Note this was automatically transcribed by Zoom so there are errors, and the timestamps do not match the video.

April 17th 2013

Leveraging Epistemic Network Analysis to Discern the Development of Shared Understanding between Physicians and Nurses

Vitaliy Popov

University of Michigan

Abstract

In healthcare settings, poor communication between physicians and nurses is one of the most common causes of adverse events. This study used Epistemic Network Analysis to help identify communication patterns in physician-nurse dyad interactions. We used existing video data where physicians made patient care rounds on two oncology patient units at a large academic medical center, and video recordings captured conversations physicians had with nurses on the plan of care. All data was transcribed, segmented and annotated using the Verbal Response Mode (VRM) taxonomy. The results showed that the relationship between Edification and Disclosure was strongest for the dyads that reached a shared understanding, suggesting the importance of these two modes to reaching shared understanding during patient care rounds. Reflection and Interpretation were the least used VRM codes, and this might be one possible area for intervention development. This pilot study provided new insight into how to improve communication between physicians and nurses using ENA coupled with VRM taxonomy..

1
00:00:06.680 --> 00:00:07.970
Jamie Boisvenue (He/Him): After papa is.

2
00:00:08.370 --> 00:00:27.920
Jamie Boisvenue (He/Him): Dr. Papav is an assistant professor in the Department of Learning Health Sciences, with a courtesy appointment at School of Information. He's also the Director of Learning Sciences and Technology for the Clinical Simulation Center for the University of Michigan Medical School. His research primarily focuses on understanding how to team.

3
00:00:27.920 --> 00:00:44.060
Jamie Boisvenue (He/Him): How to team function can be optimized to lead a better learning, gains, performance and healthcare outcomes as current projects. Of course he will present on and talk about today. So, Dr. Popov, we welcome you, and I will hand the mic over to you.

4
00:00:45.020 --> 00:00:55.920
Vitaliy Popov: Thank you. Thanks, Jamie. What was the pleasure? Let me see, and I apologize for for for those who attended the Icq Conference in in Denmark.

5
00:00:56.080 --> 00:01:06.190
Vitaliy Popov: so that would be a a little bit of a repeat. But for those who didn't make to my presentation, that would be a and brand new content.

6
00:01:08.040 --> 00:01:09.510
Vitaliy Popov: Let me see.

7
00:01:11.540 --> 00:01:12.760
Vitaliy Popov: And

8
00:01:13.910 --> 00:01:17.220
Vitaliy Popov: yeah, you should be able to see the whole, you know.

9
00:01:18.570 --> 00:01:20.110
Vitaliy Popov: All right. So.

10
00:01:21.120 --> 00:01:33.060
Vitaliy Popov: as you can see on the slide, the the title of my presentation is leveraging a systemic network analysis to discern the the development of shared understanding between physician and nurses.

11
00:01:35.370 --> 00:01:42.900

Vitaliy Popov: and it was a through interprofessional collaboration with the school of nursing is a Professor Melissa Manorovich.

12
00:01:42.960 --> 00:01:45.740
Vitaliy Popov: So she was that the content expert

13
00:01:46.780 --> 00:01:50.040
Vitaliy Popov: who actually was kind enough to offer

14
00:01:51.660 --> 00:01:56.190
to do the secondary data analysis on the data that she collected.

15
00:01:56.380 --> 00:02:08.340
Vitaliy Popov: If you actually years before Covid. Because you you understand why it's. It's important because there was a film crew with a gopro camera full of physician and nurses and 2 on call you units in the hospital.

16
00:02:08.560 --> 00:02:19.390
Vitaliy Popov: and of course, when the Covid happened, of course that research wouldn't be very complicated to to do. And also you can see on the screen. There were lovely and talented undergraduate students.

17
00:02:19.490 --> 00:02:32.010
Vitaliy Popov: because, you know, when you do quantify quantified ethnography. you doing it. The human power to label and annotate data. And that's where the students came in

18
00:02:33.750 --> 00:02:34.410
right?

19
00:02:34.540 --> 00:02:39.190
Vitaliy Popov: So the foundational question that lab this research

20
00:02:39.320 --> 00:02:41.050
Vitaliy Popov: you can see on this screen

21
00:02:41.210 --> 00:02:47.790
Vitaliy Popov: what patterns of physicians, nurse communication can support, hinder, lead

22
00:02:48.100 --> 00:02:51.360
Vitaliy Popov: to a shared understanding. So we're looking for those patterns.

23
00:02:52.660 --> 00:02:55.620
Vitaliy Popov: And and why is it important?

24
00:02:56.590 --> 00:03:08.800
Vitaliy Popov: And and why do we need to know. Why do? Why is it so important to know about this patterns that that hinder support or lead shared understanding between physician and nurses and the

25
00:03:08.910 --> 00:03:16.890
Vitaliy Popov: the the answer to this question is that the poor communication between physician and nurses is one of the leading causes of adverse events.

26
00:03:18.150 --> 00:03:25.670
Vitaliy Popov: So obviously the poor communication between these 2 health care professionals can lead to

27
00:03:25.750 --> 00:03:30.230
Vitaliy Popov: for a patient outcomes list of resources and the medical errors.

28
00:03:32.600 --> 00:03:43.440
Vitaliy Popov: And of course, when when we in in this particular setting? We did this study, and the do I call G units, of course, what we want to compromise people so that the stakes are even higher.

29
00:03:45.080 --> 00:03:57.400
Vitaliy Popov: and I will show you a very short clip to kind of to give you an idea of how the day to look like. and before I do that I need to give you some context. So what about to see?

30
00:03:58.840 --> 00:04:05.450
Vitaliy Popov: Actually, in this very short kind of 7 min you will see all the features that that

31
00:04:06.590 --> 00:04:12.440
Vitaliy Popov: that is relevant to the teams in health care. It it's it's fascinating an example.

32
00:04:12.670 --> 00:04:21.079
Vitaliy Popov: You will see decision making psychological safety coordination in in this very short 6 min. So the case here.

33
00:04:21.550 --> 00:04:28.080

Vitaliy Popov: So the what you will see on the screen you will see a medical student. You will see an attending physician.

34
00:04:28.690 --> 00:04:32.530
Vitaliy Popov: senior resident, a pharmacist, and a nurse.

35
00:04:33.000 --> 00:04:35.340
Vitaliy Popov: And there was also a pharmacist.

36
00:04:35.640 --> 00:04:36.240
Okay.

37
00:04:36.430 --> 00:04:41.780
Vitaliy Popov: a person who was assisting a pharmacist. But anyway, the the case was

38
00:04:41.920 --> 00:04:45.650
Vitaliy Popov: for those for you who are not familiar with the the Cdf.

39
00:04:45.900 --> 00:04:52.500
Vitaliy Popov: As a contagious, it's not, you know, the most serious thing, but

40
00:04:52.570 --> 00:04:55.260
Vitaliy Popov: Usually people tend to develop it after

41
00:04:55.320 --> 00:05:03.590
Vitaliy Popov: a week. They can antibiotics, and it's very contagious. If people, you know, touch the services or interact with the person

42
00:05:03.610 --> 00:05:06.440
Vitaliy Popov: who is a sequence of

43
00:05:06.760 --> 00:05:13.460
Vitaliy Popov: It's pressed very quickly. And again, you can. You can imagine that it's it's an on to, on on call units.

44
00:05:13.530 --> 00:05:23.840
Vitaliy Popov: and again immun to compromise people, and when the physician nurses the go on patient rounds, so you can imagine that it can spread very quickly if you go from one patient to another patient.

