

# Doctor Repeats of Patient Responses in Vietnamese Medical Consultations

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**Abstract**—This study examines doctor repeats of patient responses in medical interaction. These repeats lie at the third turn in a three-turn sequence: doctor question, patient response, and doctor follow-up utterance. The data were taken from 66 consultations held in the Consultation and General Practice Units of two public hospitals in Vietnam. Using a conversation-analytical approach, we reveal that doctor repeats in this specific cultural context serve to highlight the importance of the information provided by the patient for forming diagnostic hypotheses and recommending optimal treatment plans. In so doing, we also show that, in terms of function, doctor repeats differ in certain key respects from repeats in non-medical conversation.

**Index Terms**—doctor repeats, patient responses, doctor-patient interaction, Vietnam, conversation analysis

## I. INTRODUCTION

Doctor repeats are in the next turn after the first saying by the patient in response to a doctor elicitor; in other words, they occupy the third position in a three-turn sequence: doctor question, patient response, and doctor follow-up utterance (Coulthard & Ashby, 1976; Mishler, 1984; Todd, 1984). Sequentially, this third-position repeat addresses the prior talk and, in particular, the immediately preceding talk (Schegloff, 2007), which in this case is the patient's response. While repeats in mundane conversation have been extensively investigated in the literature (Kim, 2002; Rabab'ah & Abuseileek, 2012; Robinson, 2013; Robinson & Kevoe-Feldman, 2010; Schegloff, 1996; Stivers, 2005; Tannen, 2007; Wong, 2000), relatively little research has been done on doctor repeats in medical communication (Ley, 1988; Silverman et al., 2013). The current study addresses this deficit by examining the form and function of doctor repeats within the framework of Conversation Analysis (CA).

## II. PREVIOUS STUDIES ON REPEATS

In this section, we consider existing research on repeats in non-medical conversation and in medical interaction. Repeats in the former scenario have long captured the attention of researchers. Tannen (2007) identified four main functions of these repeats: (i) production, (ii) comprehension, (iii) connection, and (iv) interaction. In particular, speakers use repeats in non-medical conversation as a means of eliciting information more efficiently, since hardly any new information is transferred when the repeat is produced. In addition, a repeat links a new utterance to earlier discourse. More broadly, all four functions just listed enable speakers to accomplish their interactional goals and establish interpersonal involvement. In a study on the form and function of next-turn repeats in everyday interaction, Kim (2002) found that second-position repeats aim to initiate repair, seek confirmation or clarification, show the speaker's attitude, register receipt, display the speaker's agreement or expand the current speaker's turn. Similar to Kim (2002), Rabab'ah and Abuseileek (2012) identified several functions of repeats in TV discourse. In the talk show 'Dr. Phil', the eponymous host used repeats to express emphasis, clarity, emotions, annoyance, persuasion or surprise; highlight the obvious; show interest; give instructions or fill a pause.

In research concerned with repeats, non-medical interaction has also attracted scrutiny in studies using CA. Of note is the work of Robinson and colleagues on using repeats to initiate repair: Robinson and Kevoe-Feldman (2010) examined full repeats as a means of identifying the whole previous turn as the repairable, while Robinson (2013) investigated how speakers produce a partial questioning repeat as an other-initiation of repair. Wong (2000) focused on how speakers project a first saying and then a second saying within the same turn as a resumption action in the course of story-telling. In Stivers (2005), the speaker repeats another speaker's assertion as a method of asserting primary rights from second position. Schegloff (1996) examined the action of confirming an allusion in which one interactant shows agreement with the other by repeating what they have said in order to clarify inexplicit information.

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By contrast, relatively little research has been done on doctor repeats in medical communication. We know of only two such studies: in Ley (1988), doctor repeats of important information facilitate the patient's recall, while in Silverman et al. (2013) these repeats encourage patients to speak at greater length. Moreover, neither of these studies adopted an empirical approach; rather, they were theoretical studies written for educational purposes only. In the present study, we adopt an approach of this kind within the CA framework specifically.

### III. METHODOLOGY

This study examined 66 audio-taped consultations involving 15 general practitioners and 66 of their adult patients at the Consultation and General Practice Units of two public hospitals in Vietnam. The data were collected from June to August, 2016. Jefferson's (2004) CA transcription notations were adopted, except that one symbol (i.e., the hash (#) sign) has been added to symbolise clipped talk. The data were transcribed in the original Vietnamese using ELAN software, but only the extracts included in the present paper were translated into English.

### IV. DOCTOR REPEATS IN THE THIRD POSITION

The doctors in our corpus use three forms of repeats: full repeat, partial repeat and modified repeat. Full or partial repeats re-say all or part of the prior turn-constructive unit (TCU) or clause using the same words, except for any necessary deictic and speaker-change adjustments. Modified repeats preserve the idea in the previous utterance, but their form changes to some extent (e.g., from question format to declarative format). Apart from the practice of repeating the same content, the doctors also add prosody to the repeated turn in order to perform different courses of action. In the remainder of this section, we will look at examples of each of these repeat types.

A doctor's full repeat is exemplified in Extract 1, between the doctor, Chu, and his patient, Quang. Quang has had acute pain in his shoulder and the nape of his neck, as well as chronic kneecap arthritis. This extract is concerned with his kneecap, and takes place during the history-taking phase.

