International Journal of Social Research Methodology

ISSN: 1364-5579 (Print) 1464-5300 (Online) Journal homepage: https://www.tandfonline.com/loi/tsrm20

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To cite this article: Will Gibson , Helena Webb & Dirk vom Lehn (2011) Re-constituting social praxis: an ethnomethodological analysis of video data in optometry consultations, International Journal of Social Research Methodology, 14:3, 207-218, DOI: 10.1080/13645579.2011.563618

To link to this article: https://doi.org/10.1080/13645579.2011.563618

Published online: 11 May 2011.

International Journal of Social Research Methodology
Vol. 14, No. 3, May 2011, 207–218

Routledge
Taylor & Francis Group

Re-constituting social praxis: an ethnomethodological analysis of video data in optometry consultations

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(*Received 15 July 2010; final version received 27 January 2011*)

Drawing on an ethnomethodological study of work practices in optometry, this paper provides an illustration of the processes involved in the analysis of video recordings of naturalistic data. The analytic perspective outlined here involves attempting to reconstruct the sense-making resources that are used by participants in real-world settings to constitute the environments they operate within. In this paper, we present a preliminary examination of the ways in which participants in one-to-one optometry consultations interactionally establish the readiness of a Distance Vision Test. This analysis is intended to offer an example of how the concern with the sequential organisation of action can be developed into a series of observations for further analysis in relation to a broader data corpus. The discussion that follows provides an overview of the perspective of ethnomethodology and a description of the strategies of analysis used in our project. In these ways, this paper aims to highlight the importance of video as a mechanism to the microanalysis of social praxis.

Keywords: ethnomethodology; video analysis; transcription; optometry

Introduction

In this paper we use a short segment of data to show how video can be used to analyse social practices through the perspective of ethnomethodology. Within the particular iteration of ethnomethodology being employed here, the details of social action are an important focus of analysis. Verbal utterances, physical gestures, facial expressions and the use of mundane objects like furniture, pens, computers, or any other object; all of these are regarded as important for understanding in detail the setting and the social activities being analysed. For this reason, video is seen as a key tool for analysis as it enables researchers to look in detail at these aspects, by repeatedly playing the recordings. The context for our discussion of these issues is an ESRC-funded study of the practical work of optometrists. The particular issue explored in this paper is the ways in which optometrists and patients use gestures and other resources such as gaze, objects and talk within the process of testing eyes. More specifically, our concern is with how the participants move towards and establish the beginning of a test.

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ISSN 1364-5579 print/ISSN 1464-5300 online

DOI: 10.1080/13645579.2011.563618
http://www.informaworld.com

The perspective of ethnomethodology and the analysis of social practices

Ethnomethodology is a form of social research concerned with examining the methods through which people constitute a 'sense of' social practice: that is, with the particular interactional tools by which people make social practices recognisable to each other and to themselves. Garfinkel's (1967) programme suggests an analytic and methodological framework for investigating the rationalities through which people produce the apparently objective character of the world. Over the past 40-odd years, conversation analysis (CA) has emerged from ethnomethodology as a distinct field of research that specifically focuses on how people use talk to produce and perform the social – that is, the ways in which people display mutual understanding of social structures, relations, objects and other phenomena through their discursive practices. CA looks at naturally occurring interaction and analyses how talk unfolds over series of turns.

In a series of lectures that became foundational to the development of CA, Harvey Sacks (1992) noted that the close analysis of the ordering of conversation is made possible by the development of recording technology. This facilitates the re-playing of talk and therefore makes it available for close analytic inspection. By slowing down and re-playing talk it is possible, he suggests, to explore in detail the particular constitutive features by which talk is managed. However, even in these very early writings Sacks (1992, p. 26) was clear that the focus on talk alone represented an analytic restriction, and that the availability of other forms of interaction phenomena such as gesture, gaze, body positioning and so on would be of rich benefit to the analysis.