45
00:05:23.910 --> 00:05:25.770
That's why there is this

46
00:05:25.960 --> 00:05:28.040
Vitaliy Popov: precaution. Measures

47
00:05:28.200 --> 00:05:33.710
Vitaliy Popov: that are usually. You need to wear a special gear or a tire to, you know, to protect

48
00:05:33.940 --> 00:05:45.960
Vitaliy Popov: the the health care team. There is also a sign on the door. and and what you about to see is that in a matter of seconds how they are designing to take the sign of.

49
00:05:46.140 --> 00:05:50.830
Vitaliy Popov: and the not where this attire, although there were inconclusive tests.

50
00:05:51.830 --> 00:05:56.230
Vitaliy Popov: And and you will see how this communication kind of unfolds.

51
00:05:57.230 --> 00:05:58.410
All right. Let me

52
00:05:58.760 --> 00:05:59.770
Vitaliy Popov: wait.

53
00:06:01.590 --> 00:06:30.080
Not really. Too much happened yesterday. We switched to his zos and desceep team because of the concern for drug fevers going on. He Hasn't fevered, since so maybe did something. His repeat he did, interestingly, is negative one, and then the Pcr. Was positive, and then another the seed. After that it's been negative, and he's like he has been having intermittent diarrhea, but he had like a whole day where he wasn't passing any school.

54
00:06:30.150 --> 00:06:41.490
so we took out the Vang. From now we'll see how he does it Just seems like we were talking to the Id fellow and herbsided, and it sounds like the seeded.

55
00:06:41.490 --> 00:06:53.120
The assay itself is more sensitive than the Pcr.

56

00:06:53.210 --> 00:07:08.330
Vitaliy Popov: So we'll force forward forward. Then the the pharmacist will take his 2 cents. But really too much happened yesterday. We switch to his. So even this G. I. Pcr: yeah. The G Ipcr. Is incredibly sensible.

57
00:07:08.540 --> 00:07:12.250
Vitaliy Popov: Oh, sorry. Sorry. Somebody just coming into the

58
00:07:13.570 --> 00:07:14.830
Vitaliy Popov: here we go.

59
00:07:15.160 --> 00:07:45.120
Really too much happened yesterday. We had any patient that's colonized because it detects the the gene. Yeah, and not necessarily active disease. So if we tested you, you'd probably be PC. Or positive with so even that's gi. Pcr: yeah. The G. I. Pcr. Is incredibly sensitive. All all, c. That Pcrs are, because I've heard the Anogen. If you, if you have it, then the antigen is always like. If you've had it in the past Tanigen shows up right? Not necessarily okay. But so. So what we'll do is if the antigen is negative, but

60
00:07:45.300 --> 00:08:12.400
but the toxin is positive, then we'd confirm with the Pcr. Okay. Or if if there's any discordance between those, the immunoassays, then we'll confirm with Pcr. But if those 2 are negative, you can be assured that the patient Doesn't: okay. So on the actual seed. If assay, if the tox is positive, it's like the colonization. Okay. So I wonder what percent of the normal population is colonized. Yeah, like we like downtown in our very

61
00:08:12.800 --> 00:08:20.040
check, a 100 socks. What they said it would be. You guys on that correct?

62
00:08:20.070 --> 00:08:23.080
Vitaliy Popov: So you see, they are taking out this protective gear. But

63
00:08:23.110 --> 00:08:31.590
Vitaliy Popov: at this point the senior Resident making a decision, so they don't have to wear it, although you know they had to spend all this time discussing both different tests.

64
00:08:31.680 --> 00:08:49.950
And again, nobody challenges that, you know, they said, okay, we don't have to wear. You know they about to enter the patients room who who can have a CD. Okay, that's right.

65
00:08:51.910 --> 00:09:01.680

Vitaliy Popov: So here it will be probably rest relevant. So they are interacting with the patient. and And that's where the communication with the nurse will be happening.

66
00:09:02.140 --> 00:09:18.680
We drove to infectious disease yesterday

67
00:09:19.460 --> 00:09:23.560
with that positive panel, despite 2 actual negative.

68
00:09:23.570 --> 00:09:58.890
Vitaliy Popov: and you can see how I think the physician immediately washes his that while they're still discussing. So there's 3 tests. 2 of them are the actual antigen toxin ones, which are have incredible sensitivity and specificity. And then the third one is our infection. Control is like incredibly straight, even when things don't make sense. Yeah.

69
00:09:58.890 --> 00:10:15.910
which is, it? Sounds like it does make sense. We still keep them on context. But I would talk to them if there's any changes

70
00:10:16.660 --> 00:10:17.950
Vitaliy Popov: here. We go

71
00:10:17.960 --> 00:10:20.150
probably watch it.

72
00:10:20.360 --> 00:10:35.210
Vitaliy Popov: We see she oh, sorry! So he or she advice to wash the hands, and just the last one I will just show the kind of the sign of the Senior Resident. That's a very

73
00:10:35.210 --> 00:10:41.410
Vitaliy Popov: so, anyway, to kind of to to showcase again how the data look like, and what we exactly we we focused on.

74
00:10:41.420 --> 00:10:44.840
And also you can see kind of the again the importance of this

75
00:10:45.780 --> 00:10:52.080
Vitaliy Popov: of this interaction between the physician and nurses. So what we did when we

76
00:10:53.150 --> 00:11:00.370

Vitaliy Popov: so let me show here. So in total we have the 33 videos of of this type of interaction. So over 200 min.

77
00:11:01.460 --> 00:11:06.910
Vitaliy Popov: And you know, for those of you very much familiar with

78
00:11:07.190 --> 00:11:16.680
Vitaliy Popov: DNA analysis. So basically that was our workflow. We transcribe the data. We segmented a race of interest, and then we annotated

79
00:11:17.850 --> 00:11:20.050
Vitaliy Popov: the video. And

80
00:11:21.010 --> 00:11:28.340
Vitaliy Popov: and i'm very happy. That actually sorry is is is is joining us from the car, because if you

81
00:11:29.240 --> 00:11:32.590
Vitaliy Popov: months ago I reached out when I was shopping for a coating scheme.

82
00:11:32.620 --> 00:11:47.350
Vitaliy Popov: I I reached out to Sour, and so, like you know. Do you have any suggestions? So you have any experience with this verbal of response Modes a coding scheme? So that was cool. That was exactly the moment when we decided, okay, we probably when when it comes to annotating

83
00:11:47.430 --> 00:11:49.680
Vitaliy Popov: these interactions, we can

84
00:11:49.960 --> 00:11:55.690
Vitaliy Popov: adapt this coding scheme. So verbal response modes it's.

85
00:11:56.870 --> 00:12:05.330
Vitaliy Popov: It's a coding scheme develop in the nineties by styles. It has this 8 communication acts.

86
00:12:08.020 --> 00:12:17.340
Vitaliy Popov: Most of them are self-explanatory, and they will show you kind of the example from the data set, and exactly the description of all 8 categories.

87
00:12:17.610 --> 00:12:22.410
Vitaliy Popov: But what's interesting about this cooling scheme that you can.

88
00:12:22.610 --> 00:12:29.010
Vitaliy Popov: Each one of them has a function of the literal finding function and the employed one.

89
00:12:29.040 --> 00:12:38.750
Vitaliy Popov: So there is this grammatically as Communication Act could be a question, but the implied meaning of it. It could be a request.

90
00:12:38.950 --> 00:12:44.320
Vitaliy Popov: For example, if I ask my six-year-old son, could you please be kind to your younger brother

91
00:12:44.660 --> 00:12:46.470
Vitaliy Popov: obviously it's? Not a question.

92
00:12:46.700 --> 00:12:51.410
Vitaliy Popov: It's a. It's an advisement. So you see, I'm trying to guide his behavior.

93
00:12:51.940 --> 00:12:55.610
Vitaliy Popov: I'm not questioning, asking anything.