- (1)
- 1 D: *buổi sáng ngủ dậy #hắn# có cảm+giác cứng khớp kh ông?*  
 CLA morning get up it PRT feel stiff joint INT  
 'Is this joint stiff when you get up in the morning?'
- 2 P: *hắn #kh ông# cứ:ng*  
 it not stiff  
 'It isn't stiff'
- 3 (0.2)
- 4 D:→ *hắn #kh ông# cứng?*  
 it not stiff  
 'It isn't stiff?'
- 5 P: *ờừ:ờ*  
 mmm  
 'Mmm'

In response to Chu's question (line1), Quang rejects Chu's presupposition using a type-conforming answer (Raymond, 2003), which is fitted to the grammatical constraints of the question in the Vietnamese language (line 2). In other words, Quang's response is grammatically and pragmatically relevant to Chu's question. However, after a micro-pause (line 3), Chu receives Quang's answer with a full repeat of his utterance (line 4). This repeated turn is virtually identical to Quang's in terms of the clipped word, *#kh ông#* ('not'), and the emphasis, *cứng* ('stiff'). However, it is different from Quang's turn in terms of prosody, as the use of final-rising intonation (symbolised by a question mark) expresses Chu's doubt regarding the veracity of Quang's information. In launching this utterance, Chu wants Quang to confirm its veracity, given that the non-stiff status of his kneecap arthritis is out of keeping with Chu's expertise with this variety of chronic pain. Quang's answering *ờừ:ờ* ('mmm') makes relevant Chu's turn as a question for confirmation, and is also seen as closing down this type of sequence (Gardner, 2001).

While a full repeat, by definition, contains an exact copy of a sentential TCU (Robinson & Kevoe-Feldman, 2010), a partial repeat contains an identical repeat of one part of the previous turn. This part can lie anywhere in the first saying. Note also that the doctors in our study tend to repeat key words. Consider Extract 2.

- (2)
- 1 D: *anh<sup>1</sup> c á:--- (.) mố+miết chi kh ông? (0.6) từ trước #đến# chứ-*

<sup>1</sup> The hierarchical organisation of Vietnamese society is explicit in a large collection of kinship terms employed for addressing and referring to others. In using these terms, the speaker counts the other person as their relative or family member (T. N. Trần, 2006), regardless of whether they are a genealogical relative or not (Hô, 1997; Lương, 1990). The choice of kinship term in a given situation is sensitive to the age, marital status, social class, degree of intimacy, and gender of each interlocutor, as well as local customs (Farris, 2012; Huỳnh, 1989; Lê 2011). Needless to say, these general comments apply to medical consultations as well. In this type of interaction, kinship terms are employed by interlocutors to express respect towards each other and maintain positive face (T. Q. N. Trần, 2013).

- 2 older+brother PRT operation what INT from past to now  
 (0.2) *từ trước chứ có mổ chuyện chi kh ông?*  
 from past now PRT operation problem what INT  
**'Did you have an operation? Have you ever had an operation?'**
- 3 (0.3)
- 4 P: *°kh ông°*  
 no  
**'No'**
- 5 (0.4)
- 6 D: *#kh ông# mổ nơi à?*  
 no surgery PRT INT  
**'No surgery?'**
- 7 P: *từ trước chứ chi::: à::: (0.5) ngoại+khoa rứa+°th õ°,*  
 from past now only uh surgery PRT  
**'Just non-surgical problems<sup>2</sup> until now'**
- 8 (0.3)
- 9 D: → *ngoại:i+khoa?*  
 surgery  
**'Non-surgical problems?'**
- 10 P: *°dạ:°*  
 yes  
**'Yes'**

The doctor, Lam, wants to know whether his patient, Vu, has ever had an operation (lines 1-2). In response, Vu gives a minimal answer in a soft voice, *°kh ông°* ('no'; line 4). This quiet manner may cause Lam to mishear: after 0.4 seconds, he issues a reversed polarity repetitional question (Park, 2011), *#kh ông# mổ nơi à?* ('no surgery?'; line 6), in pursuit of Vu's medical history. Via this reversed polarity repetitional question, Lam is committed to his hypothesis, but he also aligns himself to Vu's response to the rejection of that possibility, and constrains Vu to that response. Instead of giving a 'no' answer, Vu elaborates on his previous information, *từ trước chứ chi::: à::: (0.5) ngoại khoa rứa+°th õ°* ('just non-surgical problems until now'). This response triggers Lam's partial repeat of Vu's turn in the form of a declarative question, *ngoại:i khoa?* ('non-surgical problems?'; line 9) in order to seek Vu's confirmation. It is also possible that Vu's misuse of the medical term *ngoại khoa* ('surgery') to refer to non-surgical problems gives rise to Lam's partial repeat.

Apart from full or partial repeats, the doctor may also make a modification to a patient's first saying in order to pursue a course of action. For example, in Extract 3, the doctor, Chu, modifies Lan's assessment of her recovery in order to obtain her confirmation. This is Lan's follow-up visit; the extract is concerned with Chu's elicitation of her recovery assessment after her previous treatment course at this hospital under his care.

