10 Work flow in a paediatric clinic

WES SHARROCK
University of Manchester
and
BOB ANDERSON
Manchester Polytechnic

By and large, discussions of the role which Conversation Analysis could play within sociology have been grouped around three general themes. First, there is the question of method and data. Here, it is sometimes felt that devotees of Conversation Analysis seem to be arguing, or at least implying, that the analysis of transcripts and similar materials is the only proper procedure for sociology to adopt. And, to be fair, there are some reasons for this impression. Occasionally, expositions and defences of Conversation Analysis do lend themselves to being read as claims for the general applicability of its methods. In our view, such claims when they are made, are both misguided and misleading. As we have made quite clear elsewhere (see this volume, Chapter 12 and Anderson, Hughes & Sharrock, 1985), we are very suspicious of anything which smacks of methodological imperialism. The relationship between 'object of enquiry' and 'investigative method', both in sociology in general and Conversation Analysis in particular, is a tangled clump of barely glimpsed, let alone solved, problems. However, enticing though it might be, for the moment we will set this particular Gordian knot on one side. Second, there is the concern over the legitimacy of focussing exclusively on talk and conversation pure and simple, without reference to thematics, parameters or variables such as race, class, gender, power and so on which, it is held, provide the institutional nexus in which ordinary talk is located. Although we will not seek to elaborate or defend it here (a defence can be found in Sharrock & Anderson, 1986), our view on this question is quite straightforward.

Conversation Analysis' disregard of 'the wider social structure', as the issue is often, we think confusingly, put, follows directly from the analytical goals which it sets itself. Given those goals, the strategy is perfectly acceptable since it is adopted to solve only problems faced in Conversation Analysis and not all the problems to be found in sociology. Third, and here we come to the issues which we do want to take up in this Chapter, are the supposed limitations of Conversation Analysis. If we grant the extension of 'ethnomethodological indifference' (this expression is defined and explained in Garfinkel & Sacks, 1970) to Conversation Analysis, is it thereby precluded from addressing any of the topics generally studied by sociology? Is there no way that the concerns and orientations displayed by Conversation Analysis can be turned towards questions tackled by more conventional sociologies? We will argue that there is. However, *and the point cannot be over-stressed,* this is not to say that Conversation Analysis can be incorporated wholesale into the rest of sociology by means of flexing a few frameworks and a little conceptual jiggling. To think that is to misunderstand throroughly and comprehensively what motivates Conversation Analysis in the first place. Our aim in this Chapter will be to show what we mean by suggesting that Conversation Analysis can be turned towards familiar sociological topics. We will do so by exploring in a preliminary manner what is involved in opening up one specific area in the sociology of occupational life to the sensibilities displayed in Conversation Analysis. To do this we will need to begin by sketching very briefly what we take such sensibilities to be. We will then show the purchase they give on the investigation of one particular occupation. The case we take up is the managing of work tasks in a paediatric consultation.

Two stock ideas are by now almost emblematic of studies in Conversation Analysis.[1] One is the notion of there being a 'detailed orderliness' to the organisation and operation of what are called 'speech exchange systems'. These systems are to be seen in the characteristic forms of talk found in ordinary conversation, judicial proceedings, class-room teaching, telephone calls to service agencies, therapy sessions, and the like. The other is the proposal that this detailed orderliness is 'oriented to' by the participants to the talk and that their orientation to it is visible in the talk itself. The claim is that the duplets, triplets and even more elaborated structures which analysts have documented, are both the resource for, and the products of, the activities which the co-participants to the talk engage in. The work that has been done to elucidate the nature of turn taking systems, remedial exchanges and repairs, the composition of more global structures such as openings, closings, story telling and so on, and the connection of these features to other sets of conversational objects like topic organisation and

category usage, is directed to drawing out the principles of organisation whereby speakers operate the speech exchange systems and produce the structures which they do.