94
00:12:57.560 --> 00:13:04.420
Vitaliy Popov: but anyway, so here you can see kind of examples in definitions of the

95
00:13:04.690 --> 00:13:08.160
the Vrrm verbal response, most coding scheme.

96
00:13:08.350 --> 00:13:19.640
Vitaliy Popov: and for the purposes of this study we coded for the intention. So we did not code for the grammatical meeting of that Communication Act.

97
00:13:20.170 --> 00:13:25.100
Vitaliy Popov: And I want to draw you attention to this through category, certification, and disclosure.

98
00:13:25.160 --> 00:13:35.180
Vitaliy Popov: They were the most prominent in this data set again. Notification. Somebody states objective information. Mostly it's a factual information. Somebody has a fever

99

00:13:35.230 --> 00:13:41.210
Vitaliy Popov: or some kind of diagnosis and disclosure. It's more your perception of that information.

100
00:13:41.270 --> 00:13:46.880
Vitaliy Popov: It's like, you know. You would say My, take on this, and then you will express your perception of it.

101
00:13:47.950 --> 00:13:59.820
Vitaliy Popov: and we used you on software for segmentation and annotation purposes. Again, if you are searching for a

102
00:14:00.010 --> 00:14:10.450
Vitaliy Popov: software for this type of you know purposes, I recommend you. It's a open source program that allows you to load the video.

103
00:14:10.770 --> 00:14:15.330
Vitaliy Popov: and then, of course, do your transcription on annotation and segmentation.

104
00:14:15.610 --> 00:14:24.220
Vitaliy Popov: And here's an example of the interaction, and you will see how the edification moved an acknowledgment and disclosure.

105
00:14:28.630 --> 00:14:39.190
Vitaliy Popov: So the results. So here, as you can see, the descriptive statistics. and when we share this work with nurses and physicians.

106
00:14:41.060 --> 00:14:58.500
Vitaliy Popov: One of the questions you you would say like, oh, but the conversation is very dynamic, and then we say yes. So when you look at these days. Of course it it gives you some indication, of course, where people spend it most of the time, but where the en a shines. It's exactly trying to account for this. They the dynamic

107
00:14:58.530 --> 00:15:04.860
Vitaliy Popov: nature of the interaction. So what you see on this screen. So this is a general

108
00:15:05.240 --> 00:15:10.690
Vitaliy Popov: model. When we put all our data set in. You know, model the whole

109
00:15:12.350 --> 00:15:14.180
lines in our data set.

110
00:15:14.260 --> 00:15:20.600
Vitaliy Popov: and the most common connections. or between the disclosure and notification.

111
00:15:20.640 --> 00:15:29.780
Vitaliy Popov: question, and acknowledgment. Those 4 were the most prominent in terms of the frequency. And again, the Co. Currents between them

112
00:15:29.980 --> 00:15:31.580
Vitaliy Popov: which it which makes sense.

113
00:15:32.660 --> 00:15:35.620
Vitaliy Popov: because again. nurses.

114
00:15:35.770 --> 00:15:46.880
Vitaliy Popov: and basically mostly engaging in the edification in the patient rounds when they share some information in the morning, and physicians share their perception of that information

115
00:15:47.240 --> 00:15:53.740
Vitaliy Popov: with some acknowledgment, and and follow up questioning. and there were very modest connections

116
00:15:54.830 --> 00:16:08.660
Vitaliy Popov: of confirmation, and in and interpretation which was kind of surprising for us. But then, what was cool about this stadium that we have the idea, or, you know, to take it a step further

117
00:16:09.180 --> 00:16:19.330
Vitaliy Popov: and able to do a sub-group analysis based on Melissa's prior work when she had the group of experts, and they also studied this

118
00:16:19.490 --> 00:16:29.330
Vitaliy Popov: dataset. They had their own criteria for shared understanding, so they were able to create 2 groups. the physician and nurses

119
00:16:29.510 --> 00:16:37.820
Vitaliy Popov: who reached the right, and this is share a shared understanding. And those diets that they did not. We shared understanding, and they use this.

120
00:16:38.070 --> 00:16:44.190

Vitaliy Popov: these 4 markers of short understanding, engagement, clarification, confirmation, and resolution.

121
00:16:44.460 --> 00:16:52.070
Vitaliy Popov: So they already have kind of the idea to classify them. So we adopted this classification, and then we were like, okay.

122
00:16:52.140 --> 00:17:00.590
Vitaliy Popov: if we split this data, 7 based on this criteria of you know, the dies who reach shared understanding and the dies. We did not.

123
00:17:00.700 --> 00:17:05.210
Vitaliy Popov: And then we said, okay, let's look at those patterns in a patterns

124
00:17:06.130 --> 00:17:17.270
Vitaliy Popov: of communication in those 2 classes of physician nurses. So what you see on on the screen is comparison in a model

125
00:17:17.700 --> 00:17:22.040
Vitaliy Popov: and in the blue color. You see that

126
00:17:22.069 --> 00:17:24.500
Vitaliy Popov: the dies Who did we share it understanding.

127
00:17:24.510 --> 00:17:27.349
Vitaliy Popov: And in the rat, who did not

128
00:17:27.740 --> 00:17:28.660
Vitaliy Popov: again.

129
00:17:29.300 --> 00:17:37.400
Vitaliy Popov: both of them actually have again the same similar pattern of the structure between identification and and disclosure.

130
00:17:37.630 --> 00:17:40.300
Vitaliy Popov: and and and

131
00:17:41.690 --> 00:17:42.920
but less so

132
00:17:44.520 --> 00:17:53.660
Vitaliy Popov: for the dice, who did not be sure it understanding. And now I will show you kind of one by one, because it's harder to disentangle when it's all

133
00:17:53.770 --> 00:17:56.790
Vitaliy Popov: the the the the 2 networks are

134
00:17:57.240 --> 00:17:59.100
Vitaliy Popov: presented together.

135
00:17:59.520 --> 00:18:01.120
Vitaliy Popov: So again

136
00:18:01.940 --> 00:18:09.240
Vitaliy Popov: you can see even the notes, you know. Obviously the size of them also show you how frequent those

137
00:18:09.630 --> 00:18:16.670
Vitaliy Popov: Vrm. Calls. but also one of the hypotheses. For why

138
00:18:18.530 --> 00:18:23.120
Vitaliy Popov: this a physician and nurses, who did Richard, understanding

139
00:18:23.940 --> 00:18:25.950
what was so kind of

140
00:18:27.060 --> 00:18:32.910
Vitaliy Popov: what basically led to this that they did reach shared understanding based on the Drm. Codes

141
00:18:33.060 --> 00:18:47.160
Vitaliy Popov: And the hypothesis is maybe they were more efficient in their moves. Maybe they just spent time on this notification question and disclosure, and they didn't spend their energy or time on other types of moves. Let's say there was

142
00:18:47.310 --> 00:18:55.590
Vitaliy Popov: not much confirmation acknowledgment. So one of the hypotheses that were more efficient in this kind of type of exchanges

143

00:18:55.640 --> 00:18:57.470
versus

144
00:18:57.760 --> 00:19:04.600
Vitaliy Popov: the dies who were classified as did not reach out to the staining. You can see they are spending more of their

145
00:19:05.060 --> 00:19:16.740
Vitaliy Popov: interaction on on confirming. acknowledging, and a little bit on advisement, but again. very few on reflection and interpretation.

146
00:19:19.870 --> 00:19:23.880
Vitaliy Popov: and the main takeaways here again

147
00:19:25.080 --> 00:19:36.440
Vitaliy Popov: that we've seen on both types of physician Ors dies, those who reach shared understanding, and those who did not, that identification and disclosure were the most prominent

148
00:19:37.210 --> 00:19:43.760
Vitaliy Popov: type of interaction. Then the reflection and interpretation were actually the least used to be Rm. Codes.

