Chapter 12

Informing Traces: The Social Practices of Collaborative Informing in the Midwifery Clinic

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ABSTRACT

The concept of “traces” is useful for understanding the collaborative practices of informing. Readers of documents leave traces of their use, and institutional talk embeds traces of collaborative work, including work done and elsewhere and at other times. This chapter employs a multifaceted qualitative strategy of analytic bracketing to analyze traces in midwives’ and clients’ discussions of clinical results. Results are used to identify and evaluate trends in relation to the current case or to universal norms. Conflicting forms of evidence may need to be negotiated. Barriers may arise when results or sources are inadequate or unavailable. Midwives and women manage these barriers by flexibly assigning the role of information provider in official and unofficial ways. The analysis of traces provides insight into the hows and whats of collaborative work and reveals it to be a complex set of practices that go well beyond the immediately visible contributions of others.

INTRODUCTION

The concept of “traces” or “footprints” is a useful one for the study of the collaborative practices of informing (see, for example, Foster, 2006, pp. 340-347). Documents may be seen to carry the traces of the subjects and objects they describe (Frohmann, 2008), and users of physical or digital documents may leave behind evidence of their use that is taken up by subsequent users as informative. Through the inscriptions made by previous authors and readers, documents used in collaborative environments can record, mediate, and co-ordinate the work of those who are invested in a single project though they may be responsible for different tasks, located in different places, and held to different timelines (Davies & McKenzie, 2004).

Although they may not be preserved in documentary form, traces are also evident in interper-
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sonal interactions, as when speakers invoke past experiences or outside sources as informative for the present occasion. The objective of this chapter is to analyze the ways that midwives and child-bearing women produce, take up, call on, and use references to people, places and events outside of their here-and-now interaction as they collaborate in presenting, discussing, and interpreting clinical findings. Analyzing institutional talk can reveal traces of work done in other places or at other times (Smith, 1990; McKenzie, 2006) and can show how the institutional work of informing is necessarily collaborative even when it appears not to be (McKenzie, 2009). The analysis of traces provides insight into both the hows and the whats (Holstein & Gubrium, 2005) of “the intertwined, institutionally disciplined, documentary and non-documentary practices from which ‘information’ emerges as an effect” (Frohmann, 2004, p. 198).

BACKGROUND

Several LIS studies have considered the work of people who gather together over time in formal and informal groups such as departments, communities of practice, task forces, crews, and teams. LIS researchers have attended to the temporal situatedness of information-related activities (Solomon, 1997; Savolainen, 2006) and have considered the development of collaborative projects over time (e.g., Hyldegård, 2006). Traces become useful for participants to situate themselves in the ongoing trajectory of the collaborative endeavour (e.g., Sonnenwald, Maglaughlin, & Whitton, 2004; Hertzum, 2008). They also allow those not physically present to contribute to the business at hand, as people, institutions, and interests may be brought into the conversation through spoken invocation (McKenzie & Oliphant, 2010) or through documentary traces such as the medical record (Davies & McKenzie, 2004).

A visit to a health care provider’s clinic is a single occasion but is also a member both of a longer series of such occurrences and of a more extensive set of social relations (Smith, 1990). Research on clinical interaction shows that health care providers and their clients provide and use traces of the encounter’s place in a larger series of events in many and diverse ways. Both providers and clients orient to their past and future dealings together and situate the current discussion in relation to the previous knowledge that each is held to have. Robinson (2006) showed how a doctor’s invitation to a patient to present a concern contains cues about the history of the relationship and reminders about who knows what about what has taken place before. Failing to attend to the visit’s position in the ongoing physician-patient relationship (for example, by asking “What can we do for you today?” rather than “And how has the pain been this week?”) has implications for the effectiveness of the interaction. Heritage and Robinson (2006) found that, in order to show that they have made all reasonable attempts to solve a problem before seeking the doctor’s assistance, patients may provide a narrative of self-diagnosis and problem solving that begins in the past and culminates in the present of this visit to the doctor. Maynard (2003) analyzed the ways that people in clinical and everyday settings establish an announcement or a diagnosis as “news” by presenting and responding to it in particular ways. The news delivery sequence may include a pre-announcement that not only alerts the hearer to expect news, but prepares him or her for its positive or negative valence (e.g., “I have some good news about your test results”). Serious communication problems can arise when the newsworthiness or the valence are not taken up in the same way by speaker and hearer. West (2006) found that clinicians do the work of providing “continuity of care” partly through closing visits by making arrangements for what should happen next between the participants. Even sociable non-instrumental talk bears traces of the interpersonal relationship between care provider and client (Ragan, 2000).
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