In recent years the widespread availability of video equipment has facilitated the deployment of the analytic and methodological frameworks of ethnomethodology and CA for the examination of talk, bodily and material action (Heath & Hindmarsh, 2002). As Goodwin has put it, '[t]he visible bodies of participants provide systematic, changing displays about relevant action and orientation' (2000, p. 157). Similarly, the material environment itself – the objects and items that are used as props and features of our action – is, potentially, of crucial importance in understanding the practices of rendering the here and now (Goodwin, 1995; Goodwin & Goodwin, 1987; Heath & Luff, 2000; Laurier, Whyte, & Buckner, 2001; Luff & Heath, 1993; Streeck, 1996). Importantly, these features of action (talk, body posture, gesture, gaze, material objects) are all analysed as components of situated conduct – that is, the concern is not with the abstract semiotic functioning of these aspects, but with the practical achievement of real-world activities and the particular methodological roles that these features occupy in this process (Goodwin, 2000; Heath & Hindmarsh, 2002).

Video provides the researcher with unprecedented access to the ways in which participants in situ organise their action and thus produce social life as it happens. The careful scrutiny of video recordings of social action enables researchers to see people's methods in action. There is, however, very little literature that deals directly with the practices of video analysis (e.g. see Heath & Hindmarsh, 2002; Heath, Hindmarsh, & Luff, 2010). One of the reasons for this is that analysis is, by definition, a contextual issue, so general prescriptions on how to organise or process data are of limited use. Instead of specifying procedures for how analysis ought to proceed, we provide a step-by-step examination of a segment of data, and show how this produced questions and interests for exploration in relation to further data. In this way, we illustrate how data can be unpacked and used to work through analytic concerns.

One of the important components of this type of work is transcription. Before moving on to discuss our research problem and our data in more detail, we turn our attention briefly to a consideration of the role of transcripts in analysis.

The process of analysis

A transcript is a tool for creating an analytic frame for a stretch of interaction. Transcripts are not mirror images of the data to which they pertain – they are iterations, re-descriptions and translations that provide a particular reading of some segment of action (Gibson & Brown, 2009). Within CA, a system of conventions for representing talk that draws particularly on Jefferson's work (Jefferson, 2004) is typically used as a means of representing the nuances of conversational ordering and negotiation. This system attempts to show the ways that features such as pauses, intonation, overlap, speed of talk and so on function as aspects of the specific scene being examined. Transcripts help researchers to explore an analytic problem, and to try to work through some issue or other. As Jefferson puts it 'when we talk about transcription we are talking about one way to pay attention to recordings of actually occurring events' (1996, p. 25).

The transcription of actions and practices other than talk is a less conventionalised activity, and authors tend to find ad-hoc solutions to the problem of how to re-present visible action (Goodwin, 2000). Such solutions might include the use of line drawings that highlight people's movement or gaze; superimposing shapes and text on top of video stills to bring attention to specific features, or simply using sequences of still images. In this paper we use the latter approach, aligning the stills with the talk to give indication of how verbal and non-verbal aspects of the setting fit against each other.

In our experience producing transcripts of, say, gaze direction, body movement, or the manipulation of objects is extremely time consuming and therefore these tend to be only produced *once* an analytic question has been well developed. In our work, transcripts of particular sections of talk are usually produced early on in the analysis process. These are then read and refined through close consultation with the video recording of the activity. The video itself is the central referent for this refining process, and indeed remains the focus of work throughout the analysis. Transcripts and data are used in partnership, with researchers playing and re-playing particular sections of interaction while reading and developing the transcripts. New iterations of the transcript of a section of talk may be produced to focus on some specific feature of the activity. In contrast, transcriptions of the visible action are produced only once an analytic problem or issue has been established through this initial analysis of the video data. In the analysis that we present here, the video transcripts were made in order to help us think through the problems of concern to us.