149
00:19:43.860 --> 00:19:48.190
Vitaliy Popov: and and and this might be one possible area for intervention, development.

150
00:19:49.840 --> 00:20:03.090
Vitaliy Popov: And again, again, the the the strength of this of the Qe. And E. And a. That it points out the exact communication patterns that should be improved upon, reinforced, or avoided at best.

151
00:20:03.200 --> 00:20:12.560
Vitaliy Popov: because again when in 2,019, when Melissa and her team, because, as they did, they were still. We're struggling to open this black box.

152
00:20:13.100 --> 00:20:18.030
Vitaliy Popov: But here we can see exact patterns, and we can kind of zoom in on those

153
00:20:18.390 --> 00:20:23.770
Vitaliy Popov: rather than have kind of a global perspective. Okay, did they be shared understanding of they did not.

154

00:20:24.840 --> 00:20:30.090
Vitaliy Popov: So let me stop here and open the 4 for questions. Clarifications.

155
00:20:31.160 --> 00:20:32.010
Vitaliy Popov: Thank you.

156
00:20:35.370 --> 00:20:38.490
Jamie Boisvenue (He/Him): Wonderful presentation, Vitali. Thank you for your

157
00:20:38.960 --> 00:20:44.080
Jamie Boisvenue (He/Him): for your great insight in this this project. We'll open the floor to questions

158
00:20:47.130 --> 00:20:53.890
Jamie Boisvenue (He/Him): anybody. Anyone have questions. You can either post them in the chat or raise your hand and unmute yourself.

159
00:20:55.930 --> 00:20:59.110
Hanall SUNG: Hi visually. Thank you for sharing your great work.

160
00:20:59.270 --> 00:21:02.870
Hanall SUNG: So i'm wondering.

161
00:21:03.330 --> 00:21:13.670
Hanall SUNG: Are you interested in, you know, looking at other modalities in the future work? Maybe I just miss that. You really mentioned it in the in your presentation. Like

162
00:21:13.730 --> 00:21:17.600
Hanall SUNG: as as you show the video, there is a reach

163
00:21:17.680 --> 00:21:28.180
Hanall SUNG: dynamic between their physical location, and you know, moving action. So are you interested in like spending the scope of data to other modalities?

164
00:21:28.650 --> 00:21:40.370
Vitaliy Popov: Then the memorable communication is is absolutely critical. That's why, when showed you in that video clip at the end, when the senior resident side there was so much in that, you know.

165
00:21:40.930 --> 00:21:57.930

Vitaliy Popov: seconds. But there was so much meaning. and that you're right. that if we could expand and do another analysis and add this kind of non-urable behavior I'm. I'm. I'm. Curious how this kind of the results will change

166
00:21:58.410 --> 00:22:05.640
Vitaliy Popov: 100%. This this would be a huge if we can include. of course, it's labor intensive

167
00:22:05.940 --> 00:22:08.740
Vitaliy Popov: to to annotate, but

168
00:22:08.750 --> 00:22:10.660
the efforts might pay off.

169
00:22:11.960 --> 00:22:14.890
Jamie Boisvenue (He/Him): I I just want to build on that. And

170
00:22:15.260 --> 00:22:27.670
Jamie Boisvenue (He/Him): yeah, I think a follow up study looking at other modalities is important. I never actually realized when I had seen you present this the first time in Copenhagen. But I am i'm now realizing that there

171
00:22:27.830 --> 00:22:38.240
Jamie Boisvenue (He/Him): there is a lot of information in that video clip that that I didn't see before. And I, One of the things is relational context.

172
00:22:38.400 --> 00:22:40.140
Jamie Boisvenue (He/Him): and

173
00:22:40.400 --> 00:22:57.620
Jamie Boisvenue (He/Him): there seems to be sort of a power dynamic. It's most apparent when the is it the chief residence when she's interacting with particularly the nurse. So cutting her off and and talking with sort of a frustrated tone.

174
00:22:57.620 --> 00:23:07.920
Jamie Boisvenue (He/Him): But then it's funny, because when the nurse. when the nurse is sort of making the argument, she's actually corroborated by the other 3 providers, who.

175
00:23:07.930 --> 00:23:19.370
Jamie Boisvenue (He/Him): coincidentally in this scenario, are all male and and the chief resident. She just sort of bends a knee to the argument that the nurse is making. So it it kind of makes me wonder

176
00:23:19.470 --> 00:23:31.510
Jamie Boisvenue (He/Him): if those other 3 providers were not present, you know, in this conversation would the outcome have been the same to either keep the status of the patients room as positive or negative.

177
00:23:31.600 --> 00:23:39.370
Jamie Boisvenue (He/Him): and i'm not sure whether or not gender would play a role in that, i'm sure, or I should say sex, or maybe both.

178
00:23:39.610 --> 00:23:43.400
Jamie Boisvenue (He/Him): But yeah. I just wanted to build on that, and all good point.

179
00:23:43.820 --> 00:23:46.210
Jamie Boisvenue (He/Him): Does anyone else have other questions.

180
00:23:48.440 --> 00:23:55.330
Brendan Eagan: I have a I have a comment, or some things that I I kind of wanted to highlight an effort that's good, too. But one of the

181
00:23:55.390 --> 00:24:00.140
Brendan Eagan: I think, really struck me about this work, both in Copenhagen, and I think it's

182
00:24:00.230 --> 00:24:04.030
Brendan Eagan: reinforced. Now I agree with what people are saying about

183
00:24:04.150 --> 00:24:08.000
Brendan Eagan: the potential richness of looking at different modalities, the psych.

184
00:24:08.400 --> 00:24:12.190
Brendan Eagan: and was paying attention to body language. There's different levels of.

185
00:24:12.370 --> 00:24:19.770
Brendan Eagan: or other things that you could get it with tone, if you wanted to look at that, because that's some interesting dynamics. and I think I agree with folks that that's worth exploring.

186
00:24:19.960 --> 00:24:26.920
Brendan Eagan: But I also think I wanted to like kind of zoom in on some of the ways that the Tolli framed this because I thought it was really interesting to me.

187
00:24:27.270 --> 00:24:29.720
Brendan Eagan: Once, like the the

188
00:24:29.860 --> 00:24:37.020
Brendan Eagan: in 2 cases where you had like kind of the code and count of like. We look at these different moves, and we see certain some things are happening more than up.

189
00:24:37.130 --> 00:24:47.960
Brendan Eagan: but we're not getting as much of an understanding of what's really going on, and that e and a. Is allowing to see that, and also the the opening of the black box of like the shared understanding.

190
00:24:47.980 --> 00:25:07.240
Brendan Eagan: I think that's a pretty common thing that happens in a lot of different types of research, where, if you bring in a qe approach, or you're bringing an E and a, you're able to get fidelity on something that you didn't have before. So you're getting greater, the major maybe greater analytic leverage, and I thought that that was kind of cool that you brought that into the narrative of this of the research.

191
00:25:07.440 --> 00:25:14.720
Brendan Eagan: So that was really cool. I also like how you led with the qualitative example first, before you even talked about your methods

192
00:25:15.370 --> 00:25:24.120
Brendan Eagan: as a in terms of like how you're presenting it and doing storytelling. That's very powerful, and I know I've heard other people kind of advocate for that within Qe. Practice. But I think

193
00:25:24.320 --> 00:25:30.460
Brendan Eagan: this is a great example of that, and i'm glad that we have this. We're going to have something we can point to to folks.

194
00:25:30.660 --> 00:25:53.290
Brendan Eagan: There's 2 other things to i'm pretty excited about, so i'll i'll try to be short. The the was you talked about also the subgroup analyses, which I think is really important for fairness. And you have a concrete example of that. So that's a really important thing, too, in terms of being able to use these models to kind of hit different levels. I've seen different areas of critique.

