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Ethnography as a tool for improving medical education in Brazil

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This paper deals with some issues raised by a research developed in a public university hospital in Rio de Janeiro. The study (a Doctoral thesis presented at Fiocruz, Brazil, in 1997) had, as data collection tools, participant observation, interviews with clinicians and patients in ambulatory practice, audio and videotape recording of actual interactions and field notes.

I discuss some of the outcomes of video tape recording of medical consultations, which consists, in Brazil, of an innovative way of approaching the subject of medical interaction, allowing improvements in the actual education. The medical consultations happened in the ambulatory of general clinical services and the tapes were analyzed mainly based on contributions of Erickson's and Kendon's theoretical approaches.

1- About ethnography:

For Spradley (1980), *"rather than studying people, ethnography means learning from people."*(:3) The main purpose of ethnography is to learn about other ways of perceiving, other points of view, describe them and reflect upon their possibilities of constructing knowledge. According to Haguette (1987), this kind of research looks basically for the sense, the meanings, within human actions, rather than the appearance of them. It brings the practice of giving account of the steps in making decisions and sees it as an important part of the research process.

For Minayo (1993), any social investigations should contemplate the qualitative aspects of the research, as it deals with people, their values' systems, their background and their life experiences. The research object is complex, contradictory, unfinished and in permanent transformation. Schraiber (1995) points out the positive aspects of doing qualitative research in health in order to explore subjectivity as a way to construct knowledge, giving a path for rescuing several dimensions of the social action, respecting the whole process of its constitution.

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Erickson (1981) believes in studying discourse in the social context in which it occurs, instead of making up false experimental situations. According to Cicourel (*apud* Erickson, 1981:246), in a communication event between the sender and the receiver, the *status* (the social actors' positions) and the roles (rights and obligations in communication) are continuously negotiated in daily interaction. Erickson (1986) also points out that ethnography is intrinsically democratic, for its interpretative nature, and constitutes of a deliberate effort by the researcher in the setting, who has to carefully observe how the social actors formulate their questions.

In Erickson's views (1988), data collection and data analysis are mutually constitutive; in this perception, the different perspectives that feed ethnographic analysis need to be thoroughly discussed, as well as the processes of observation and registration that base the final report. For Erickson (1992), when the researcher takes into consideration the social actors practical knowledge, their self consciousness about their own power of transformation, then we are able to say that research can influence change in social and interpersonal relations.

According to Jordan e Yeomas (1995), ethnographic research is moving towards a more comprehensive perspective in the world of the ones in charge of financing research, even though is largely accepted in the social sciences. They propose a creation of a pedagogical relationship, in a broad sense, with the modern world, in a sense that significant knowledge and research can constitute the foundations of critical theory in modern society. For them, critical ethnography can provide the means for solid and meaningful constructions and has a potential for understanding the interactional processes in medical activity, broadening the field of investigating the needs in better preparing medical doctors for their professional performance.

Kendon (1990) develops a model that he calls context analysis in order to perceive how interactional situations are organized, proposing an integrational perspective. For him, *"Context analysis developed as a mode of approach to the phenomena of social interaction that was distinct from the approach developed more widely in social science."*(:24-25). *"An important aim of the method of Context Analysis*

is to provide an account of the recurrent behavioural forms that are employed in interaction and the rules that govern how they are employed."(:35)

In this work, Kendon believes in using image for understanding that recording social actors in their processes of communications is important to register verbal and non-verbal moments within a context. For an efficient recording of the interactions, he recommends that "*the whole bodies of all the participants in the interaction must be kept in frame at all times*", and the researcher *"should avoid allowing one's perceptions about what constitutes an interaction event to guide when the camera is turned on and when is turned off"*. He also defends filming without choosing what:

> *"The issue of how an interactional event begins, how people alter their behavior as they come into one another's presence was* ***not*** *something we could know without analyzing filmed records, but these records could not, of course, be obtained if one's presuppositions were allowed, unthinkingly, to govern what was being filmed."* (:32)

Developing what he calls F formation, Kendon points out some important aspects of the task of observing and recording behavior. The F formation is a system of behavior that organizes the space structure in face to face interaction. Any kind of investigation dealing with social behaviour and physical space can consider this approach.