The analytic problem

In this paper we draw on our ESRC-funded research project that explores the practical work of optometrists. The project involves collecting and analysing a large number of video recordings of one-to-one consultations between optometrists and patients. We have currently recorded over 50 consultations involving both National Health Service and private patients in a number of practices in and around the London area in the UK. The age of participants ranges from 19 to 89 years of age.

Optometric consultations comprise a series of tests and examinations. leading up to a decision regarding whether a prescription for vision correction is required, and, if so, what type of prescription is needed. The Distance Vision Test is usually the first test that is undertaken as part of the consultation. It normally follows on directly from the taking of the patient history, during which the optometrist gathers information about the patient and the reason for her/his visit to the practice. For the Distance Vision Test the patient reads lines of letters from a standardised test chart, often presented opposite her/him on wall chart or as projected image. Our interest is in the transition from the history taking to the beginning of the Distance Vision Test. The analysis explores the sequential organisation of actions leading up to the beginning of the test sequence. This is of interest because the framing of the test, and the way its parameters and practices are established is potentially important for the assessment process itself, which relies predominantly on the observation of reading behaviour.

The transition from the history taking to the Distance Vision Test requires a reconfiguring of the participants' visual and bodily orientation. During the history taking optometrist and patient face each other. When this part of the consultation is brought to a close both participants shift their orientation to the chart, using gaze, gesture and body posture to communicate this orientation. Previous research on interaction in general practice consultations suggests that gaze is a particularly important resource for communication that is systematically deployed, for instance, when addressing a particular speaker, initiating a new topic of conversation or simply requiring someone's attention (Goodwin, 1981; Heath 1986; Robinson, 1998; Sacks, Schegloff, & Jefferson, 1974). Of course, in principle, any interactional resource might be used for such purposes. Studies that have analysed bodily action features in interaction suggest that changes in gaze direction, bodily orientation and gestures are often treated as actions designed to engender a particular kind of response. As Robinson puts it '… gazing at other people reciprocally constrains interaction by simultaneously displaying and proposing to them a state of coparticipation in collaborative action' (1998, p. 98). Similarly, Heath notes that, in certain instances of its application, gaze and gesture indicate expectations that, for instance, a given person might be expected to speak or respond to an utterance at a particular time (Heath, 1986). Heath has explored in detail the processes through which gaze is used in the sequential unfolding of interaction in doctor–patient consultations. Through the analysis of video recordings of consultations he shows how gestures are employed and inspected by doctors and patients to, for example, move to the business at hand of the consultation, to evaluate the possible next moves of the participants, or to bring an end to a topic or consultation.

Bodily action like gesture and gaze, then, is a basic mechanism for interaction and by studying it we can gain a detailed sense of the interactional procedures that constitute the working through of medical issues. Through this analytic focus, researchers have shown that the particular ways in which doctors manage bodily and visual orientation may have consequences for consultation outcomes. Ruusuvuori (2001) argues that doctors' bodily and visual orientation to the patient is critical in the opening phase of consultations when patients describe their symptoms. Her analysis proposes that when doctors orient to medical records while patients are describing the 'crux' of their problems, patients often pause or withhold their account, treating this orientation as problematic in some way. Similarly, Heath (1986) has shown that filling in records during a consultation can lead doctors to misunderstand or even to miss completely the meaning of patients' utterances. Failure to attend to

patients' actions while they are providing an explanation of symptoms or concerns may, it is suggested, inhibit the reporting process or actually hinder the interpretation of what is being reported.

In the analysis that follows we explore the organisation of participants' actions within optometric consultations. In particular, we examine how the optometrist and the patient establish the 'readiness' of the test and present/negotiate features of the setting as either relevant or irrelevant.

Analysing test readiness

In this section we provide an analysis of the process by which an optometrist and a patient establish the readiness of the test. Our interest is specifically in how the participants constitute 'appropriate' and relevant activities for one another; that is how they call or distract one another's attention to particular features or objects; demonstrate understanding or interest in each other's activities; project a movement forward towards the activities of the text.