- (3)
- 1 D: *↑khi:::+m- (0.5) kh á:m (0.2) >khi+m à đau đây a< (.) #một#*  
 when treatment when pain here PRT one
- 2 *↑đợt ri là #hần# (0.4) đỡ+được mấy phần?*  
 course this then it recover how+many percentage  
**'How much of your normal functioning have you recovered after one course of treatment in this hospital?'**
- 3 (0.9)
- 4 P: *đỡ chắc+#cũng#+phải ba phần th õ,*  
 back probably three percentage only  
**'I'm probably back to only thirty percent'<sup>3</sup>**
- 5 D: → *đỡ #c ó# ba phần th õ ÿ*  
 ease PRT three percentage only  
**'Only thirty percent'**
- 6 (0.3)
- 7 P: *#hần# đỡ là đỡ (.) TÊ TAY (tiếp) th õ*  
 it decrease COP decrease numb hand continue only  
**'Only the numbness in my hands has decreased'**

Having heard that Lan was probably back to only thirty percent of normal (line 4), Chu modifies Lan's response by replacing the phrase *chắc #cũng# phải* ('probably'; line 4) with the particle *#c ó#* (line 5). The phrase *chắc #cũng# phải*

<sup>2</sup> The patient uses the wrong medical term, *ngoại khoa* ('surgery'), when referring to non-surgical problems. For this reason, we have translated *ngoại khoa* as 'non-surgical problems'.

<sup>3</sup> By *ba phần* ('three percentage'), the patient means three on a scale of tens. For ease of understanding, we translate this as 'thirty percent'.

(‘probably’) communicates Lan’s weak epistemic stance towards the accuracy of her recovery assessment. Since this is her own problem, only Lan can make such an assessment. However, given her uncertainty, Chu, as the attending doctor, makes a modification to Lan’s saying in order to receive a more accurate assessment. He uses the particle *#c ó#*, which indicates the existence of something, in his modified repeat turn to confirm that Lan is back to thirty percent. This modified repeat does not elicit a type-conforming answer, but encourages Lan’s interpolation of further details into her recovery assessment (line 7).

Whereas Chu modifies his patient’s saying by using a replacement practice, some doctors add different discourse values to the patient’s previous turn. This is exemplified in Extract 4.

(4)

1 D: *ăn ngủ đượ:c kh ông?*  
eat sleep well INT

‘Can you eat and sleep well?’

2 (0.4)

3 P: *đạ =ăn đượ:c ngủ đượ:c*  
HON eat well sleep well

‘Yes, I can’

4 D:→ *ăn được ngủ đượ:c, (0.2) 0phái+kh ông? (0.2) rô::i*  
eat well sleep well INTOK

‘You can eat and sleep well, can’t you? OK’

Notice how the doctor, Hung, adds the interrogative *phái kh ông* (line 4) to the end of the declarative sentence spoken by his patient, Cam, (line 3) in order to form an information-seeking action.

Alternatively, doctors can add other values contingent on their communicative intent. The doctor, Hai, does this in Extract 5, concerned with the duration of Duyen’s problem (lines 1 and 5).

(5)

1 D: *đau ri lâu lchưa dì h è?*  
pain this long INT aunt PRT

‘How long have you had this pain?’

2 (0.3)

3 P: *#đạ# lâu rồi*  
HON long already

‘For a long time’

4 (0.4)

5 D: *máy năm rô:i?*  
how+many year already

‘How many years?’

6 (1.2)

7 P: *đau ri #à::# (0.5) bốn năm năm lroi*  
pain this PRT four five year already

‘It’s been four or five years’

8 (0.2)

9 D:→ *bốn năm năm lth ấ ha?*  
four five year only INT

‘Only four or five years?’

10 P: *#đạ# CHÂM (.) rồi đở (.) rồi nghỉ (.)*  
yes acupuncture then better then stop

‘Yes. I had acupuncture and it got better, so I stopped treatment’

11 *rồi 0tự+nhi ên0 đau= rồi ch ầm*  
then for+some+reason pain then acupuncture

‘then the pain recurred for some reason, and I had acupuncture again’

Hai’s modified repeat is constructed by removing the word *lroi* in line 7 (an adverb indicating the present perfect), and by adding the word *lth ấ* (‘only’; line 9); this minimises the duration of Duyen’s chronic pain. Duyen’s perspective is that she has suffered from this chronic pain for a long time (line 3)—specifically, four or five years (line 7). This might be long enough from the patient’s perspective, whereas Hai, who presumably elicits this information from numerous patients every day, may be using a different scale. In other words, it is possible that the concept of *lâu* (‘long’; line 3) is defined differently by both participants in the present interaction. In connection with this, notice how Hai treats the pain duration as short by adding the minimising qualification *lth ấ* (‘only’) plus a sharp change upward in pitch in his modified repeat turn (line 9).

In brief, this section has exemplified three major types of doctor repeats: full, partial, and modified. The doctor’s use of each type reflects their strategic deployment of their interactional organisation in the course of seeking information.

## V. DOCTOR REPEATS: THE IMPORTANCE OF PATIENT INFORMATION

Although doctor repeats are dispersed throughout the consultations in our data, they mostly occur during history-taking, a stage characterised by doctor question-patient response sequences (Stivers & Heritage, 2001). In a set of communication guideline for nurses, Cox et al. (2004) assert that information about the history of a current concern enables doctors to (i) determine what has happened, (ii) assess the patient's personality, (iii) find out how the patient's concern has affected the patient and their family, (iv) identify any of their anxieties and (v) learn about their physical and social environment. This information establishes the doctor-patient relationship, informs the diagnosis, and facilitates the selection and implementation of appropriate treatment (Bickley & Szilagyí, 2013). In this light, doctors wish to obtain accurate information from patients; consequently, they often make repeats of patient responses.