195
00:25:53.290 --> 00:26:15.400
Brendan Eagan: even in meta analyses or other things where people use kind of aggregate models of things. So think about like effect, size and a meta analysis, if you use an average effect size. But there's heterogeneity like you might. You might want to unpack that. And you're demonstrating one

way to potentially do that. Obviously not at the Meta analysis, but within one analysis. But we can see the importance of that. If there's differences for subgroups which is really crucial, I think, for fairness.

196
00:26:15.460 --> 00:26:17.620
Brendan Eagan: And the last thing I want to point out is that

197
00:26:19.190 --> 00:26:29.490
Brendan Eagan: it's a great example of a really robust study, and I think incorporated with a bunch of other things that's in the health and healthcare space, which I think is really the more we have continue to have strong

198
00:26:29.680 --> 00:26:36.910
Brendan Eagan: examples from that that's really good for the Qi. Like. If we zoom out a little bit and just think about Qe as a field for a second. That's really good. And

199
00:26:36.970 --> 00:26:56.550
Brendan Eagan: obviously you, I'd like Sarah, was here earlier. You both have backgrounds in in like learning, learning sciences, and stuff, but also working, are obviously now couched centrally in healthcare. But this is another example of how perspectives can inform each other, because you also talked about potential interventions for practice.

200
00:26:56.610 --> 00:27:01.840
Brendan Eagan: So I think about, though those so those those are just some things that I think are really strong in this.

201
00:27:02.210 --> 00:27:10.230
Brendan Eagan: and are worth reflecting on an unpacking outside of the specific result in turn. Like as far as we were thinking from a methodological perspective.

202
00:27:10.260 --> 00:27:19.220
Brendan Eagan: I just think those are really strong, and I think for me as someone who tried developing folks in this area and their methodological skills like this is a

203
00:27:19.540 --> 00:27:30.640
Brendan Eagan: a solid example of those things. So I just wanted to kind of mention those things as as things. I really appreciate

204
00:27:30.710 --> 00:27:42.920
Vitaliy Popov: you you you right, especially when I came into this project. You know the nurses and physician, you know, with 2025 years of experience by looking at this 3 to 33 videos they were, they could tell, you know.

205
00:27:43.160 --> 00:27:53.300
Vitaliy Popov: who we shared, and this you know, we did not, with all the years of of experience. But it's like those glasses that the glory and the En a allows us to to calibrate the focus.

206
00:27:53.440 --> 00:28:07.670
Vitaliy Popov: because they didn't know how what what exactly is is kind of is wrong. They could they could tell that, you know, and using all their human emotional intelligence. But so now we'll set like nonverbal. They use everything of that kind of to make sense of it.

207
00:28:07.770 --> 00:28:20.210
Vitaliy Popov: But here only, you know, stepping the the more nonverbal stop and just using the textual information we still able to. And of course that's how the human communicate. Of course they use awards, especially in the health care.

208
00:28:20.240 --> 00:28:33.330
Vitaliy Popov: When you have to be able to articulate dearly. You can just say, okay, I don't know, but you have to really communicate that and state your point. So you you right? So that allows them to see

209
00:28:34.160 --> 00:28:36.240
Vitaliy Popov: the those improvement targets.

210
00:28:39.120 --> 00:28:42.000
Vitaliy Popov: Because again they want to, you know, train the

211
00:28:42.020 --> 00:28:44.460
and and and and change this.

212
00:28:44.680 --> 00:28:58.700
Jamie Boisvenue (He/Him): I think one of the interesting things, too, as well as is environment. And I think this is where actually using video recorded data can be a useful data tool over transcript data.

213
00:28:58.700 --> 00:29:14.650
Jamie Boisvenue (He/Him): because there was a lot of visuals there that we wouldn't have been able to see if we had just looked at transcript data or speech text, for instance, the the motion of grabbing the gowns to go in the room. I assume that they are. You know

214
00:29:14.730 --> 00:29:31.450
Jamie Boisvenue (He/Him): I I have a pretty good understanding of how clinicians operate in a clinical space. Most of them are running pretty much an autopilot and doing what they've been

trained to do, and trying to follow the sops as best they can, because health care, as you know, is incredibly standardized.

215
00:29:31.450 --> 00:29:48.290
Jamie Boisvenue (He/Him): And so they seen the sign on the door. They were having a conversation about. You know whether or not this patient's status should be positive or negative, or they should consider it based on the sensitivity and specificity of the tests, but they seen the sign in the door which trumps

216
00:29:48.290 --> 00:30:01.990
Jamie Boisvenue (He/Him): everything that they just talked about, and they're gonna put a down on, because there's a sign on the door. So there's a certain level of sort of automated thinking or a second level thinking. I think that is inherent in that scenario.

217
00:30:02.150 --> 00:30:04.100
Jamie Boisvenue (He/Him): Yeah, it's really interesting.

218
00:30:04.300 --> 00:30:14.350
Vitaliy Popov: And again I see in in hindsight. It's like, Why would you kind of you know er on the on the side of caution? But they, you know, and it's anything like at that moment

219
00:30:14.720 --> 00:30:18.320
Vitaliy Popov: that one person makes a decision and they follow.

220
00:30:20.170 --> 00:30:23.090
Vitaliy Popov: Yeah, Well, that's again. That's kind of a

221
00:30:24.610 --> 00:30:25.730
Vitaliy Popov: fascinating.

222
00:30:27.020 --> 00:30:34.750
Vitaliy Popov: Yeah, anyway. And and again, even, you see, even before they entered the room, they could have found the Norse was responsible for the patient.

223
00:30:35.070 --> 00:30:38.940
Vitaliy Popov: because she comes in a little later. Maybe she was in a seeing other patients or something.

224
00:30:39.090 --> 00:30:48.240
Vitaliy Popov: But yeah, and again it's easier for us kind of again in my perspective. You look at this, but when you are in the of the moment when you.

225
00:30:48.340 --> 00:30:49.170
Vitaliy Popov: they.

226
00:30:50.080 --> 00:30:55.930
Vitaliy Popov: you know, made this executive decision, and then of questions that you probably should, you know, wash your hands.

227
00:30:56.020 --> 00:30:57.270
Vitaliy Popov: Yeah.

228
00:30:58.060 --> 00:31:01.340
Vitaliy Popov: yeah, Can I ask? Can I ask another question with Alli?

229
00:31:01.650 --> 00:31:07.160
Brendan Eagan: I'm wondering so obviously we some of us had the been.

230
00:31:07.320 --> 00:31:13.000
Brendan Eagan: And to see you work in Copenhagen. And obviously you're part. You're doing this as part of the the Webinar series.

231
00:31:13.110 --> 00:31:27.280
Brendan Eagan: I'm wondering to to what extent you've been able to share these same results in kind of health care, research spaces that maybe are like. Not that that Qe might be new or to, or they don't necessarily focus on that. And

232
00:31:27.390 --> 00:31:35.890
Brendan Eagan: what the response has been like. I mean you one colleague who was excited, that, like you know, she'd done this stuff and around the shared understanding. But then she could get further. But

233
00:31:36.020 --> 00:31:38.510
Brendan Eagan: are you finding that this is

234
00:31:39.440 --> 00:31:52.010
Vitaliy Popov: good uptake, or or you know people are having a hard time following the network analysis part, or what? How? How is it if you have shared it? How has it been? I did share this work on a couple of

235
00:31:52.190 --> 00:31:55.680

Vitaliy Popov: venues. You know the room full of physician and nurses.

236
00:31:56.780 --> 00:32:03.670
Vitaliy Popov: The the one question when you present in the DNA model. the question is about the direction.