The interaction occurs just before the Distance Vision Test where the patient is invited to read letters from a chart. The chart is shown on a computer screen behind the patient, and the patient sees it as a mirror reflection in front of him (see Figure 1 for a picture of this). The optometrist sits to the patient's left, facing him. Our analysis focuses on the sequential organisation of the action between the participants. We do not wish to present this as a completed theoretical report as this is a component of our analysis that remains in progress. Rather, we offer it as an illustration of how video data may be analysed through the perspective of ethnomethodology. Figure 2 shows a conventional conversation analytic transcription of the section of interaction that we discuss here (see Appendix 1 for a description of the transcription symbols). As we proceed, we use other forms of transcript to provide a more detailed consideration of the interaction that is discussed here. An outline of the transcription symbols used can be found at the end of this paper. We have written the letters being read out as phonetic pronunciations but have placed the actual letter being read in caps to help the reader interpret the transcript (see lines 11–13 of Figure 2).

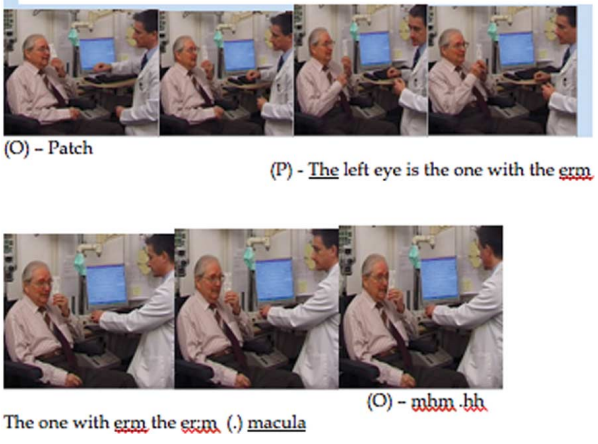

Figure 1. Interrupting a gestural shift.

1	O	okay
2		(.)
3		now (.) if you can hold that please over your left eye as a patch
4	P	the left eye is the one with the erm (.) the one with the erm (.) macula
5	O	mmm
6		(.)
7		(.h) and looking in the distance
8	P	[yes]
9	O	what's the lowest line down up there that you can read now
10	P	[I can read (.)
11		EASILY read the Ee Pee eNn; yoU Vee the one underneath it Zed aR;
12		(0.3) yoU Eee whY (.) and underneath that is you eNn (0.5) Tee (.)
13		something Zed
14		(.)
15	O	mmm
16	P	cant read any more
17	O	°six minus two°
18		(4.0) {optician typing on computer}

Figure 2. Extract from a distance vision test consultation.

Getting in position

The first section of the sequence to be discussed here shows neatly the ways in which the participants in the setting display a common framework for relevant action through their treatment of objects and of each other. It shows how the optometrist and patient produce an orientation towards an object and each other that projects the purpose and structure of the action to come. Figure 2 shows the optometrist beginning the sequence by asking the patient to hold a patch over his left eye (line 3). The section of stills shown in Figure 3 displays the bodily movements that accompany the utterance. The underlined words in the dialogue under the slides illustrate the exact point of speech that accompanies the section of activity shown in the stills. We can see that the optometrist is passing the patient a piece of plastic to use as a patch to cover his eye. The verbal request to use the patch involves, simultaneously, the presentation of the object that is to act as the patch. The passing motion is pronounced and the optometrist places the patch very close to the eye that is to be covered (Slide 3 of Figure 3). Through this action the instruction to 'cover the left eye' is, we might say, acted out as the passing motion involves placing the object close to the position in which it is to be used.