Functionally, doctor repeats can enact two types of sequential position: initiating or closing a sequence. Although the doctors in our data employ repeats to attain different goals, the primary aim of their repeats is to elicit information from the patient. For this purpose, they initiate a new elicitation-response sequence. Basically, the function of eliciting information can be subsumed under the broad function of 'targeting a next action', as defined by Schegloff (2007). This category means that doctors use a repeat practice so as to project the next action, which can be of various types. In our data set, however, the main function of targeting a next action is to obtain more information.

The use of doctor repeats as a means of sequence initiation and information elicitation is exemplified in Extract 6, between the doctor, Quynh, and her patient, Vuong. Vuong has just told Quynh that he had his haemorrhoids removed in the past. The whole extract is concerned with how much time has elapsed since this was done.

(6)

- 1 D: cắt lâu+mau rồi h ề?  
remove how+long already INT  
**'How long ago did you have them removed?'**
- 2 (0.4)
- 3 P: đạ: = CẮT năm ngoá*i*  
HON remove year last  
**'I had them removed last year'**
- 4 (0.7)
- 5 D:→ cắt năm ngoá*i* = từ năm ngoá*i* #đến# chừ c ó cháy+má*u*  
remove year last since year last to now PRT bleed
- 6 lại kh ông?  
again INT  
**'You had them removed last year. Has there been any bleeding again since then?'**
- 7 P: đạ: lkh ông  
HON no  
**'No'**

Quynh employs a full repeat as a basis for her information-seeking TCU at line 5. In particular, on hearing Vuong's disclosure of the point in time when he had his haemorrhoids removed, *năm ngoá*i** ('last year'; line 3), Quynh pauses for 0.7 seconds (line 4). Following rules of turn-taking and sequential organisation, pauses between turns should be minimal (Sacks et al., 1974). In other words, Quynh is expected to immediately take the turn. Therefore, her pause treats Vuong's response as terminating the previous sequence, and indicates that a turn change is underway. Quynh then fully repeats Vuong's previous turn, *cắt năm ngoá*i** ('You had them removed last year'; line 5), with the same emphasised word, *ngoá*i** ('last'). This repeat does not require any further action from Vuong: the intonation is level, plus Quynh rushes through the transition-relevance place without allowing any opportunity for Vuong to take his turn. Rather, the repeat serves as the grounds for Quynh to target a next action (Schegloff, 2007), that of initiating another sequence or information-seeking act. Quynh then immediately produces another TCU, *từ năm ngoá*i* #đến# chừ c ó cháy má*u* lại kh ông?* ('Has there been any bleeding again since then?'). In this TCU, she repeats the adverbial marker *năm ngoá*i** ('last year'), thereby indexing a *relative temporal specification* (Enfield, 2012) for her question. Overall, Quynh's deployment of her repeat practice aims to foreground her information-seeking action.

One common function of doctor repeats is to initiate repair. This practice is characterised by the partial repeat of a trouble-source unit with unit-final-rising intonation (Robinson, 2013). Notice how the doctor, Nam, uses a partial repeat to initiate repair in his interaction with his patient, Mai, in Extract 7.

(7)

- 1 D: mệ đau chì #m ả# v ô đạ:y?  
grandma pain what COP come here  
**'What brings you here?'**
- 2 (0.5)
- 3 P: <sup>o</sup>đạ: <sup>(0.6)</sup> khi+TÊ: a l ả: <sup>(0.2)</sup> <sup>o</sup>l ả bổ:  
HON past PRT COP fall  
**'I had a fall in the past'**
- 4 (1.0)

- 5 D:→ *bố::?*=  
fall  
'A fall?'
- 6 P: =*lời* *kì* *Nguy* *bố::* (.) *bờ-*  
at time Nguy fall and  
'During Nguy time<sup>4</sup>, I had a fall and-'
- 7 (0.4)
- 8 D: [*ừ:*]  
mmm  
'Mmm'
- 9 P: >[*à:*] #*kh* *ông#*+*phải* *bố*< (.) *xe* *tông*.  
uh not fall car hit  
'I didn't fall, but was hit by a car'

On hearing that Mai had a fall in the past, Nam pauses for 10 seconds (line 4) before making a partial, virtually identical, final-rising-intoned repeat of Mai's response that treats *bố::?* ('a fall'; line 5) as an other-initiated repair (Robinson & Kevoe-Feldman, 2010; Schegloff et al., 1977). It is an other-initiated repair because the repair is initiated by Nam, not by the participant who makes the trouble source (i.e., Mai). By repeating only the word *bố::?* ('a fall'; line 5), Nam specifies the trouble source and shows Mai how to fix it. Mai immediately responds by repeatedly emphasising *bố::?* ('a fall'; line 6) and specifying the time reference *kì* *Nguy* ('Nguy time'; line 6). Both of these turns reinforce her answer; however, she later cuts herself off at *bờ-* ('so'; line 6), pauses for 0.4 seconds (line 7), and speeds up her talk to self-correct the cause, *xe tông* ('[I] was hit by a car'; line 9). Although it does not occur immediately after Nam's repeat, Mai's self-correction displays her orientation to Nam's partial repeat as making relevant an error (Robinson, 2006).