One of the consequences of pursuing the demonstration of this detailed orderliness, and its 'oriented' to character, in this way has been the introduction of a separation between what can be observed about the talk and associated activities simply because one has a transcript to hand, and what we might think of as the talk's 'real world' contingencies. Such a separation has meant that consideration of stretches of talk has tended to move toward what are essentially transcriber/analyst observable features, and away from features readily observable by actors. The result is that Conversation Analysis necessarily disattends to what actors may see as the business of their talk, in favour of the activities which actors engage in solely by virtue of their character as operators of a speech exchange system. It is the orderliness which this entails which increasingly has become Conversation Analysis' topic. We should emphasise, though, that this does not mean we think there is a need to look at other data in addition to transcripts. Rather, what we are pointing to is the way that the attitude shown towards the transcript has changed and evolved.

It is important to notice that we describe this analytic separation as a *necessary* one. It would not be possible for Conversation Analysis to attend to the fine grained texture of the structures of speech exchange systems and at the same time maintain an overall view of the character of the particular sets of interaction in hand. It is simply because analysts were able to compare fragments of talk independently of their original locale that Conversation Analysis had been able to develop as rapidly as it has. The question to be asked, then, can be formulated like this: 'Can the motivations underlying the separation we have identified be brought to bear upon other activities in daily life?' In seeking to answer this question, we hope to be able to show that it is possible to extend the analytic interests which inspired Conversation Analysis beyond conversation and other speech exchange systems to different forms of interaction and different types of activities. When this has been achieved, it becomes possible to identify and display an orientation to the production and reproduction of detailed orderliness in the routine organisation of activities and settings.

As we indicated above, we will begin by drawing out in more detail what it is that motivates Conversation Analysis. Only then will we be able to relate those motivations to the aims we have just set out. How is the idea of 'an orderliness' conceived in Conversation Analysis and just what does 'oriented to' designate? We can get some grip on these issues if we turn back

to the materials which Conversation Analysis utilises and the approach which it adopts to them. For the sociologist, and that is a very important qualification since linguists, psychologists, discourse analysts are all very different from sociologists in their approach both to the nature of language and the character or ordinary talk, what more than anything else Conversation Analysis has been able to do is to demonstrate the analytic possibilities inherent in the data of daily life. Yet again the terms are important. Conversation Analysis directly addresses data generated *in* daily life not data *on* daily life. Transcripts cull talk from social interactions of various kinds and are not strictly comparable to the reports, resumés, indices and summary variables on daily life which are more usually the sociologist's stock in trade. What Conversation Analysis has been able to do is show how much can be done with materials like transcribed talk and just what a fertile locale for sociological reflection it provides. But, and this is central to its analytical attitude, it has achieved this by taking what it regards as an *unmotivated* interest in its materials. That is to say, it does not try to specify in advance what range of analytic problems a set of transcripts will be pertinent to, nor just what phenomena will be revealed in the analysis of the talk. Each transcript is inspected for what it contains, what its structures are, and how its features can be made visible and analysable. The orderliness which Conversation Analysis depicts is that discernable in the unnoticed, taken for granted, flotsam and jetsam of talk in all our ordinary, daily lives. Showing how that orderliness underpins the routineness of this aspect of our daily lives is precisely to show just how valuable such materials can be for sociological analysis. The approach to the materials is one which does not minimise their mundane character but explores and exploits it. They do not stand to the analysis as evidence or grounds for inference, but as the object of enquiry. In the last analysis, the question we have asked is how this same attitude can be extended beyond talk in therapy sessions and classrooms, calls to the police and radio chat shows, to such other common or garden activities as organising the things to be done during the working day.[2]

We said a few moments ago that Conversation Analysis treats all talk as the instantiation of one or other speech exchange system. The concern is to bring out the texture of the system's operation. It does so by insisting that each transcript exemplifies an idiosyncratic and highly contextual specification of what are very general structures. The context to which reference is almost often made is that of the conversation-so-far and the activities both that have been undertaken, and those that are projected within the talk. The structures in the talk are, therefore, designated as 'local productions' or 'locally produced'. What this means is that the remedial exchanges, the greeting given, the stories told, the explanations undertaken all have the

shape which they do as *in situ* applications of general principles of organisation to universally available formats. The axiom with which Conversation Analysis begins is that the social organisation of any speech exchange system is managed by co-participants within the settings in which it is found. Ordinary conversation, trial by jury, classroom teaching are, then, *locally managed productions.*

