL:    hi um I was wondering if you had any like last minute
02           kind of (.) emergency appointments today?
03  REC:    .h u:m l- ug- is it something that I
04           can pop you: onto the:: telephone triage for?
05           (0.8)
06  REC:    I can [get] a nurse to assess you, and then from that=
07  CAL:          [um ]
08  REC:    =assessment they'll .hhh
09          (0.8)
10  CAL:    yeah prob[ably °th-°]
11  REC:             [determine ] whether you can see a
12           doctor or not for today.
13          (0.4)
14  CAL:    yeah that'd probably be (.) good,=
```

The caller's request (lines 01-02) shows some understanding of the system through which a doctor can be seen on the same day through the reference formulation used "like last minute kind of (.) emergency appointments". In contrast to the previous two extracts where the receptionists indicated commitment to granting the request, in this example a counter offer is initiated, formatted as a request for permission using a yes/no interrogative "is that something that I can pop you: onto the:: telephone triage for?" (lines 03-04). The question transforms the course of action into one that is within the receptionists ability to grant.

After the counter offer there is a silence (line 05). It is a turn-taking slot for the caller to respond but they don't. The receptionist orients to the silence as a problem of understanding and proceeds to explain what she means "I can get a nurse to assess you, and then from

that…" (lines 06 and 08). In overlap with the first part of that explanation the caller begins talking with "um" (line 07) but stops, beginning again at a point in the receptionists turn that is vulnerable to next speaker incursion because of a pause and an in-breath (line 08). These bids for the floor (line 07 and line 10) are indications the caller is ready to respond without the explanation. However, it is only when the receptionist's turn explaining the process is complete that the caller's conditionally relevant response to the offer, agreeing to be put on the triage list, is successfully delivered. It is a hedged acceptance which gives the go-ahead for the receptionist to progress the process for being put on the triage list which is to ask for the student's identification number. The and-prefacing "a:nd what's your student ID number" (line 15) links the question to the ongoing course of activity of triaging (Heritage & Sorjonen, 1994).

The receptionist's account of the triage process makes clear that it is the nurse's domain of responsibility to access clinical information and manage same day appointments. The full delivery of the explanation, in the face of the caller's bids for the the conversational floor is evidence of the receptionist's orientation to the importance of delivering that information. The caller had some rights to deliver a response to the offer because of its conditional relevance (Schegloff, 2007) which were usurped by the turn and the action progressed by the receptionist. The action was informing about the relevance of clinical responsibility which was being deferred to the nurse.

The extracts analysed so far are examples of the receptionists granting what was being asked for. The first extract was a request for a non-urgent appointment where the receptionist showed an orientation to a clinical matter of urgency by asking a clarification question about the timing of the appointment. In the subsequent extracts the requests were for emergency, same-day appointments where responsibility for all clinical matters is held by the triage nurse who calls the patient back for assessment.

Deferring granting by progressing triaging

This section shows examples where granting the request is deferred to the triage nurse, a first step in the triaging process that is not formally recognised by the way that the system is organised. The cases are all where the receptionist orients to the possibility that the caller's problem is one requiring immediate medical attention.

In Extract 4, the receptionist shows an orientation to the possible negative clinical implications of booking a non-urgent appointment with a doctor. By posing an explicitly articulated question about urgency (line 06) the receptionist is initiating progress towards triaging whereby further responsibility for clinical decision making and granting the request is deferred to a nurse. The extract begins with the caller's first turn of talk where the appointment request is made.

```
Extract 4 Samantha 8

01  CAL:   .hh hi i was calling to see if I would be able to: get
02          a: um (.) doctor's appointme:nt?
03         (0.2)
04  REC:   yeah? definitely? um so we're currently booking for
05         the: .h for <next week> the wednesday the twentieth,
06         is that okay? or is it something more urgent.
```