Most of the doctor repeats in our data set aim to seek confirmation or disconfirmation from the patient. This practice is termed a 'confirming allusion' by Schegloff (1996). In particular, doctors seem to have some doubts about the information provided by patients, and so wish to obtain confirmation; therefore, their repeats are often constructed in the form of a closed question. This is illustrated in Extract 8, between the doctor, Tuan, and his patient, Phu.

- (8)
- 1 D: *anh* *bị* *tai+biến* *ri* *là:::* (0.2) *mấy* *tháng* *rồi:i?*  
older+brother suffer seizure these COP how+many month already  
'How many months have you been suffering from these seizures?'
- 2 (0.8)
- 3 P: <sup>o</sup>*dạ* (.) *nửa* *năm* *rồi*  
HON half year already  
'Half a year'
- 4 (0.3)
- 5 D:→ *nửa* *năm* *rồi:i?*  
half year already  
'Half a year?'
- 6 (0.3)
- 7 P: <sup>o</sup>*nhà*  
yeah  
'Yeah'

In response to Tuan's elicitation of the duration of Phu's seizures, Phu provides the duration and stresses the key words *nửa năm* ('half a year'; line 3). After a micropause of 0.3 seconds, Tuan makes a virtually identical, final-rising-intoned repeat of Phu's information, maintaining the same stress form on both key words *nửa năm* ('half a year'; line 5). This repeat is an indication of a question act in Vietnamese discourse (Luu, 2010): it has a unit-final-rising intonation that marks an information-seeking inquiry. Phu's confirmation token makes relevant Tuan's repeat as a question.

Doctors may initiate full repeats for confirmation due to problems with hearing previous talk. Consider Extract 9, between the doctor, Chu, and his patient, Na.

- (9)
- 1 D: *mệ* *bị* *lâu:u* *chưa* *mệ::?*  
grandma have long INT grandma  
'Have you had this pain for a long time?'
- 2 (1.2)
- 3 P: *mệ::* *bị::* *thì* #*cũng#* *lâu* *rồi*,  
grandma have COP PRT long already

<sup>4</sup> *Nguy* refers to a period preceding April 30th, 1975, when a government called 'the Republic of Vietnam' ran southern Vietnam (from Quang Tri to the whole southern regions).

**'I've had it for a long time'**

4 (0.4)

5 D: *má:y* *năm* *rô:i?* *máy* [*thá:ng* *rô:i?* ]  
how+many year already how+many month already**'How many years? How many months?'**6 P: [*hai* *năm* ] *rô:i*,  
two year already**'For two years'**

7 (0.2)

8 D:→ *hai* *năm* *rô:i?*  
two year already**'For two years?'**

9 (0.2)

10 P: *ú<sup>o</sup>*  
mmm**'Mmm'**

Chu's full repeat (line 8) is produced right after the overlapping talk (lines 5-6). Notably, Na's main information, *hai năm* ('two years'), overlaps with the terminal part of Chu's previous turn. According to Schegloff (1998), Na's *terminally overlapping talk* (Jefferson, 1984) potentially causes Chu to mishear at least some of Na's information. As a result, Chu makes a full repeat in the form of a declarative question in order to obtain Na's confirmation.

Doctor repeats are sometimes used as a means of registering the doctor's receipt of the patient's prior turn. We see this practice in Extract 10, between the doctor, Yen, and her patient, Tu.

(10)

1 D: #*ông#* *về* *nhà* *ăn+uó:ng* *được* *kh* *ông* *ông?*  
grandpa at home eating well INT grandpa**'Did you eat well while you were at home?'**

2 (0.2)

3 P: *được:c*  
yes**'Yes'**4 D: *đạ:*

OK

**'OK'**

5 (0.2)

6 P: *b ình+THƯỜNG*  
normally**'Normally'**7 D:→ *đạ* (.) *b ình+thường<sup>o</sup>*  
OK normally**'OK. Normally'**

Tu is a follow-up patient of Yen. In this extract, Yen elicits information about Tu's daily activities while he was at home after being discharged from the hospital (line 1). Tu confirms his good eating habits using an elongated minimal response, *được:c* ('yes'; line 3). Yen's minimal uptake signals her receipt of Tu's information and treats Tu's confirmation as adequate. However, after a micropause (line 5), Tu elaborates further on his previous information without being prompted by Yen. He projects the phrase *b ình THƯỜNG* ('normally') to imply that the pain has no negative effect on his eating. At this juncture, Yen confirms her receipt of his information with a confirmation token *đạ* ('OK'), followed by a full repeat of his information with level intonation. This two-TCU turn organisation displays Yen's orientation to her repeat as unimportant given her confirmation token. The repeat also serves to close the eating-habits sequence.

Doctor repeats can display the doctor's stance vis-à-vis the patient's information. This occurs in Extract 11, between the doctor, Lam, and his patient, Thu.