The patient moves to receive the patch as soon as the optometrist begins his act of passing it to him. This is revealed more clearly in Figure 4, where the bodily movements of the participants are displayed in more detail. The patient follows the optometrist's right arm by moving his own left arm up to receive the object. As the optometrist begins to move the patch towards the patient, the patient simultaneously starts raising his hands, moving them up to intersect it in the seventh slide. The last two slides show the patient moving the patch closer to his left eye, and the optometrist

Figure 3. Optometrist presenting an eye patch.

Figure 4. Collaborative presentation/receipt of an eye patch.

retracting his hand. The final slide displays the interaction on the word 'patch' of the optometrist's utterance, where the patient's left hand is now positioned next to his eyes, holding the patch in place.

The patient's actions display his understanding of the request being made and the activities that are implicated within it. The patient not only covers his eye, but places himself in the required bodily position of test readiness, with his trunk and face directed forwards. The patient's shift in gaze away from the optometrist towards the chart in front of him is an important part of the process of 'getting ready for the test'. The organisation of this movement is interesting as the patient can be seen to 'prefigure' the next part of the activity – to show a readiness to move to the business at hand. The bodily orientation follows directly the request to place the patch over the eye, indicating that there is some common understanding of what 'readiness' entails, and of what is to happen next – that is reading from the chart.

The ongoing organisation of 'relevance'

In line 4 of the transcript, the patient informs the optometrist that the left eye is 'the one with the macula' (paraphrase). This is a reference to a disease related to the degeneration of the concentration of cone cells close to the retina, which can result in a loss of central vision. As a part of this act, the patient interrupts the action of performing the test by partially removing the patch from his eye and glancing briefly at the optometrist. The first slide in Figure 1 shows the end of the optometrist's verbal sequence. In the second slide the patient begins to remove the patch slightly from his eye, while the optometrist starts to turn away from the patient in the direction of the camera. The patient starts his utterance in Slide 3 once the patch is further away from his eye, and his right hand has moved up to hold it. On the word 'left', the patient shifts his gaze momentarily to the optometrist, who stops his rotation away from the patient, and begins to twist back towards him. The removal of the patch from the eye and the glance towards the optometrist break the display of 'test readiness' and re-engage the optometrist as the participant in the conversation.

The optometrist's interruption of his turn away from the patient (Slides 3 and 4) shows the way in which he is 'called back' to engagement with the patient to (re)establish a focus of action. Here we see a clear instance of the phenomenon described by Robinson (1998) and Heath (1986), in which participants bodily manage shared foci of attention. The provision of gaze by the patient is followed by the reciprocation of gaze by the optometrist. The patient's utterance, and the glance at the optometrist on the word 'left' are treated by the optometrist as requiring reciprocation, which is provided in the form of a nod and a bodily re-orientation towards the patient.

The patient's glance at the optometrist is fleeting, and he quickly moves his gaze back directly in front of himself. However, he does not look at the mirror but at a spot slightly below it. As the patient slightly stutters in his report, 'the one with erm the er:m' (Figure 1, Slides 5 and 6), the optometrist moves his gaze away from the patient towards the computer and clicks on the mouse. (This action appears to involve an activity related to preparing the computer for the test as the optometrist later glances up at the screen behind the patient). The optometrist shifts his gaze back and forth between the patient and his screen a couple of times during this stuttering section. The patient's gaze direction is important precisely because it does not indicate a preference for mutual engagement with the optometrist. In contrast to the glance earlier on in the utterance, the patient maintains a bodily orientation towards the mirror and, therefore, hints at a continued preparedness for (and understanding of) what follows – that is of reading from the screen.

The optometrist's repeated glances at the patient prefigure the possibility of a further glance. The optometrist appears to put the 'move to the next thing' on hold, while monitoring the patient's actions. The patient is presenting information that is potentially relevant to the test. The utterance can be variously seen as a reminder of the disease state of the eye; a clarification of which eye the patch should be placed over; an attempt to frame the performance that is likely to ensue from covering the eye; and many other possible meanings. What is interesting from our point of view though is that the optometrist does not provide any indication of *his* analysis of the meaning of the utterance, but merely says 'mhm'. While not actually closing off the utterance, the lack of elaboration of the possible relevance of the patient's turn does not actively encourage its continuation either.