```
07          (0.8)
08  CAL:    .h it would be >a little bit< more urgent ye::ah
09  REC:    °yehp° cause I can pop you on the telephone triage
10          line,.hh so a nurse will >give you a ca:ll talk to you
11          over the l-um pho:ne and see if an- um if she can
12          bring you in for an appo:intment? .hh what's your
13          student ID.
```

The format of the caller's request in the above case shows an orientation to high contingency (Curl & Drew, 2008), "if I would be able to: get" (line 01). Nevertheless, the receptionist's responsive turn still begins with a strong affirmative acknowledgement "yeah? definitely?" (line 04) immediately signalling a commitment to grant what was asked for. The receptionist's turn progresses by informing the caller of the institutional timeframe for booking an appointment "we're currently booking for the: .h for <next week>" (lines 04-05) and checks if that would be acceptable "is that okay?" (line 06), which has a rhetorical orientation that it might not be and provides an opportunity for the caller to shape how the request will be granted. The next bit of the turn explicitly realises the undesirability of the wait by transforming the format of the turn into an either/or question that orients to the clinical implications "or is it something more urgent." (line 06). Locating the question about urgency as the second possibility in the either/or format of the question, makes it easier for the caller to do a confirmation because a positive response is contiguous with the question in relation to turn-taking (Sacks, 1987).

Confirmation about the seriousness of the problem comes in the form of a modified repeat of the question "it would be >a little bit< more urgent" with a confirming "yeah" added at the end of the turn which may have been ambiguous if placed in turn initial position (line 08). The confirming response is cast as the reason for a transformed course of action, progressed by a turn of talk that both offers and explains: "°yehp° cause I can pop you on the telephone triage line, .hh so a nurse will…" (line 09-12). The "I can" construes the proposed course of action as within the receptionist's domain to enact and the "pop" casts it as a minimal imposition to her (Weatherall, 2020). The responsibility for granting what the caller has asked for is thus deferred to the nurse. The receptionist takes a hearable in-breath that indicates more talk to come (Schegloff, 1996) treating the offer as not requiring explicit acceptance from the caller and goes on to request the caller's student ID (lines 12-13) which is needed to put the caller on the triage list.

In Extract 5 the caller's request includes explicit details about the medical problem that help is being sought for. It is another example where the receptionist shows an orientation to a clinical matter, progressing triaging and deferring granting the request to a nurse.

Extract 5 Samantha 3

```
01  CAL:    .hh I have a question u:m:: (0.6) I might have to
02          see: maybe a doctor?
03          (0.2)
04  CAL:    >i'm a student at Lizabeta
05  REC:    [↑yeh   ]
06  CAL:    [.hh bec]ause my eyelids u:m: >like for the last three
07          weeks I thought it's gonna go away but u:m my eyelids
08          have been like a >little bit< swollen and red and
09          irritated?
10          (0.3)
11  REC:    ok ↑what's your s[tud]ent id. ((muffled sound))
```

```
.
.           ((21 lines omitted, getting student id and checking
.            phone number))
.
33  REC:   .hh ok so what I'll do is pop you down on the
34          telephone triage line, .hh and that's where one
35          of the nurses will give you a ca:ll um >assess
36          you< over the phone and see if they can bring
37          you in for a priority appointment, to get your
38          eye looked ↑at↑ .hhh um so just keep your phone nearby
39          and one of the nurses will be in touch.
```

In the above case the request is initiated in the form of a preliminaries to preliminaries (pre-pre) sequence (Schegloff, 2007). "I have a question" (line 01) functions to project that what will come next won't be the request itself but some preliminary information that is relevant to it. Although not explicitly articulated, the question asks for clinical advice about whether the symptoms the caller reports experiencing legitimates asking for a doctor's appointment. The caller first expresses a hedged suggestion that she "might have to see: maybe a doctor?" (lines 01-02), then establishes her right to ask for an appointment by claiming her identity as a student (line 04). The caller then gives detailed explanation of symptoms which includes she's been experiencing them for three weeks (lines 06-07), showing 'troubles resistance' (Heritage & Robinson, 2006) an orientation to a possible interpretation that medical help is being unnecessarily sought.

The receptionist receipts the information about being a student with "yeh" at line 05 in overlap with the caller giving further preliminary information. The receptionist's first substantive turn (line 11) asks for the student's identification number, an activity that was also seen in Extracts 2 & 4 that shows the receptionist is advancing putting the caller on the triage list. Without saying as much, the receptionist has decided that the problem is not only doctorable but possibly urgent requiring assessment by a nurse for an emergency or same-day appointment. Data internal evidence that the receptionist has decided to triage the caller comes a bit later (lines 33-34) where she explains what will happen to the caller.

In the next extract, the request for a doctor's appointment also includes clinical reasons – the caller is experiencing some problems with her pill. As in the previous extract, for the following one, the receptionist asks for the caller's student identification in response to the clinical information which shows she has decided to put the caller on triage rather than progressing booking a non-urgent appointment.

Extract 6 Samantha 5