(11)

1 D: *đạ:u* *trăng* *mệ* [*h è:?* ]  
pain what+like grandma PRT**'What's the pain like?'**2 P: [*đạ:u* ] (0.2) *đau* *c cũ* *chân* *lgh ê:::*  
painful painful CLA leg very3 *m à* [*m à* ]  
and**'My legs are very painful and'**

- 4 D: [dɑ:]::..... (.) *ui+ lch à khóp+gố:i nữa ha::?*  
 OK goodness kneecap also INT  
**‘OK. Goodness, you also have a kneecap problem?’**
- 5 (0.2)
- 6 P: *gối m à:- (.) m à::: (0.5) m à c ó chup+phim*  
 kneecap and PST X-ray
- 7 *dưới ông Dũng a =họ nã GA::I*  
 at Dr Dung PRT they describe prickling  
**‘Yes, and I had my kneecaps X-rayed at Dr Dung’s clinic and they were described as prickling’**
- 8 D:→ *dạ: lga:::i (.) đũng+rồ:i (0.4) b ây+giờ:: con hoải nghe: ỉ*  
 yes prickling right now offspring ask PRT  
**‘Yes, they’re prickling. Right. Now, let me ask you’**

Lam initiates the problem presentation by eliciting Thu’s symptoms (line 1). This initiation is general, and encourages Thu to use her own words with little constraint on their action agenda. For this reason, Thu’s response (lines 2-3) specifies not only the pain location, *c á ch ân* (‘my legs’), but also its intensity, *đau...ghê* (‘very painful’). More information to be added at line 3 is prematurely interrupted by Lam’s uptake (line 4), after which Thu does a *resumption search*<sup>5</sup> (Schegloff, 2007) that reports the diagnosis (lines 6-7) by citing a specified source (Pomerantz, 1984), *dưới ông Dũng* (‘at Dr Dung’s clinic’). This reported information encourages Lam to check and confirm: this is done with a partial repeat plus an unmarked acknowledgement (line 8), *dạ: lga:::i (.) đũng rồ:i* (‘yes, they’re prickling. Right’). Lam’s use of *đũng rồ:i* (‘right’) asserts his primary right from second position (Stivers, 2005) and signifies his epistemic authority regarding Thu’s diagnosis (Gardner, 2007). Drawing on Thu’s further details, Lam employs the pre-telling format *b ây giờ con hoải nghe* (‘now, let me ask you’; line 15) to foreshadow a request for information.

Notice that the diagnosis, *GA::I* (‘prickling’), is disclosed by Thu, and that this information is retrieved from her previous visit to a different clinic. This means that only Thu has primary access to this information. However, Lam’s response communicates that the information is not new: he has some prior knowledge of the diagnosis. This is probably due to the institutional constraints that operate in Vietnamese public hospitals. Thu is a ward patient who has just been examined by a doctor in the consulting room.<sup>6</sup> When she comes to the ward, she has to present her medical record to Lam, who is supposed to read it prior to the consultation. Hence, it is possible that Lam obtained this information from her medical records.

Repeats may be a means for doctors to express a change in their locally-current state of knowledge (Heritage, 1984). This is illustrated in Extract 12, between the doctor, Nam, and his patient, Loan. Loan is a follow-up patient, but she was not treated by Nam on her last visit.

- (12)
- 1 D: *rúa đợc vừa+rồi về nh à: (.) là c ó lấy thuốc uống h âng?*  
 so time last at home COP PRT get medication take INT  
**‘OK. So, did you get some medication from us last time, and take it while you were at home?’**
- 2 P: *dạ- dạ:: kh ông về nhà nơ:i (.) dạ an+duỡng [tại đ]ây*  
 HON no go home PRT HON convalesce in here  
**‘I didn’t leave the hospital. I stayed here to convalesce’**
- 3 D:→ [ à ]  
 oh
- 4 *an+duỡng tại đây th ờ [h ỉ ]*  
 convalesce in here just INT  
**‘Oh. You just stayed here to convalesce?’**
- 5 P: [dạ: ]  
 yes  
**‘Yes’**

After one course of treatment, patients are supposed to be discharged from the hospital, and can come back for a follow-up visit some time later. With this in mind, Nam presupposes that Loan must have left the hospital after her previous hospitalisation. This accounts for his question at line 1: he asks if Loan received some medication from the hospital and took it while she was at home. Loan prefaces her turn with a stuttering and elongated honorific, *dạ- dạ::* (line 2), which treats Nam’s question as problematic (Pomerantz, 1984). Loan then produces two TCUs separated by a micropause. The first TCU, *kh ông về nhà nơ:i* (‘I didn’t leave the hospital’), rejects Nam’s presupposition, while the

<sup>5</sup> A *resumption search* is done when a speaker resumes their turn after being interrupted by another speaker.

<sup>6</sup> The consulting room is the first point of contact for the patient when they enter the hospital. After their meeting in the consulting room is over, an inpatient or outpatient is transferred directly to the ward, where other doctors examine them again and monitor their problem for a period of three weeks. Each patient receives attention from a doctor, a nurse, and a hospital orderly during their hospitalisation, but the doctor is held fully accountable for the patient’s recovery (see also H. T. L. Nguyễn et al., 2018).

second, *đạ an dưỡng tại đây* ('I stayed here to convalesce'), justifies her first claim. Without waiting for Loan's turn to reach its possible completion point, Nam projects an *à*-preface in overlap with the terminal part of her second TCU (lines 2-3). This *à* ('oh'), co-occurring with a modified repeat (line 4), expresses Nam's change-of-state while also requesting Loan to continue.