237
00:32:03.790 --> 00:32:12.510
Vitaliy Popov: So even when this edification disclosure, so the sequence what falls? What am I first presenting you with information? Then i'm.

238
00:32:12.580 --> 00:32:27.560
Vitaliy Popov: Yeah. My perception on that information, and then follow up question. We start with the question. So in a in a, and I know folks are working on the directed DNA, but that was definitely came up. And all the time when I presented this work

239
00:32:27.580 --> 00:32:30.970
Vitaliy Popov: like, how exactly was the sequence, what the chronological order.

240
00:32:33.140 --> 00:32:35.190
Vitaliy Popov: So that will be number one.

241
00:32:36.400 --> 00:32:40.370
Vitaliy Popov: Of course people sometimes struggle with this with a

242
00:32:40.670 --> 00:32:47.280
Vitaliy Popov: upper dimensional space. I mean, like, what's the the the rationale behind

243
00:32:47.390 --> 00:32:51.400
Vitaliy Popov: the positioning of the the goals in the on the access.

244
00:32:54.220 --> 00:32:55.080
Vitaliy Popov: I was.

245
00:32:55.080 --> 00:33:16.960
Yuanru Tan: Thank you for sharing your work before you mentioned the order I was about to ask. My question was like I I was wondering I I was thinking, asking you about like, why you're doing this, you and the analysis. Is there anything you want to do but you and they couldn't. And then you mentioned the other aspects

246
00:33:16.960 --> 00:33:22.680

Yuanru Tan: of the data which so I am working on a audit network analysis.

247
00:33:22.700 --> 00:33:41.260
Yuanru Tan: and then it's very similar to you, and they obviously can show you the direction of the connections. So in your case, I think it would be very interesting to compare like networks of people in different role, and then because they might have similar connections, strength between certain codes. But the direction some look very different.

248
00:33:41.260 --> 00:33:44.870
We see some like

249
00:33:45.090 --> 00:33:47.550
Yuanru Tan: contest, like when

250
00:33:47.920 --> 00:33:53.590
Yuanru Tan: I think in demo we have like education, simulation data

251
00:33:53.690 --> 00:34:11.420
Yuanru Tan: students from different performing groups. They make similar connections between same pairs of codes, but when we look at direction it's very different. And then we look at their qualitative example of those artists, and then figure out all the one is having questions to the code and boundaries have answered to code.

252
00:34:11.690 --> 00:34:27.679
Vitaliy Popov: So I think it would be very interesting to try your data on on the so re reach out to me, and we can rewrite the analysis and look at the directions, because that you see, taking it step further again. If you if you bring this 2 additional layers

253
00:34:27.820 --> 00:34:30.090
Vitaliy Popov: that can give even more power

254
00:34:30.100 --> 00:34:49.580
Vitaliy Popov: like, for example, when the Norse was challenged, so it was like, I don't know, you know you kind of deciding. So that would be maybe a point when when you educating and training people you like. Okay, that's a point when there is this nonverbal reaction, and that that will be a point, maybe, to ask an additional question or

255
00:34:49.580 --> 00:34:53.110
Vitaliy Popov: confirmation. Any type of

256
00:34:54.159 --> 00:34:56.909

Vitaliy Popov: that will try to.

257
00:34:57.570 --> 00:35:00.750
Vitaliy Popov: You see at this point kind of, she said. Like it's up to you.

258
00:35:01.660 --> 00:35:06.780
Vitaliy Popov: I I think it could have been more productive in in some sense.

259
00:35:08.400 --> 00:35:14.380
Vitaliy Popov: You see what i'm saying kind of again getting your sequence. And then

260
00:35:14.510 --> 00:35:26.890
Vitaliy Popov: I I know the number. You know the the you can see in the short term. It's easier to rerun and see the directions. The nonverbal stuff would would require another army of undergraduate. So I'm: okay, yeah.

261
00:35:28.250 --> 00:35:40.410
Jamie Boisvenue (He/Him): We we have another question in the chat from Danish, who says, Thank you for the presentation. It was very informative. I'm wondering how you would interpret the 4 E and a quadrants with respect to Vrm.

262
00:35:40.610 --> 00:35:52.520
Jamie Boisvenue (He/Him): And a follow up to that would be, Does the network structure change if you include more units or episodes into E. And then I also want to just acknowledge Han all. You had a question after that as well.

263
00:35:56.380 --> 00:35:58.510
Vitaliy Popov: The PC. So i'm. Reading the question.

264
00:36:03.800 --> 00:36:19.020
Vitaliy Popov: The the the second question is absolutely Yes, of course, if we include more units, an episode of question for begin to change, I don't see that much movement on this edification of disclosure. It's one of the most prominent links, and that's the nature of their interaction

265
00:36:19.090 --> 00:36:25.020
Vitaliy Popov: again on this patient rounds. So I don't anticipate, even if we removal at 100 more

266
00:36:27.780 --> 00:36:35.150
Vitaliy Popov: video segments. So I think that will just reinforce that connection. But then the first question i'm trying to understand.

267
00:36:36.680 --> 00:36:39.530
Vitaliy Popov: for in a quadrant with respect to uran

268
00:36:40.320 --> 00:36:43.970
i'm I'm. I'm been struggling with with that part.

269
00:36:47.730 --> 00:36:49.600
Brendan Eagan: Well, maybe

270
00:36:49.810 --> 00:36:51.630
Brendan Eagan: Danish or Dunish could, could.

271
00:36:51.810 --> 00:36:55.420
Brendan Eagan: could follow my if I were to take a guess at it.

272
00:36:55.590 --> 00:36:56.660
Brendan Eagan: it might be.

273
00:36:56.740 --> 00:37:02.210
Brendan Eagan: How would you interpret being left or right, or up or down? And what would that mean with

274
00:37:02.420 --> 00:37:03.580
Brendan Eagan: do the Vrm.

275
00:37:03.720 --> 00:37:09.620
Brendan Eagan: But I don't know for sure if that was what the question was.

276
00:37:09.630 --> 00:37:18.880
Danish: Yeah, exactly as Brendan had shared similar to those lines. How will one interpret.

277
00:37:19.460 --> 00:37:21.100
Danish: Say, for example, if

278
00:37:21.190 --> 00:37:28.080
Danish: confirmation or acknowledgment is in the right end of the access. so will it mean that

279
00:37:28.630 --> 00:37:32.160

Danish: the interactions are of one style. or

280
00:37:33.520 --> 00:37:38.810
Danish: how how does it happen for this Vrm. As the choice of framework.

281
00:37:48.720 --> 00:37:51.940
Vitaliy Popov: It was a Here I am. Let me show here.

282
00:37:54.020 --> 00:38:11.830
Vitaliy Popov: I mean, obviously the the the coding scheme is kind of generic enough. That's why it was applied, and all kind of in many fields. Aviation, you know, psychology counseling consumer studies. So you see, it's kind of a generic enough to kind of to get your hooks and the human communication.

283
00:38:12.060 --> 00:38:25.160
Vitaliy Popov: But it's. There is also some logic to that. Obviously acknowledgment probably will be come in when there is some kind of a question. so you wouldn't. They lead the conversation with acknowledgment or

284
00:38:25.220 --> 00:38:31.750
Vitaliy Popov: reflection, unless you have some kind of philosophical communication. So there is some some structure to that.

285
00:38:32.860 --> 00:38:43.270
Vitaliy Popov: And again, of course, it will depend on the context, like in our setting the communication between physician and nurses. It made sense the disclosure. identification, confirmation, and question.

286
00:38:43.750 --> 00:38:49.370
Vitaliy Popov: And again. But again, it might be the case when nurses are reflecting more.

287
00:38:49.430 --> 00:38:56.260
Vitaliy Popov: there is more information. You see it's. It's not really prominent here, but i'm i'm sure if we took this

288
00:38:57.260 --> 00:39:02.420
Vitaliy Popov: to this coding scheme and apply, let's say in the operating room.