As the dialogue continues, the optometrist initiates a typical topic shift, comprising of an inward breath and an extended first word (h. a:nd) (Figure 5) (see Button & Casey, 1984, on mechanisms of introducing new topics). Just after the inward breath the optometrist clicks his mouse to bring up the list of letters which is displayed on the monitor behind the patient's head and which is reflected in the mirror in front of the patient. While the participants do not share the same gaze towards this object (as they are facing in opposite directions and looking at a different iteration of it), they nonetheless have the same object within their visual field. The optometrist's utterance, 'a:nd looking in the distance', plus his bodily turn and gesture occasion the patient to

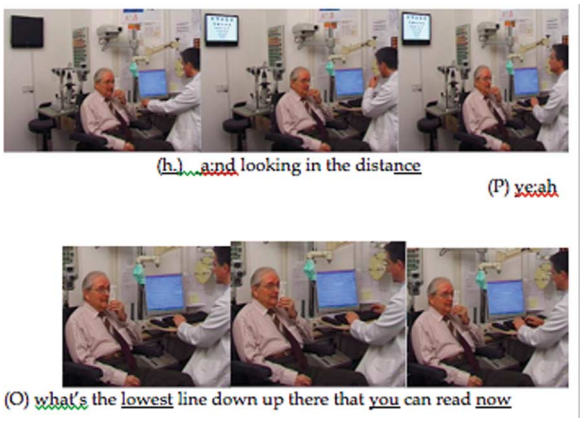

Figure 5. Beginning the distance vision test.

(P) I can read (.) EASILY read the Ee Pee eNn: yoU Vee

Figure 6. Inserting irrelevant sequences of action.

look at the chart. In this way, the chart progressively becomes the focus of the interaction through which optometrist and patient then conduct the Distance Vision Test. A moment later, the patient displays his orientation to the chart by sitting still in the chair and facing the chart. The optometrist treats the patient's bodily and visual orientation as a display of his readiness for the test and by asking, 'what's the lowest line down up there that you can read now' occasions the patient to read from the chart.

There is a similarity here to the way in which the optometrist introduced the patch into the setting (shown in Figures 3 and 4). In both cases, the object (the patch and the letter chart) is introduced in such a way that it becomes the central focus of the optometrist and patient's mutual orientation. Similarly, both optometrist and patient position themselves in such a way to indicate an orientation to the structure of action implied by the introduction of these material artefacts. Just as in Figure 4 the patient accepts the patch and puts it in the position required for the test, in Figure 5 we can see that the patient maintains his position of 'test readiness' throughout the optometrist's course of actions. So, here the specific relevance of an object (i.e. its purpose in the activity) and the actions it implies are produced through the particular ways it is configured in the interaction.

In contrast, the next part of the fragment involves the optometrist displaying an orientation to an administrative activity. As the optometrist asks the patient about the lowest line he can read on the chart, he turns to the computer where the patient record form has been pulled up. In Slides 5 and 6 of Figure 5 we can see the optometrist moving his right hand towards the keyboard while he is finishing his instructions to the patient. On completion of his utterance he types an entry into one of the fields on the computer (the camera is too far away for us to see what he is typing or which field it is on the form) while the patient very quickly reads a series of five letters 'Ee Pee eNn: yoU Vee' (see Figure 6). The optometrist's typing, therefore, overlaps with the patient's initiation of the process of reading out the letters on the chart. As this typing begins before the patient starts reading we can assume perhaps that the information is not a record of what the patient is saying, but some preliminary data that relates to the test. Crucially though, the irrelevance of the activity of typing to the patient is, we might say, made clear through its occurrence at a juncture where the patient has been directed to the next sequential component of the test.