There is a further aspect to all of this which we can now bring out. Following and applying one of Garfinkel's 'study policies' (Garfinkel, 1967), Conversation Analysis treats the locally managed production features of talk, that is the structures observable in the transcript, as routinely matters of course for participants. Indeed, it was the emphasis which could be given to the sheer orderliness of these structures and their organisation which drew ethnomethodologists to studies of conversation in the first place. It is visibly and routinely a matter of course that questions are asked and answered, corrections are given, requests made, descriptions offered, and the like. Conversational events such as these constitute an unnoticed part of the daily round. They are unnoticed simply because in daily life they are essentially unnoticeable. The system only works because the structures and forms of organisation which comprise it are taken for granted. What the analyst takes to be problematic, i.e. how it all works, the participants take for granted. In so doing, the participants endow the systems with an objective facticity which the analyst must, perforce, scrutinise. From the point of view of every participant to talk, the social organisation of conversation as a speech exchange system is experienced as a normative social order. For things to get done, for aims to be achieved, activities have to be carried out in certain, predictable ways. In orienting to their order, in accommodating it, managing it within daily life, social actors, the speaker/hearer operators of the speech exchange system, reproduce that system as a system of socially organised activities. In demonstrating this through the examination of actual cases, Conversation Analysis has made a unique contribution to sociology. By addressing its materials in the way which it has chosen to do, it has documented the specifics of a working solution to the problem of social organisation as the outcome of the routine features of our daily lives.

All of the elements which we have just been discussing may be crystallised in what is, by now, a famous contra-distinction, namely that between *context sensitivity and context independence* (Sacks, Schegloff & Jefferson, 1974). This pairing is used to catch how standardised forms and general resources may be shaped within particular circumstances to achieve, there and then, the precise outcomes they do. One could say that the crux of any analysis is to bring to the fore through the examination of particularities, just what this localising work consists in as a 'this time through' phenomenon.[3]

The latter term demands some explanation. Whatever orderliness a set of data may display has to be seen as the achievement of a specific collection of participants in a defined set of circumstances with the resources which they have to hand. Every interaction is, in this analytic sense, unique. Its unique character is what makes it recognisably what it is for the participants. The notion of 'this time through' points to this recognisability. A call may be the first or the nth that the speakers have had; the topic may be being raised for the first or the nth time, and so on. What they know about each other, what they know about the activities to be engaged in, all reflect the 'this time through' character of the interaction which the co-participants produce. It is precisely this which is meant by the suggestion that the setting or context of talk, or any activity, is 'self-explicating' (see Pollner, 1979).

What motivates Conversation Analysis, then, is the determination to make the local production of the routine features of speech exchange systems visible as forms of social organisation. The character of this orderliness is, as we said, mundane, taken-for-granted, ordinary. It is recognised and oriented to as such by participants. This is the sensibility we will carry over to the study of occupational life. Armed with it, we will seek ways of depicting how occupational activities are performed within an organisational environment. At the same time, placing emphasis upon the importance of treating settings as 'self-explicating', we will endeavour to do so without counterposing the performance of the activities and the environment in which they are to be found. What has been 'done so far' and what has 'yet to be accomplished' constitute part of the environment of the activities 'presently being engaged in'. Approaching things in this way, we will be able to show how the ordinary orderliness of the distribution of a set of work tasks is the display and management of the constraints of organisational life. As we will see in the case we take up, such constraints are visible in the way that the schedule is kept ticking over, the notes and files are kept in order, legal and ethical requirements are respected, colleagues are inconvenienced as little as possible, and so on.

The transcript to which we will refer is taken from one of a number of videotaped recordings which we made of a paediatric clinic while we were collecting materials on the utility of video-tape for sociological analysis.[4] Even the most general glance at the tapes would show two obvious features. First, the consultation is composed of a number of concatenated episodes.[5] A form is signed; the child is examined; the mother asks questions about some possible symptoms; and so on. Second, and equally obviously, all of the activities to be done are, for the doctor at least, part and parcel of 'just another working day'. That this consultation is 'just another one' is what its orderliness consists in. This consultation is no different, in the broadest