```
01  CAL:    .hh <hi Samantha um I'd just like to book an
02           appointment with one of the doctors in regard
03           to my (.) pi:ll i:'m experiencing a few
04           problems (.) with it so: i'd like to >just<
05           have a chat with one of the doctors °please,°
06           (0.2)
07  REC:     ↑yeah↑ defi↑nitely: what was yo:ur student id?
.
.            (( 15 lines omitted, gathering information))
.
21  REC:     okay so just keep your phone nearby, i've popped
22           you on the telephone triage list↑ and someone will
23           be in touch to um talk through that with you.
```

The declarative format of the request "I'd just like to book an appointment…" (lines 01-02), displays high entitlement (Curl & Drew, 2008). The caller goes on to describes their reason for making the request. There is a micro-pause before the vague formulation of the medication "my (.) pi:ll", which is a regular pattern before delicate or exact things (Lerner, 2013). Using the non-specific referent *my pill*, the caller invokes culturally-shared knowledge that makes the class of medication they are referring to inferentially identifiable as possibly contraceptive.

The receptionist acknowledges the request and her willingness and ability to grant it "↑yeah↑ defi↑nitely:" (line 07). She then initiates the interrogative series to gather the necessary information to put the caller on the triage list for the nurse. In doing so, the receptionist decides the problem is potentially urgent requiring a same day assessment rather than one that can wait for a routine appointment or a nurse. In lines 21-23 the receptionist explains the triage process.

The extracts in this section have all shown the receptionists orientation to the possible urgency of the medical problem and initiating the triage process. Thus a clinically conservative and responsible course of action was progressed.

Booking an alternative appointment

In this final section of the analysis, extracts are presented where the response to the request is to book alternatives to doctor's appointments. In addition to showing clinical judgement about the medical problem they are also cases where the actions of the receptionist temper demand for non-urgent doctor's appointments.

Extract 7 shows the receptionist seeking clarification that a sexual health appointment with a nurse would be acceptable to the caller.

```
Extract 7 Leanne 7

01  CAL:   hi there um I was wondering if I would be able to book
02         in for a s:tudent (.) <I mean sorry a sexual hea:lth
03         appointment
04         (0.3)
05  CAL:   over the next couple of days or (.) week
06  REC:   sure °you° happy to see a nurse for that:?
07         (0.2)
08  CAL:   uh huh,
09         (0.4)
10  REC:   .hh which campus would you like to be seen on.
11         (0.5)
12  CAL:   uhm Feldon hh .sh
```

As in earlier examples, the format of the caller's request (lines 01-03) shows low entitlement "I was wondering" and high contingency "if I would be able to". In this case, the format may be occasioned by the short-time that is added as further detail to the request "over the next couple of days or (.) week" (line 05). The either/or form places the least optimistic or longer time frame second, making it more straightforward to respond to.

Beginning with "sure" (line 06), the receptionist claims that the request is something she is willing and able to grant (Lindström, 1999). Checking whether the caller would agree to see a nurse (line 06) shows clinical judgement that dealing with sexual health matters is something

a nurse can properly do and is not necessarily restricted to a doctor's domain of expertise. The confirmation check turn is designed grammatically and sequentially in a way that makes it easier for the caller to agree to see a nurse, than to disconfirm. The yes/no form "°you happy°" presupposes that the caller will be happy to see a nurse by structurally preferring a 'yes' answer (Raymond, 2003). The caller responds after a short delay (line 07) with "uh huh," (line 08) which the receptionist treats as satisfactory and progresses to specifying where the appointment should be located. In asking this question, the receptionist treats progressing the action as contingent upon the caller's response (Larsen, 2013; Whalen & Zimmerman, 1987, 1990). By retroactively adjusting the parameters of the caller's request to be one with a nurse, the receptionist is able to grant the caller's request and temper the demand for doctor's appointments.

The next and final case is the clearest and most extended example of the receptionist engaging in clinical decision making. It is another example that shows the receptionist tempering the demand for doctor's appointments because ultimately the booking is to see a nurse.

Extract 8 Leanne 17