From the analysis of this data segment we can observe the methods by which objects and activities are introduced and framed by the optometrist and the patient. These methods involve contextualising the relevance or otherwise of a given object or activity in ways that are visible to each other. The patch and its role within the test,

information about the disease state, the test chart and the activity of note taking – all of these are collaboratively managed by the participants in the process of establishing test readiness. The close attention to sequences of action in this way enables us to understand how specific activities of the consultation are achieved, and how the accomplishment of these activities both shape and are shaped by the context in which they occur.

Conclusion

Our analysis of the interactional practices of establishing test readiness is, at best, preliminary. It is a first-run through a segment of data that will be used to provide a detailed and broad analysis of a range of data from different contexts (the 50 plus recordings that we have accumulated). There are various issues that this analytic sketch raises for us. First, some activities, like passing a patch or bringing up a line of letters are produced by optometrists in such a way as to display the centrality of those objects and to illustrate the nature of their role in the interaction. The way they are presented, for example how they are positioned in relation to the patient, or the ways that they are sequentially positioned in relation to talk demonstrate potentially both what they are for, and how they are to be used. Secondly, other information is treated as *not* relevant. This might be information provided by a patient or activities being conducted by the optometrists. Again, the sequential organisation of the talk and the activities themselves (like typing) seem to be very important for illustrating their relevance.

These initial ideas may form for us a basic framework for further analysis. That process will likely involve looking at other Distance Vision Tests and identifying interesting sections that relate to the process of presenting information as relevant or otherwise. Transcripts will form an important component of analysis as they enable us to focus in detail on the sequential organisation of particular aspects of the setting. It may turn out that these initial categorisations are too crude to be of much value, anomalous in their character, or, perhaps, just the tip of the iceberg. The nature of analysis of course is that one can never really know how such initial ideas will develop.

While video is fundamental to our analysis, it is most certainly not without its problems. We saw in the previous section that there are real limitations to video data as important elements of activity often cannot be easily seen (like the typing on the computer). Furthermore, we are only able to see the activity from one visual angle, and cannot see how other components of the material environment, hidden gestures or movements might figure within the interaction. Of course, multiple cameras and other recording mechanisms such as screen grabbing software or audio recorders may be used to fill such gaps and to create different angles to observe the interaction. Indeed, there are occasions that such processes can be extremely useful. Techniques have been developed to help work with multiple sources of data – see Mondada (2009) on split-screen analysis for example – where multiple video windows are used to look at interaction from different angles. Just like the initial decision about which angle to position the camera, deciding to use one or more data collection resource is, ultimately, an analytic question as it pertains to the relevance of such data to the research questions being asked.

That said, the ethnomethodologically motivated analysis undertaken here would not be possible without the availability of video recordings. The ability to slowly and repeatedly review the actions being explored is necessary in order to unpack the social

operations of gesture, gaze, conversation and material artefacts. Transcripts play a key role in helping to display features of action. In this discussion we have used sequences of images positioned against segments of speech to display the ways that these resources operate together to configure lines of action. Videos and transcripts enable us to treat very particular components of social action as analytically interesting and to explore the ways that participants use them in interaction.

Acknowledgements

We would like to thank all of the practices, optometrists and patients who took part in the study. David Thomson, Bruce Evans, and Christian Heath deserve special gratitude as inspiring and ever-supportive colleagues on the optometry project (ESRC project - RES-062-23-1391. 'Assessing Eye Sight and Ocular Health: The Practical Work of Optometrists'.

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Appendix 1. Transcription system.

(.)	Very brief pause
(0.3)	Specific duration of pause in tenths of a second
[ ]	Overlapping speech
(.h)	Inward breath
:	Elongated sound
CAPS	Emphasis through louder speech
{ }	Description of non-linguistic behaviour
° °	Quiet speech