terms, from many others which he will have carried out. There is nothing special about it. And yet, despite its absolutely routine character and its similarity to so many others, it does not have the sense of being 'just run through' or that the doctor and the mother are merely 'going through the motions'. What comes across powerfully is how the medical tasks are arranged so that *this* child's development can be discussed and *this* mother can have time to talk about any possible problems which she has. In this instance at least, medical practice is organised so that the doctor can routinely deal with the child, and the mother can make the most of her time there. The 'just another one' character of the consultation is produced through management of the specifics of 'this instance'. The organisation by which this is achieved is what we have called 'the flow of work tasks'. Since it is the doctor who must, albeit in collaboration with the mother, achieve this work flow, in our discussion we will focus upon the work which he does. We have no doubt that the transcript could be used, from the mother's viewpoint, to give an analysis of the work of 'bringing professional expertise to bear upon your problems'. But that is not our concern here.

Let us think for a few moments about the management of a flow of work activities. We said that we would be interested in this flow as a self-explicating, locally managed production. The orderliness which such a flow can display may take many different forms. As we shall see in a moment, this one consists in running through a collection of tasks in a quite routine manner. Such tasks have no particular order built-in to them, but nonetheless, on any occasion, they will have to be done in *some* specific order. The order in which they are taken, their distribution, is their organisation. Showing what is involved in organising a set of work tasks so that they can be achieved in as efficient and smooth a manner as possible, means directing attention towards the situational contingencies which bear upon the activity of making the work flow. We suggest that it is in the opportunistic handling of such contingencies that the routine character of the work resides.

For medical practice, the contingencies we have referred to might be encapsulated as the spectrum of demands which patients and doctors can make on one another, the sets of medical and non-medical tasks which have to be carried out; the allocation of time to particular phases and tasks; as well, of course, as the requirement to keep this 'case' and all the others 'moving'. These contingencies are visible in the transcript as a set of oriented to constraints and are managed by the distribution of tasks which, in turn, constitutes the normative order of 'good-medical-practice-on-this-occasion'. It is in accommodating the constraints that the orderliness of the flow of work tasks becomes visible.

We said that the immediate character of the consultation was that it was 'just another one' in what is a routine day. This is just another child to be seen, just another mother to be talked to. Business is pretty much as usual. The processing of these routine cases *as routine cases* take place within a particular institutional setting which we will call 'bureaucratic medicine'. By this term we mean to pick out both of the primary features of these encounters, the fact that a particular sort of occupation is being carried on here and that this occupation relies to some extent upon non-occupationally defined procedures. The institutional locale of the consultation means that there are other children to see, other mothers to talk to, and each has the right to just as much medical attention and concern as any other. In order to be able to get through the cases and satisfy the demands, the clinic has instituted sets of non-medical procedures. Mothers must check in when they arrive; the appointment rota must be adhered to; files are 'got out' in the order patients are dealt with; there is a division of labour in which non-medical and paramedical staff undertake certain tasks. These procedures carry their own requirements. The doctor has to keep the files 'up to date' and 'in order'. The notes have to be read and returned. To allow them to manage the tasks which they have been allocated under the division of labour, the para and non-medical staff have to be able to predict the distribution of patients through the day and thus the times when their services will be called upon. The appointment system with its pre-defined turn-taking distribution allocates both order of patients and rough timing. All of these 'obvious' things comprise the larger context of work routines on any ordinary working day for this doctor. Keeping the appointment system working, that is processing the cases in the order and in the time allocated, while at the same time attending to the needs of each child and mother is what paediatric medical practice comes to on this, and on any, occasion. It is routine bureaucratic medicine; no more, no less.

Part of the demands of bureaucratic medicine are, of course, those of professional expertise. All of the appointments in this clinic are checks of one sort or another on infants. Such checks involve a number of things being done both to mark the child's progress and to monitor for early developmental difficulties. As we indicated, not all of these are carried out by the doctor. Others will weigh and measure the baby and give it immunisations. Processing any individual case means more than simply 'doing things to the baby'. It means passing the mother and baby 'along the line' from stage to stage. Only one of these stages is the consultation with the doctor. What we have here, then, are specific work tasks carried out within an overall process, namely the 'appointment at the clinic'. Things are done before and after the mother and baby see the doctor. In like manner, the consultation

with the doctor for the check up, consists in sets of things to be done. The accomplishment of these things as part of the overall processing of mother and baby is what the consultation is properly about.