289
00:39:04.380 --> 00:39:11.220
Vitaliy Popov: I'm. Curious. How would this look like? We all probably know about the importance of the closed loop communication?

290
00:39:11.610 --> 00:39:16.740
Vitaliy Popov: There is a cool out statement and confirmation, and so i'm sure that would.

291
00:39:17.840 --> 00:39:30.640
Vitaliy Popov: We'll see a different. For example, i'm sure that confirmation. and let me see. You had said that this was on oncology. Yes, so I was also thinking er

292
00:39:31.000 --> 00:39:35.270
Jamie Boisvenue (He/Him): I wonder what the because I mean it was so busy and bustling.

293
00:39:35.310 --> 00:39:36.980
Vitaliy Popov: Yeah.

294
00:39:37.960 --> 00:39:55.570
Vitaliy Popov: right. Maybe sometimes there is no room for this kind of reflection, or if you let's see if you see some kind of a if we go to diabetes, diabetes, counseling like, there is some kind of shared decision making. Maybe we will see definitely more of this reflection and questioning and

295
00:39:55.780 --> 00:39:59.330
Vitaliy Popov: interpretation. Yeah, well, I mean.

296
00:39:59.500 --> 00:40:06.190
Vitaliy Popov: yeah. Diabetes. Clinical environments are really heavy in terms of self management, support theory and things like that. But

297
00:40:06.310 --> 00:40:14.460
Brendan Eagan: yeah, hopefully, that answers your question.

298
00:40:14.470 --> 00:40:17.560
Brendan Eagan: It kind of so the one way I would look at this is.

299
00:40:17.620 --> 00:40:23.540
Brendan Eagan: if let's just take a couple of the extreme plotted points. So the one that's right up by acknowledgment.

300
00:40:23.700 --> 00:40:29.400
Brendan Eagan: the way that I would interpret. That is, that the person that's being represented by that that dot

301
00:40:29.490 --> 00:40:35.010
Brendan Eagan: many more connections most likely to acknowledgement and question and acknowledgment just

302
00:40:35.380 --> 00:40:41.620
Brendan Eagan: versus the dots that are way down at the lower lower right hand side. They're making more connection to confirmation

303
00:40:41.810 --> 00:40:46.460
Brendan Eagan: to some. And then the the folks that are in blue

304
00:40:46.730 --> 00:40:56.330
Brendan Eagan: that are pulled more to the left, or maybe up or down, or are spending more time, connections between edification and question and disclosure. And as we saw on the previous network.

305
00:40:56.470 --> 00:41:01.030
Brendan Eagan: It's not that the red fo the folks don't do that. They're just not doing it as much.

306
00:41:01.730 --> 00:41:13.460
Brendan Eagan: and so that's that's how I would, and kind of interpret that pieces what those where points are those the the plotted points are within the space is reflective of the pattern of connections that are that it's happening.

307
00:41:13.540 --> 00:41:17.560
Brendan Eagan: So I don't know if that that also gets at what

308
00:41:17.830 --> 00:41:20.640
Brendan Eagan: you were wondering about.

309
00:41:21.410 --> 00:41:26.150
Jamie Boisvenue (He/Him): So recognizing the time when we have 2 other questions in the queue, i'll hand the mic over to han all.

310
00:41:27.080 --> 00:41:43.620
Hanall SUNG: Yeah. So my question is about more like, general. I'm Sorry, General: questions. So I recall that you share these results to nurses and who are actually in this data set. And do you

311
00:41:43.650 --> 00:41:50.110
Hanall SUNG: plan to uses DNA as a like interpretable output like. Here's the thing that you've

312
00:41:51.220 --> 00:42:07.540
Hanall SUNG: Here's the thing that you had discussions in this particular context, or it's just for understanding what is going on as a researcher perspective like, is it the output that will be shared to the end users? Or is it the analytic output for researchers

313
00:42:07.590 --> 00:42:14.460
Hanall SUNG: to understand the situation and learning phenomena. Yeah, yeah, but definitely, both actually

314
00:42:14.730 --> 00:42:15.510
and

315
00:42:15.990 --> 00:42:27.470
Vitaliy Popov: Melissa Manola, which from the school of nursing. So she is using this interesting technologies called video reflexive at No. When she brings this.

316
00:42:28.170 --> 00:42:31.810
Vitaliy Popov: the the actors, the stakeholders who were filmed.

317
00:42:32.080 --> 00:42:45.820
Vitaliy Popov: Oh, video recorded, you know, when i'm useful use feel. My department should always correct me like I you like in the eighties. There is no more of you, you know, anyway. So you kind of you, and then you show some of this segments.

318
00:42:46.810 --> 00:42:54.080
Vitaliy Popov: And then you ask people who okay, what was going through your mind? Why do you think what? What's the kind of the reason for this communication breakdown.

319
00:42:55.100 --> 00:42:59.410
Vitaliy Popov: and then people begin to reflect, and it's more kind of from more formative feedback.

320
00:42:59.630 --> 00:43:02.300
Vitaliy Popov: So and i'm thinking about

321
00:43:03.060 --> 00:43:08.450
Vitaliy Popov: What if you can pull the framework. No, in addition to the video segments.

322
00:43:08.550 --> 00:43:15.560
Vitaliy Popov: But you pull this their customized individual in a network for the diet.

323
00:43:16.140 --> 00:43:18.680
Vitaliy Popov: And of course the question is, would it help.

324
00:43:20.380 --> 00:43:21.320
Vitaliy Popov: because

325
00:43:21.720 --> 00:43:25.860
we all know that it does require some interpretation dance

326
00:43:26.950 --> 00:43:38.070
Vitaliy Popov: when when use the networks, but they do see the benefits when you can actually go exactly to. because, you know, if I if you click on this link, it will bring you exactly to the text

327
00:43:38.880 --> 00:43:47.720
Vitaliy Popov: How? And of course, in addition to the the video, I think there is some, some, some power to that. And again, as to my early point, when

328
00:43:48.800 --> 00:43:58.040
Vitaliy Popov: when you just show with the video clip. It's so much kind of interpretation and guidance where it's here, you can be more targeted

329
00:43:58.060 --> 00:43:59.330
Vitaliy Popov: and focused.

330
00:44:00.490 --> 00:44:04.310
And again, see if you would say, if you polls is died for one month.

331
00:44:05.190 --> 00:44:09.360
Vitaliy Popov: You can see kind of how this progression of this over time.

332
00:44:11.860 --> 00:44:17.040
Vitaliy Popov: Yeah, I would say, both as a as a research tool and as a kind of the human and the loop.

333
00:44:17.120 --> 00:44:20.560
Hanall SUNG: Yeah, okay, yeah, that's what I understood, too. Yeah, thank you.

334
00:44:21.580 --> 00:44:32.830

Jamie Boisvenue (He/Him): Sonica in the chat has a question, says, thanks for an insightful, insightful presentation. Can you please explain a bit more about how you defined epistemic frames and stanzas for this study?

335
00:44:35.320 --> 00:44:36.010
Vitaliy Popov: Sure.

336
00:44:40.250 --> 00:44:45.840
Vitaliy Popov: so the the the it was actually no great question. So the the conversation

337
00:44:46.240 --> 00:44:55.340
Vitaliy Popov: between the physician nurses. Usually they talk in a very short sentences because we're quick. It's not like, you know, long winded

338
00:44:56.090 --> 00:45:04.340
Vitaliy Popov: conversation. So the the the stance actually was set to 12. So we're about, you know, 12

339
00:45:04.630 --> 00:45:07.750
Vitaliy Popov: lines in in that window.