> *"It is thus an important part of the means by which behavior is organized in occasions of face-to-face interaction such as conversation.*(...) *An F-formation system arises when two or more people cooperate together to maintain a space between them to which they all have direct and exclusive access." "It is of great importance to be able to delineate, in terms of the organization of observable behavior, distinct units of interaction which can then be analyzed into their components. The F-formation system provides us with means to do this."*(Kendon,1977:178-179)

Kendon, in his works, applies the F formation concept to describe standing body postures. As most scenes in a doctors' office occur with both parties sitting, I adapted the idea, trying to develop a more adequate frame of analysis for this specific interaction.

2- Doing the ethnography

To review the process of doing ethnography is almost like doing ethnography itself. I am an educator that has been working with teaching teachers for some time and decided to apply some of my experiences to look at the pedagogical aspects of doctor-patient interaction. Health and education can be seen as parts of a broader view on human beings, as tools to help them become better, healthier, more able to deal with life as it develops.

For one year I became part of the university hospital day to day activities, concentrating mostly on observing doctor-patient interactions, but also interviewing both doctors and patients about their perceptions of their roles. As video tape recording of medical consultations, in Brazil, is a new way of doing research, I had to deal with some issues, like ethics and invasion of patients' privacy. The main ethical questions had to do with the risk involved in publishing images that could show some aspects of medical care that were not to be seen/known. To cope with that, I asked two readers, one doctor and one educator, to go through the selection of images (as well as the selected parts of discourse), in order to make sure the ones participating in the study had their images preserved.

3- Ethnographical outcomes

As I see it, the main contribution of my work has to do with raising the issue of observing one's own practice and from this procedure, change what can and/or need to be changed. For this purpose, video taping turned out as the most valuable tool, in the words of the very same doctors that were suspicious at the beginning of the process. As said before, most doctors in the research also teach medical school students and supervise residents. Viewing the tapes, a strong allied to the teaching process when combined with an ethnographic research approach, indicated, for them, the need for change in teaching methods and processes

When learning about something there is no finishing line, the process is always improving. What can limit it is our capacity of investigation and the certainty of the

dinamics of doing science, without reducing it to the mere experience. The product is always temporary, resulting of all the research moments, but its comprehension in never only contemplative, it includes the research objects, the subjects involved and their own questions and contributions. Researching, we reveal our own practice, our beliefs, our thoughts, construct knowledge.

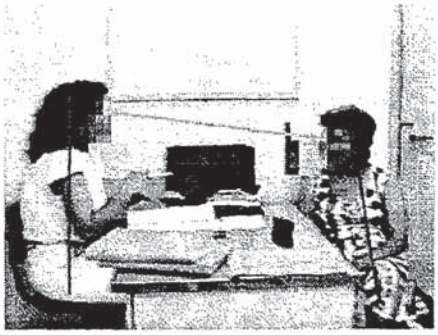
Social investigation is a process of producing knowledge and is a product in itself, turning reality more visible and allowing the investigator a possibility of becoming a product of his own production. Social actors must be involved, manifest their opinions, doubts, certainties, meaning that their beliefs and practices are an important part of the quality of health care for them provided. Doing so, research can find its own way to a break through in better understanding doctor-patient interactions.

In critical ethnography, collaboration is a very important part of the process. It would be very profitable to develop a larger project, involving clinicians and medical school teachers, making use of tape recording, and developing the practice of analysing the registered situations.

One could not expect changes to happen imediately, as there are no 'only answers' to complex questions about doctor-patient interactional processes. Choosing the subject it is also important to be aware that it is a parcial description of a very complex reality, that involves several aspects that can not be covered by a single approach.

With this investigation, I believe to have contributed in extending possible options of constructions in public health, and work for promoting actions towards better professional satisfaction for doctors and patients, an improvement in doctor-patient relations and developments in research and teaching in the area of health and education.

Examples of the captured images of actual interactions in ambulatory practice:



In this interaction, the doctor's body posture suggests that she is present in the scene; the patiente is leaning forward, interested in what the doctor is saying. They have eye contact.

In this interaction, the eye contact is very present and the doctor leans forward seeming to be very interested in the patient's wellbeing.

In this interaction, the doctor seems away from the scene, and the patient is trying to gain space by resting her elbow on the table. No eye contact.

This interaction, with eye contact, suggests a mirror-like image, where doctor and patient seem to be in close contact. Both their bodies are paralells.

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