In addition to all the matters which we have mentioned, there is another set of constraints which are equally as important. These are the ethical and legal requirements to which the doctor must submit. These requirements allocate expectations to both participants. The mother can expect the doctor's attention and interest; the doctor can expect to be given information which is relevant to efficient diagnosis. The ecology of the clinic can be viewed as designed to foster these expectations and hence to help satisfy the requirements. The consulting room is separated from the waiting room by a closed door. Other staff enter the room by another door and tiptoe in to deliver files and instruments. Telephone calls are held at the switchboard. The doctor sits facing the mother who is positioned at the side of his desk. Mother and babies are seen one pair at a time.

Our aim is to show that just as the ecology of the clinic could be analysed to show how its organisation displays the requirements of bureaucratic medical practice, i.e. is self-explicating, so these requirements are also visible in and taken for granted by the managed organisation of the activities which make up the consultation. We will suggest that while the activities which are carried out are just what anyone would expect and give the encounter its routine character, nonetheless their organisation on this occasion is contextually specific and idiosyncratic. It is a locally managed production. We will try to show that the work of this local management can best be summarised as the application of a general principle of opportunism. This principle has much the same status as the principles of simplicity and economy do within Conversation Analysis (see for example, Sacks & Schegloff, 1979: 15–21). It allows us to make sense of the specific character of the activities on view in the transcript by providing a rationale to the order they display. If we use the principle as a guide, we can see readily recognisable formats and structures embedded in the pattern of the activities as a flow of work tasks unfolds. Under the principle of opportunism, social actors are deemed to seek to take advantage of whatever resources are available in the interaction to achieve whatever can be accomplished at any point during the encounter. What we see the principle achieving is the characteristic shapeliness that the flow of work has. Each activity seems to merge with those that precede and follow it effortlessly and naturally, producing what appears as an almost 'seamless' construction.[6]

To illustrate what we mean by the achievement of this natural flow of work tasks, let us take just one section of the transcript and try to bring out

its self-explicating and locally managed character. The example we have chosen is the work involved in 'getting the consultation underway'. From the following fragment, it is apparent that by utterance 2.2, the business of the consultation has begun.

1. 1 **D:** It's just er – er by way of – um – consent for this – to be done . . . OK? ((1.00)) just ( ) ((laugh)) I'll hold it and you can write ((7.00)) right thank you very much ((4.00)) ( ) Mrs–*** is it . . . not Mrs–. . . that that's her – that's the baby's name

1. 2 **M:** A

1. 3 **D:** ***

1. 4 **M:** – yes –//yes

1. 5 **D:** Oh I see – I got it the wrong way round ((3.00)) it's usually the case we always seem to do that ((short laugh)) ((5.00)) right – now then ((1.00)) this young lady is now?

1. 6 **M:** ((1.0)) he's six months

1. 7 **D:** Six months

1. 8 **M:** Yes

1. 9 **D:** ((1.00)) it's a young man

1.10 **M:** Yes

1.11 **D:** Six months ((both laugh)) we're going to get it sorted out eventually // don't worry

1.12 **M:** Yes
((6.00))

1.13 **D:** Right – now – um – you – he he's supposed to be having a six month check today is he

1.14 **M:** Ye yes

1.15 **D:** And you were also thinking of starting the immunisations

1.16 **M:** Yes

1.17 **D:** I see – OK ((1.00)) right – well let's start we'll do the er – have a look at him first

1.18 **M:** Mmm

2. 1 **D:** And then we'll think about the immunisations
((14.00))
Any problems at all

2. 2 **M:** – Yes – you know he's sweating a lot on the head – just the head – on the sides – and some days um – it's not even warm he's sweating

At utterance 2.2 we could say that proper medical topics in the shape of a set of potential or candidate symptoms have been introduced. What we are interested in is the work which the doctor engages in to be able to 'get to'[7] these symptoms, that is the organisation of the serial ordering of the activities which are undertaken. This is the work of getting the consultation underway.