340
00:45:08.040 --> 00:45:15.900
Vitaliy Popov: because when we make it sure it it doesn't make sense, because it was like, okay, okay. And so there was a very quick and short exchanges.

341
00:45:16.390 --> 00:45:24.430
Vitaliy Popov: And let me see what was the what else was the question besides the

342
00:45:25.000 --> 00:45:28.220
Sonika Pal: So can I ask more

343
00:45:28.550 --> 00:45:29.270
Vitaliy Popov: sure?

344
00:45:30.010 --> 00:45:39.820
Sonika Pal: Yeah. So the selecting of stands out are based on basically on those give meaningful, overall meaning for something right?

345
00:45:40.220 --> 00:45:50.840

Sonika Pal: So defining all concerns should be like this: Should we come out something like meaningful observation or meaningful understanding should be there while defining the standards.

346
00:45:51.540 --> 00:45:52.720
Sonika Pal: If i'm not wrong.

347
00:45:56.130 --> 00:46:03.770
Vitaliy Popov: I hope you're not. but it's like it's a Goldilock. the most optimal that suited to the

348
00:46:04.080 --> 00:46:06.770
the nature of the the data set.

349
00:46:06.900 --> 00:46:08.500
Vitaliy Popov: You shouldn't be

350
00:46:09.710 --> 00:46:12.120
Vitaliy Popov: too small, or you know, too large.

351
00:46:13.720 --> 00:46:25.720
Brendan Eagan: I i'm sure Brendan probably will have. Yeah, I mean, I can try. I mean, so there's a there's a a paper that explains kind of a one method of establishing what your window size should be.

352
00:46:25.850 --> 00:46:39.860
Brendan Eagan: and also demonstrates that a lot of DNA models are often robust to changes in window size. But I think kind of the important thing about all he was saying is based on their team's qualitative understanding of the next course they needed. A

353
00:46:40.080 --> 00:46:43.830
Brendan Eagan: I I i'll say wider, because a lot of times people will say 5 or so.

354
00:46:44.010 --> 00:46:50.420
Brendan Eagan: You know the default in the tool is for. But because there's these kind of quick interactions to capture the the patterns of

355
00:46:50.430 --> 00:46:54.820
Brendan Eagan: that they were interested in qualitatively. They open that up to 12.

356
00:46:54.950 --> 00:47:10.510

Brendan Eagan: So basically they're making kind of a a qualitative claim about this is what I think is a meaningful context, temporal context or number of lines. The common ground in the conversation based on the nature of these teams, and how they how they're interacting.

357
00:47:10.560 --> 00:47:17.910
Brendan Eagan: And I might just toss in really quickly, too, in terms of the epistemic frame. What Vitali said before about my scheme

358
00:47:18.030 --> 00:47:28.470
Brendan Eagan: from Sarah was this is, that's one way that people are focusing on important elements of these types of teams and healthcare's discourse. So in that case this would be one

359
00:47:28.730 --> 00:47:32.200
Brendan Eagan: way of taking a slice systemic frame of of

360
00:47:32.210 --> 00:47:35.310
Brendan Eagan: of those these health care teams

361
00:47:35.320 --> 00:47:36.760
Brendan Eagan: based on that coding scheme.

362
00:47:37.470 --> 00:47:44.190
Vitaliy Popov: Sorry, that's just my we did exactly the same study, let's say, Somewhere in Denmark

363
00:47:45.980 --> 00:47:51.480
Vitaliy Popov: we could have observed a different patterns because of different culture and the nature of exchanges

364
00:47:51.500 --> 00:47:54.850
Vitaliy Popov: versus in the in the Midwest United States.

365
00:47:57.160 --> 00:47:58.740
Sonika Pal: Okay, Thank you so much.

366
00:48:07.310 --> 00:48:10.120
Jamie Boisvenue (He/Him): Does anyone else have any other questions?

367
00:48:11.210 --> 00:48:13.960
Jamie Boisvenue (He/Him): We've got about 5 min on the hour.

368
00:48:15.370 --> 00:48:25.950
Jamie Boisvenue (He/Him): It's interesting. I'm working on a review right now. On self management support and trying to compare health systems and and health care providers perspectives on care

369
00:48:26.000 --> 00:48:36.710
Jamie Boisvenue (He/Him): around self-management support specifically, and it's funny because, you know, in the European and Scandinavian countries there is a strong emphasis on.

370
00:48:37.060 --> 00:48:38.730
Jamie Boisvenue (He/Him): you know.

371
00:48:38.960 --> 00:48:45.980
Jamie Boisvenue (He/Him): diagnosed diagnoses, diagnostic tests medications. And how can we add a Co. Adequately treat this person

372
00:48:46.010 --> 00:48:57.390
Jamie Boisvenue (He/Him): in North America. There's a strong emphasis on shared understanding, multidisciplinary care. And how does my medical recommendations

373
00:48:57.640 --> 00:49:15.580
Jamie Boisvenue (He/Him): compare to say what the pharmacists is doing and and other things. So I wonder, you know, if a cultural context, I think, would play into that as well, because this this oncology hospital setting is in the United States. Is that correct? Yeah.

374
00:49:17.920 --> 00:49:19.730
Vitaliy Popov: Yeah. No, you

375
00:49:20.390 --> 00:49:32.440
Vitaliy Popov: you're right. That that's where the I get the epistemic frames matter how you approach this. And what kind of patterns you see in your dataset? And And what are you going for?

376
00:49:33.060 --> 00:49:40.510
Vitaliy Popov: I'm sure actually I, in the course that i'm teaching when I I shared this data set with the students, and I asked them

377
00:49:40.540 --> 00:49:47.120
Vitaliy Popov: if you could add just one more code to this framework. What could it be? And and why would you add this? An additional

378
00:49:47.640 --> 00:49:48.480

Vitaliy Popov: cold?

379
00:49:51.290 --> 00:49:52.030
Vitaliy Popov: And

380
00:49:53.780 --> 00:49:55.110
Vitaliy Popov: of course you don't set

381
00:49:55.340 --> 00:50:02.230
Vitaliy Popov: different. I I think they also kind of took it more to the nonverbal stuff that wasn't kind of present in the speech text like confidence, and

382
00:50:02.650 --> 00:50:08.420
Vitaliy Popov: i'm forgetting something else. But it was definitely

383
00:50:08.910 --> 00:50:19.230
Vitaliy Popov: we were kind of applying our epistemic frame as researchers. But looking at this data set and and you're right, it might be something that is in a blind spot

384
00:50:20.180 --> 00:50:28.870
Vitaliy Popov: here and and again, where you the patterns that prevalent and uncalled units could have been different on the same in icu floor.

385
00:50:30.040 --> 00:50:30.760
Vitaliy Popov: Yeah.

386
00:50:33.190 --> 00:50:34.380
Vitaliy Popov: Great questions.

387
00:50:34.390 --> 00:50:43.000
Jamie Boisvenue (He/Him): Well, thank you for your time, Vitali, and for everybody who joined us on this first Qe. Webinar session for 2,023.

388
00:50:43.060 --> 00:51:04.930
Jamie Boisvenue (He/Him): Keep an eye on your inbox, probably in the last week of May we will be hosting Mariah Knowles, who you all know, who's gonna be talking and giving an update on what she's been working on recently, and if you have suggestions for speakers that you would like to see, or if you're interested in presenting yourself, you can contact either myself

389
00:51:04.930 --> 00:51:07.320

Jamie Boisvenue (He/Him): or Brendan.

390
00:51:07.560 --> 00:51:08.290
Okay?

391
00:51:08.460 --> 00:51:10.080
Jamie Boisvenue (He/Him): And I: yeah. So

392
00:51:10.180 --> 00:51:12.660
Jamie Boisvenue (He/Him): so thanks for your time. Everyone.