The doctor can use a repeat to display incredulity towards the patient's information. Consider Extract 13, between the doctor, Hung, and his patient, Cam.

(13)

- 1 D: *má:y* *NGÀ:Y?* (.) *điều+trị* *bên* *nó* *má:y* *ngà:y?*  
how+many day treatment in there how+many day  
**'How many days? How many days did you receive treatment in that hospital?'**
- 2 (0.3)
- 3 P: *đạ:::* (.) *một* *tháng*  
HON one month  
**'One month'**
- 4 (0.2)
- 5 D: *#môt#* *tháng* (.) *có* *ĐỒ* *không?*  
one month PRT ease INT  
**'One month. Has the pain eased?'**
- 6 (0.2)
- 7 P: *đạ:::* (.) *không* *đỡ* *#môt#* *chứ+mô* *h* [*é:t* ]  
HON not ease a little at+all  
**'It hasn't eased at all'**
- 8 D:→ [*không*] *đỡ* *chứ+mô* *hết*  
not ease little at+all
- 9 *luô:n?*=*điều+trị* *#môt#* *tháng* *mà* *#không#* *đỡ* *chứ+mô* *hết::t?*  
PRT treatment one month but no ease at+all PRT  
**'Not at all? It hasn't eased at all after one month of treatment?'**
- 10 (0.2)
- 11 P: *đạ::* (0.2) *thế* *chứ:::* (0.2) *nói* *ri* (.)  
yes that's+why now say like+this
- 12 *thế* *chứ:* *giờ* *mê* *đòi* *ra* *đà::y?*  
that's+why now now grandma want come here  
**'No. That's why I wanted to come to this hospital'**

Cam is a first-visit patient who has had back and leg pain for four months. She had undergone a one-month treatment course at another hospital before this visit. On hearing that Cam has undergone treatment at another hospital (data not shown), Hung asks a series of questions about the duration (line 1) and recovery evaluation (line 5). In reply, Cam prefaces her turn with an elongated honorific, *đạ:::*, plus a micropause, in order to foreshadow a dispreferred response (Sacks, 1987), *không đỡ #môt# chứ mô hết::t* ('it hasn't eased at all'). Hung receives Cam's answer with a full modified repeat in the form of a question (lines 8-9) in *recognitional overlap* (Jefferson, 1984) with the final sound of Cam's last word (lines 7 and 8), thereby implementing other-initiation of repair. However, he quickly cuts off this TCU and replaces it with a *reversed-polarity repetitional question* (Park, 2011) that appends the treatment duration to his question (lines 8-9). The repaired TCU is produced with *displaced prosodic emphasis*<sup>7</sup> (Schegloff, 1998) on *tháng* ('month') instead of *đỡ* ('eased') in the prior TCU, in order to mark a contrast between the duration of the treatment and the lack of improvement in Cam's condition. This turn displays Hung's incredulity. Cam's *type-related second-pair part* (Schegloff & Sacks, 1973) not only is aligned with Hung's 'no'-preferred question, but also proffers her reason for choosing this hospital (lines 11-12).

Doctor repeats can be used to communicate the doctor's alignment with the patient, as shown in line 6 in Extract 14 between the doctor, Quan, and his patient, Linh. Linh is suffering from Bell's palsy.

(14)

- 1 D: *chờ* *về* *tối* *đó* *là* *chưa* *phát+hiệ:n?*  
so home evening that COP not aware  
**'So you weren't aware of it [i.e., the Bell's palsy] when you got home that evening?'**
- 2 (0.5)
- 3 P: *đạ* (0.5) *bữa* *nó:::* *a* (0.3) *em* *ngủ* *#lờ#* *em* *mở*  
yes night that PRT younger+sister sleep COP younger+sister open
- 4 *cả* *hai* *cửa+số* *luôn* (.) *em* *nhớ*  
all two window PRT younger+sister remember

<sup>7</sup> *Displaced prosodic emphasis* is used when the doctor makes other-initiated repair to displace the emphasis from one word to another.

- 5 [bũa] l[à #hả# lanh. ]  
 day COP it cold  
**'No. I slept with two windows open during that night. I remembered that it was cold that day'**
- 6 D:→ [ừ: ] [cả ha:i cũ:a+sổ:] ờgiớ::  
 mmm all two window wind  
**'Mmm. Wind comes through two windows'**

To address Quan's question about her Bell's palsy (line 1), Linh reveals that leaving two windows open has allowed cold and wind to pass through her house (lines 3-5). In an overlapping manner, Quan starts his turn with *ừ:* (mmm; line 6) to preempt Linh's reason, then repeats Linh's words *cả ha:i cũ:a sổ:* ('two windows'). He ends his turn with *ờgiớ::* ('wind'), which is in line with *lanh* ('cold'; line 5), in order to indicate that his repeat aligns with Linh's explanation.

A doctor repeat can be used to hold the conversation floor while the doctor is doing a search for what to say next. We exemplify this in Extract 15, between the doctor, Lam, and his patient, Phuoc. The extract is concerned with Phuoc's eating and sleeping habits.