We could hazard that whatever things a doctor has to do in a check up of this sort could be taken in any order, even though, as medically relevant matters, they might vary enormously in their import. The child's eyes and ears might be examined before its breathing or motor skills, or afterwards, without very much turning upon that placement. This, of course, might not be true of other lines of medical enquiry where a critical path of diagnosis might be involved. So, although any task might be done first, there is still the crucial organisational problem of selecting *one* to do now, getting it accomplished, and then fitting others in with it. This is the nub of the 'getting to' problem. To refer back to the organisational constraint of speedy and satisfactory processing of cases for a moment, we can see that if the doctor can develop methods of solving the 'getting to' problem in collaboration with the mother then that solution would also contribute towards the more general requirement of efficient and personalised processing of cases. Collaboratively getting things underway and keeping them going prevents either a backlog of cases building up or interruptions to the scheduling of para-medical tasks, and much more besides. All of this is, of course, staring us in the face in the transcript and is no news to anyone. *That ready recognisability is its character.* However, what is of interest in any specific case is how the 'getting to' problem is solved as a locally managed accomplishment. The solution the doctor and mother produce in our data, for example, satisfies two sets of constraints which have primacy for this occasion. They are those of medical and professional ethics and bureaucratic efficiency. Satisfying the requirements of proper professional practice and efficient processing of cases achieves the serial organisation of the medical tasks. Let us now see how.

In a research environment like that of a doctor's consulting room, it is standard practice to elicit the patient's permission for a consultation to be observed and recorded. The precise procedure which the research team had developed was to have those who were happy to have their consultation videotaped sign a consent form. If permission was refused, the camera crew withdrew from the room. The signing or otherwise of the form is, then, a pre-condition for what happens next. Either camera keeps rolling or the researchers leave the room. But, more important than this, although signing

the form is one of a number of things which have to be done, it is something which should *properly* be done first. Without the patients's permission being asked and given, the consultation-as-envisaged, that is as 'another one to be recorded', could not proceed. So, from among the range of things which could be done first, there is one which necessarily must come first. Without it, the consultation's format as the efficient processing of 'this case on this occasion' would have been threatened.

The second aspect to all of this is the administrative locale. The mother and baby's physical progress through the clinic is paralleled by a bureaucratic processing of their file. The doctor has to see if this processing has been carried out correctly. That is, he has to check that the file he has to hand is the one which contains the baby's history and notes. The principle of opportunism and economy which we outlined above is evident here. The doctor tries to use the signing of the form as an opportunity to check the file. The name on the form is matched against that on the file. What makes the activity visible in this case is that the matching goes wrong and a repair sequence is initiated. The child's name is corrected. The need to engage in a remedial exchange to determine the child's name brings out both the importance of achieving relative efficiency and the interactional dexterity needed to do two things at once. The name *is* corrected and the file *is* checked. At the same time it provides an interesting instance of how far Conversation Analysis' concerns and the ones we outlined as belonging to more conventional sociology, mesh. The generalised structure of correction solicitor/correction/acknowledgement is used here to satisfy a requirement of bureaucratic medicine. We will come back to this in a moment.

Once the name has been determined, the doctor can use the materials available in the file to get the consultation underway. However, rather than do this, the doctor asks for information which he might easily have gleaned from the notes, namely the age of the child. It is important not to get over-Machiavellian with observations of this sort. We do not want to offer a strategic reason for everything the doctor does, as if all his moves were planned out in advance and plotted together as a set of interconnected ploys. He may not have any reason for asking the mother the baby's age rather than looking for it in the file. What we want to say, though, is that having asked for it, the answer he is provided with is a resource for undertaking the next relevant activity namely the determination of the reason for the appointment. The determination of the age provides the medically relevant reason. This is a six month check up and the course of immunisations could be started today. Once again, the organisational detail will show how Conversation Analysis' resources can be turned towards the familiar sociological topic of medical practice.

We take it that while 'six months old' is an age category,[8] it is not just offered as an age for the child. 'Six months old' is also a stage of development category similar to 'new born', 'crawling', 'just learning to speak', 'toddler' which can be used about children. Some of these stages are medically relevant ones, others are not. What the mother offers is a category which is medically relevant because at 'a few days old', 'six months', 'pre-school' stages medical checks are made on the child's development. When asked for the child's age, the mother offers one of the medically relevant stages and so provides the reason for the appointment, and also why she is seeing the doctor. The pair of correction solicitors, in the form of questions, at utterances 1.13 and 1.15 confirm the finding. These structures, amply described by Conversation Analysis are being used to provide an organisation to work routines.