```
01  CAL:    Hi Leanne I was hoping to: book an appointment
02          with the doctor, about a um: (.) ughm
03          contraception prescription?
04  REC:    .h okay you need to see a doctor?
05          (0.4)
06  CAL:    yes please
07          (0.7)
08  REC:    °o:h k(h)ay,°
09          (0.5)
10  CAL:    or a:- yeah doctor or a nurse
11         (0.6)
12  CAL:    um=
13  REC:    =okay you've had it from student health before?
14         (1.2)
15  CAL:    yes
16         (0.4)
17  REC:    ok >and< you're not due for a review with a doctor?
18          (0.2)
19  CAL:   .hh NO not due for a review but the la:st time
20          i: u:m: .tch (1.0) ih- <i got my refill,> hh I sa-
21          I'm pretty sure I saw a doctor
22          (0.7)
23  REC:    okay .hh we can [pop >you in with a< nurse] if you like=
24  CAL:                    [Yea:(h)h.                  ]
25  REC:    =which campu[s >do you want< to] be seen on.
26  CAL:                [Yeh         ]
```

The format of the above request is packaged with a clinical reason. In this case it is for a contraception prescription, which is marked in advance as precise or delicate with the a perturbation on the talk and a cough "about a um: (.) ughm" (lines 02-03). The receptionist receipts the request with "okay" and seeks clarification about the necessity of seeing a doctor using a declarative interrogative "you need to see a doctor?" which structurally prefers a yes answer which is how the caller responds "yes please" (line 06). The receptionist again responds with okay (line 08) which is quieter and extended, likely prosodic features that shows she is beginning to engage with the booking system. However, the caller takes the opportunity occasioned by the clarification to indicate a change of mind and proposes that an

alternative would be also be possible “or a:- yeah doctor or a nurse. Conceding to see a nurse may indicate knowledge that those appointments are more readily available, a possibility that is affirmed later (not in the excerpt presented) when the caller discloses that they have run out of pills and need the new prescription the next day.

With the transformation of the request to one that could be a nurses appointment, the receptionist initiates a series of further clinically related questions that check a nurses appointment is appropriate. That is, that her contraceptive prescription originated from the student health practice (lines 13) and that it was not due for a review with a doctor (line 17). Although not due for a review the caller explains the previous appointment for a refill of the prescription was with a doctor – although the claim of seeing a doctor is repaired to insert an epidemic hedge “I sa- I’m pretty sure I saw a doctor” (lines 20-21). After receipting that explanation with “okay” the receptionist then proposes a nurses appointment formulated using a collective pronoun, that is as being grounded in her institutional identity while nevertheless in the caller’s domain of responsibility “we can pop you in with a nurse if you like” (line 23). Despite deferring to the caller’s rights to decide, the receptionist contracts the the turn transition space, presupposing agreement and launches a next relevant activity which is to establish what location best suits the caller. Nevertheless the caller shows agreement and with the course of action being progressed at lines 24 and 26 which is to book an appointment with a nurse.

Discussion

Normatively granting requests are a preferred and aligning response because they progress the course of action initiated in a first turn of talk (Schegloff, 2007). In the present study, without exception receptionists granted what was being asked for or progressed alternative, courses of action. One alternative was to initiate the triaging process which showed receptionists orientations to the possible urgency of the caller getting medical attention. Another was to book an appointments with a nurse which also displayed clinical judgement that the matter did not necessitate seeing a doctor thus tempering demand on that limited resource.

Receptionists showed an orientation to urgency, a clinical matter, even in cases where the requests were for routine appointments. That orientation was evident in the structural organisation of the interaction that included providing the caller with a turn-taking opportunity to correct the assumption of non-urgency (Extract 1) or by an explicit request for confirmation about urgency (Extract 4). Where the requests were for urgent appointments, the receptionists initiating triaging which was to put the caller on a list for a nurse to phone them back. For urgent appointment requests, the receptionists explained the triage process in a recipient designed way that was fitted to the knowledge about it displayed in the form of the request (Extracts 2 & 3). Putting callers on the triage list was progressed simply by asking for their student identification number. Aside from explicit requests for urgent appointments, receptionists also progressed calls to triage when clinical information about the medical problem was given by the callers (Extracts 5 & 6). By progressing the triage process receptionists were responding in a clinically responsible way, ensuring callers received expert clinical assessment.

Medical receptionists function in a complex environment that involves multiple forms of engagement that revealed the accountability of the work. The analysis showed how receptionists managed the dual activities of talking with the caller and operating the booking

systems. Providing on-line commentary about what they were doing and using routinised expressions that are mutually intelligible as disengagement with the caller to progress work to progress granting the request (Extract 1 "I won't be a moment"; Extract 2 "just one moment"). Phonetic resources such as lowered volume and sound extensions were other practices that showed dual engagements with talking and the computer. The focus of the present study on the telephone mediated aspects of medical reception fails to capture the full diversity and complexity of the work, which can also involve co-present interactions with those who physically come into the clinic. A fuller appreciation of how receptionist manage multiple activities could be gleaned by video recording their work, although such studies raise additional challenges about protecting the confidentiality of patients who are potentially vulnerable.

To the best of our knowledge, there is no specialist training for medical receptionist work. The present study provides a model for the kind of research that could provide an empirical base for developing communication guidance on things like how to manage multiple engagements such as talking with the callers while also navigating around computer booking systems. Knowledge about practices such as claiming a commitment to grant requests and on-line commentary makes explicit the kind of skills that can progress action in ways that are attentive and efficient, supporting patient satisfaction.

In conclusion then, the skills of a medical receptionist, like other roles primarily undertaken by women are largely unrecognised and undervalued (Tancred, 1995). This study provides important evidence at the micro-interactional level of what the job involves and how it is done in ways that supports access to clinical services. The analysis confirms the job involves making clinical judgements, such as considering what kind of clinician can provide appropriate care (a nurse or a doctor) or whether a caller's problem is urgent enough to be triaged. In making these judgements, receptionists displayed a level of specialist knowledge that their status in the medical system could be better recognised and appreciated.

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