(15)

- 1 D: ông ăn ngủ được kh ô:ng?  
 grandpa eat sleep well INT  
**'Can you eat and sleep well?'**
- 2 (1.2)
- 3 P: lđạ::: (0.5) ít (0.4) cả ít ăn và ngủ: (.) >ngủ ít<  
 HON little both little eat and sleep sleep little  
**'Little. Both eating and sleeping little'**
- 4 (0.3)
- 5 D:→ ăn u- ít:t (.) ngủ ít (0.2) h ô:y? (.) đi+cầ+đi+tiế::u?  
 eat little sleep little INT toilet  
**'Eating little and sleeping little? How about your toilet habits?'**

In response to Lam's elicitor (line 1), Phuoc reveals that he eats and sleeps little (line 3). After a 0.3-second silence, Lam receives Phuoc's assertion with a modified repeat of the main idea, *ăn u- ít:t (.) ngủ ít* ('both eating and sleeping little'). In this repeated TCU, Lam cuts himself off at *u-* (probably *uống* ('drinking')), stretches talk at *ít:t* ('little'), and pauses briefly. He then pauses for 0.2 seconds prior to adding the interrogative particle *h ô:y* in order to seek Phuoc's confirmation. However, he does not provide Phuoc with an opportunity to respond; rather, he continues his turn by initiating a new inquiry after a micropause, *đi cầu đi tiế::u?* ('toilet habits'). Lam's deployment of these linguistic resources indicates his difficulties in formulating the next idea immediately.

Doctors may use repeats to direct a particular topical focus in conversation. Extract 16 is about the main concerns of the patient, Huong: lumbar spinal degeneration and upper shoulder degeneration.

(16)

- 1 D: tho ấ+h ấ cột+sống thấ+lư::ng  
 degenerate spine lumbar  
**'Degeneration in your lumbar spine'**
- 2 (2.6)
- 3 P: với là vai g ấ:y  
 and COP shoulder upper  
**'And in my upper shoulder'**
- 4 (1.3)
- 5 D:→ chừ vai g ấ nữa à:?  
 now shoulder upper also INT  
**'It's also spread to your upper shoulder now?'**
- 6 (0.2)
- 7 P: dạ::  
 yes  
**'Yes'**

As Huong is a follow-up patient, the doctor, Nam, will be aware of her main concern from the last visit: lumbar spinal degeneration. Therefore, instead of eliciting this information, Nam states it as a fact (line 1). After a lengthy silence of 2.6 seconds without a further statement from Lam (line 2), Huong appends the second concern (line 3), produced with an upward intonation (symbolised by the commas) as a continuation of the list (Lerner, 2004). This action also registers Lam's prior information as correct. In her turn, Huong emphasises *vai g ấ:y* ('upper shoulder') to signal the occurrence of a new concern. Nam responds to Huong's turn after a 1.3-second silence (line 4). He makes a modified repeat of Huong's information with displaced prosodic emphasis on *chừ* ('now') instead of *vai g ấ:y* ('upper shoulder') in the prior turn, in order to direct the topical focus towards the recency of the new concern. By underscoring *chừ* ('now'), Nam implies that he is not to blame for Huong's lumbar spinal degeneration, as this new concern has arisen since Huong left the hospital.

## VI. DISCUSSION AND CONCLUSION

This study has yielded two main findings regarding medical discourse. The first of these is concerned with the use of responding repeats. We saw that, on receipt of the patient's response, the doctor may use three types of responding repeat (i.e., full, partial or modified) in order to seek confirmation or disconfirmation. Via a repeat, the doctor casts at least some doubt on the other interactant's prior information; in return, they are able to obtain more information from the other interactant, or trigger a repair of information. However, in non-medical contexts, interactants use responding repeats in order to clarify a particular trouble in hearing, speaking, or understanding; initiate repair; invite the recipient to think again; or correct something in their prior utterance (Drew, 1992; Robinson, 2013). Thus, our data suggests that, even allowing for the fundamental differences between these two types of discourse contexts in other respects (e.g., the typical subject matter of the interaction), responding repeats are used differently in medical and non-medical contexts in certain ways.

At the same time, it must be acknowledged that we are making this comparison across cultures, as we are comparing non-medical communication *outside* the Vietnamese context with medical communication *within* this context. Given that cultural differences are known to influence doctor-patient communication (Aarons, 2005; Schouten & Meeuwesen, 2006; Street, 2003; Wodak, 2002), it would be worth conducting a follow-up study in which repeats are compared in non-medical vs. medical interaction within the same cultural context.

Second, our data has implications for the prevailing view of Vietnamese medical communication as institutionally- and culturally-bound (Nguyễn & Austin, 2018a, 2018b; Nguyễn et al., 2018a, 2018b; Phạm, 2014). The hierarchical relationship between the doctor and the patient is evident in the latter's tendency to acquiesce to the former's prescribed regimen, whether they agree with it or not, and in their disinclination to raise questions or voice disagreement with the doctor (Fancher et al., 2010; Nguyễn et al., 2007; Trần, 2009). The present study calls this view into question by showing that doctors may use repeats to reduce the distance between themselves and their patients in medical consultations. Specifically, doctor repeats can express an aligning attitude towards the patient's information and, as a possible consequence, encourage more patient involvement as well.

In addition to yielding the above two findings, our study contributes to a small but growing corpus of research that has applied CA to medical interaction in the Vietnamese context (Nguyễn & Austin, 2018a, 2018b; Nguyễn et al., 2018a, 2018b). In so doing, the present investigation helps to mitigate the prevailing anglocentric bias in CA-based research on this type of interaction.

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