1.13 **D:** Right – now – um you – he he's supposed to be having a six month check today is he

1.14 **M:** Yes yes

1.15 **D:** And you were also thinking of starting the immunisations

1.16 **M:** Yes

We said, before, that we do not want to make too much of these observations. We make no claims on their behalf. They are what anyone can find in the talk and what the participants *did* find in it. But that is the important point. The recognisability of 'what is being done' in what is said as routinely part and parcel of 'just another consultation' is what allows us to talk of this readily comprehensible and visible organisation of activities as self-explicating. The orderliness is also oriented to by them. They arrange the tasks in the order in which we find them and so get down to 'proper medical business' and 'get the consultation underway'. What we are pointing to is not the fact of what they are doing, but to the effortlessness of the organisation and the use which is made of generalised conversational devices to achieve it. Two things have to be completed before the consultation can be got underway. The permission for recording has to be sought and the reason for the visit has to be provided. In the transaction of these preliminaries on this occasion, doctor and mother collaboratively get the consultation underway.

Thus far, we have talked in broad outline about this transcript and how it displays a flow of work activities. Tasks are just arrived at. They merge into one another. We have also said that this flow is a managed production. What we have to do now is show in what, in actual detail, this production

consists. To repeat, there are a number of medically relevant things to be done in the consultation, and that any one of them could be done first. There is no given ordering. Again, we have seen that, this time, there are things which ought to go before medically relevant matters. A set of administrative and professional requirements have to be satisfied before the consultation can be got underway. Further, responsibility for getting things underway lies with the doctor. He has to decide the order in which medical matters will be taken. But whatever he decides to do, he will still have to get from the preliminaries he has to go through to the first medical task whatever that turns out to be. In the event, the immediate mechanism which is offered as a candidate solution to the 'getting to' problem is the proposal made at 1.17 and 2.1.

1.17 **D:** I see – OK ((1.00)) right – well let's start we'll do the er – have a look at him first

1.18 **M:** Mm

2. 1 **D:** And then we'll think about the immunisations

Here a putative ordering of activities to be done is offered by the doctor. He utilises the first part of a standard two part structure, namely proposal/acceptance-rejection. The achievement of agreement on what to do first and what to do next acts as a bridge from necessary preliminaries to the first properly medical tasks to be undertaken. In making the proposal the doctor guides things forward from preliminaries to the consultation proper. In the transcript, the proposal at 1.17 and 2.1 does not elicit an overt agreement. The mother's silence at 2.1 can, however, be heard as indicating agreement. Studies have shown that in many sequences there appears to be a preference for agreement (see Pomerantz, 1980: 57–102 and Sacks, this volume, Chapters 2 & 8). The failure of the mother to offer a rejection of the proposal can be taken as an agreement to it. What we think of as the consultation relevant contingencies of the mother seeking to reschedule the things to be done, would be quite profound for the relationship between herself and the doctor. She would have taken over a responsibility which, as we have just seen, is properly his. To do so we would have to raise for examination sets of considerations which showed that at this particular point her concerns outweighed his and, in addition, *were not being attended to*. She would have to take over the directional role from the doctor. We are not saying she cannot do this, merely that on this occasion the opportunity to do so is let go. In their collaborative scheduling, the mother and doctor produce the 'everything's-gone-routinely-so-far' character of the consultation. From the proposal/agreement pair, the doctor has indicated what he takes to be

the next relevant thing to do, namely examining the baby. Beginning the examination of the baby gets the consultation underway. By agreeing that this is indeed the next thing to be done, the mother and doctor collaboratively produce the sequentiality of these activities and its recognisable ordinary orderliness.

Now let's step back from this particular fragment and look at the sequences as a whole. With what we have just said in mind, we can step through the data picking out those points at which the doctor uses similar structural forms to make what can be thought of as directional moves, thereby giving the activities a phased organisation. Each consists of a disjunct marker and the first part of a two or three part structure. Here they are:

1. 1.1 **D:** It's just er – er by way of – um – consent for this – to be done . . . OK? ((1.00)) just ( ) ((laughs)) I'll hold it and you can write ((7.00)) right thank you very much ((4.00)) ( ) Mrs – *** is it . . . not Mrs – . . . that that's her – that's the baby's name
2. 1.5 **D:** Oh I see – I got it the wrong way round ((3.00)) it's usually the case we always seem to do that ((short laugh)) ((5.00)) right – now then ((1.00)) this young lady is now?
3. 1.13 **D:** Right – now – um – you – he he's supposed to be having a six month check today is he
4. 1.17 **D:** I see – OK ((1.00)) right – well let's start we'll do the er – have a look at him first

The point about the use of standardised structure is, as we have just said, that the appearance of a first part makes the second structurally relevant, i.e. the next relevant thing to do. If the second part is not produced then that ommission is 'accountable'. That is, some repair or other sequential work is necessary. So, in offering first parts, the doctor gives the mother clear-cut, next things to do. The use of the disjunct markers 'right', 'OK' etc mark off activities from one another, the signing of the form from the determination of the name, and that in turn from the reason for the visit. That is to say, these disjunct markers demonstrate for the mother that one activity has been successfully completed and that another is 'upcoming'.

Utilising a structure of disjuncture markers and first parts, the doctor picks his way through the necessary preliminaries and gets the consultation underway. He directs the moves, so to speak, by which the form is signed, the name is determined and the reason for the visit made known. He does so in a way that preserves their serial organisation's effortlessness. The disjunct markers identify where activity completion points are to be found and the

structural format provides a means of moving things along. The natural flow from one thing to another is not a contingent feature of this encounter. It is essential to its oriented-to character and is the product of the collaborative work of both the mother and the doctor. Once the preliminaries have been settled, the same structural device is used to get the consultation's proper business started; that is, he begins the examination of the child.

2.1 **D:** And then we'll think about the immunisations
((14.00))
Any problems at all

This has been only a very brief and initial analysis of the work of getting the consultation underway. In it we have tried to show how, in getting the consultation underway, the ordinary orderliness of the serial organisation of work tasks is oriented to and made visible in a work setting. We have also indicated how solutions to the problem of achieving that organisation might be described as following a preference for opportunism in the efficient handling of things to be done. Our intention in examining these matters has been to show how the sensibilities which gave rise to Conversation Analysis can inform the sociological depiction of the organisation of work tasks. Conversational resources and objects are deployed by participants to talk to bring about particular ends as routine elements of daily life. The same ordinary orderliness which characterises their organisation in talk, is on view in the way in which they are used to organise work tasks. We have shown that the orientation which we glossed as 'the description of localising work' and which we said underpins Conversation Analysis, that is, the achievement of the context sensitive-context independent character of social structures, can be carried across to the analysis of work routines. We do not claim that, at present, such analysis is directly comparable to the detailed specification of the orderliness of talk available in Conversation Analysis. But it does show, we would argue, some of the ways that studies of occupational life can learn from Conversation Analysis and in what directions such learning might lead.

Acknowledgements

We would like to thank John Lee for his comments on an earlier version of this paper. The research on which part of it is based was supported by a grant from the Social Science Research Council. We would also like to thank Digby Anderson, Diana Bowes and Nick Spencer for their help in obtaining the data.

Notes to Chapter 10

1. Recent collections of work in the field are Atkinson & Heritage, 1984, and Sociological Inquiry, Vol. 50, No. 3/4, 1980.
2. A somewhat different approach to a similar order of problem is to be found in Garfinkel, Lynch & Livingston, 1981.
3. This notion has its origin in Garfinkel *et al.'s* (1981) description of their transcript as 'first time through'.
4. This research is reported in Sharrock, 1982.
5. To see how the approach we outline differs from others, and thus the pervasiveness of Conversation Analysis' distinctiveness, compare our analysis with Byrne & Long, 1986.
6. Roy Turner used this phrase to describe the accounts produced by lawyers in trials.
7. 'Getting to' as a phenomenon is analysed at length in Schenkein, 1971. For an examination of the methodical determination of a reason for a visit in a medical setting, see the unpublished paper of that title by Katz, 1972.
8. The *locus classicus* for the exposition of category organisation.