

Use of other-repetitions/reformulations as feedback by foreign and Swedish physicians in medical consultations

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Abstract

In medical consultation, understanding between physician and patient is essential for the quality of the care. Confidence in understanding is especially important in intercultural medical consultations as language problems and cultural differences may cause problems in interactions.

This study presents an analysis and comparison of how foreign and Swedish physicians use repetitions and reformulations of their patients' utterances in order to indicate and check understanding. The analysis is based on 63 recordings of medical consultations (34 foreign physician-Swedish patient and 29 Swedish physician-Swedish patient consultations). Activity-based communication analysis is used to analyze the material.

The results show that the foreign physicians tend to repeat and to reformulate (parts of) their patients' utterances more often than the Swedish ones. Some of the reasons are uncertainty concerning understanding, language factor and consequent increased need to check and "record" information provided by interlocutor compared to native speakers. The fact that those foreign physicians who spent the least time in Sweden produce more repetitions and reformulations may confirm the influence of language acquisition. Furthermore, the native languages of foreign physicians might also have an impact on the frequency of use of this communicative strategy.

1 Introduction

1.1 Foreign physician-native patient communication

While there is a relatively large body of research focusing on native physician - foreign patient communication, little research has been done on the opposite situation, i.e. foreign physician-native patient communication, though foreign physicians are common in many countries, such as USA (Steward, 2003, McMahon, 2004), Australia (Birrell, 2004), the United Kingdom (Swierczynski, 2002, Sandhu, 2005), and Canada (Hall et al., 2004). In the above-mentioned countries, non-native physicians represent between 23 and 28 percent of physicians (Mullan, 2005). In 2009, about 55% of all physicians who were granted medical licenses had been educated outside Sweden (Socialstyrelsen, 2009).

At this moment, few studies have yet reported on foreign physicians and their communication with patients. Such issues as differences in views on doctor-patient relationships and problems with foreign language usage, understanding dialects, colloquial speech and questioning of the quality of physicians' medical education have been raised (Berbyuk Lindström, 2008).

Successful physician-patient communication is important for quality of health care. An essential element in communication is understanding. Showing understanding is "the least one can demand from a cooperative receiver is that he acknowledges apprehension and understanding, so that the sender has a chance of knowing if he has got his information across" (Allwood, 1976). If it is not clear that the information has been understood, checking is necessary to avoid lack of understanding/misunderstanding, missing information, uncertainty, stress and anxiety. It is especially important in intercultural communication,

when language problems and cultural differences often present challenges to interactants.

In intercultural foreign physician-Swedish patient consultations, anxiety and uncertainty of the patients about the physicians' understanding of their problems often together with experiences of pain and suffering is be an unfavorable combination (Berbyuk Lindström, 2008). Thus, the physicians' expression of understanding of what their patients say and verification if they understand their patients correctly are essential factors to ensure the quality of care provided.

1.2 Aim of the study

This study focuses on analysis and comparison of foreign and Swedish physicians use of repetitions and reformulations of the utterances of their patients as a feedback tool for indicating and checking understanding during medical consultations.

2 Background

2.1 Verbal feedback in interaction

Linguistic feedback defined as “linguistic mechanisms which ensure that a set of basic requirements on communication, such as possibilities for continued contact, for mutual perception and for mutual understanding can be met” (Allwood, 2003, p.1). Allwood categorizes into simple feedback units (which consist of one word) such as *yeah* and *mm* and secondary FB units such as adjectives, adverbs, conjunctions, pronouns, verbs and nouns, which may be used for feedback purposes, but which have other important functions in the language as well, for example *good*, *certainly*, etc. Other categories comprise reduplications of simple FB units such as *yeah yeah*; deictic and anaphoric linking (often by reformulating preceding utterances), such as English *I do*, *it is*, Swedish *de e de*, *de gör ja*; idiomatic phrases such as *thank you very much*; and modal phrases such as *I think so*.

Functionally, two primary feedback (FB) functions can be distinguished: FBG (feedback giving or “pure feedback”) and FBG/FBE (feedback giving and elicitation). FBG is used to indicate that one is listening to and understanding what the interlocutor says and to express attitude, for example, (dis)agreement, emotions, etc. The FBG/FBE function stands for both showing listening and understanding and checking whether one has heard and understood what the interlocutor said by eliciting a response in the form of confirmation or additional specification.

2.2 Other repetitions/reformulations as feedback

Repetitions and reformulations of (parts of) interlocutors' utterances, so-called echo-backchannels (Sugito et al., 2000), allo-repetitions (Tannen, 1989), interactive repetitions/reformulations (Martinovsky, 2001) or other-repetitions (Long, 1981, Svennevig, 2004) have multiple functions in interactions. Sugito *et al.* (2000), in their analysis of Japanese informal conversations, emphasize that repeating what the other speaker says indicates willingness to interact and involvement in the interaction. Perrin *et al.* (2003, p. 1849) present a summary of the functions of repetitions such as a taking into account function, “by which a speaker indicates that what was just said by the interlocutor has been heard and interpreted” (corresponds to Allwood's pure FBG function of repetition); a confirmation request function (signaling a problem related to some aspect of the interlocutor's talk), “by which a speaker seeks confirmation or a specification of what has just been said by the interlocutor” (corresponds to Allwood's FBG/FBE function); a positive reply function, “by which a speaker expresses agreement with the preceding talk of the interlocutor”; and a negative reply function, “by which a speaker expresses disagreement with what the interlocutor has just said” (both are sub-categories of FBG).

Svennevig (2004) shows how other-repetitions are often used to display the receipt of information in interactions between native Norwegian clerks and their non-native clients, pointing out the impact of intonation on the function of repetition, showing that a plain repeat with falling intonation is a display of hearing while a repeat plus a final response particle, *ja* (‘yes’), constitutes a claim of understanding. The use of rising intonation can also display emotional stance (surprise or interest) (p. 489).

Allwood (1988) points out that repetitions/reformulations are widely used by language learners as means for feedback giving and elicitation, especially early in acquisition process, since they are “a simple means of feedback giving for the learner who does not have many other means of expression” (p. 277). The use of repetitions/reformulations is observed to decrease over time; they seem to be replaced by primary feedback units. Furthermore, the native speakers in the above-mentioned study produced little repetition compared to the non-native speakers.

The use of repetitions/reformulations depends upon a number of factors, such as a particular speaker's characteristics, activity type and how common the use of repetitions/reformulations for feedback giving/eliciting is in the speaker's native language. Culture can also be a contributing factor, as Tannen points out: "for individuals and cultures that value verbosity and wish to avoid silences in casual conversation, repetition is a resource for producing ample talk, both by providing material for talk and by enabling talk through automaticity"(Tannen, 1989, p. 48).

The above-mentioned functions of repetitions and reformulations make them both relevant and interesting to investigate in the context of medical consultation. In spite of the apparent scarcity of research on repetitions/reformulations in medical context, their positive impact on communication between physician and patient cannot be overestimated. In his book on communication with patients, aimed at medical students, Bendix (1980) stresses the importance of repeating the patient's last words; among other things, this strategy can encourage the patient to become more open, help to make the issues discussed clearer, and keep both participants interested.

These outcomes are essential for the quality of care. In addition, it might be interesting to see how non-native speakers in a higher position (foreign physicians) than native speakers use this type of feedback to ensure understanding, as well as the possible influence of culture.

3 Methods

3.1 Recordings and participants

Video and audio-recordings for the study were made in health care centers and hospitals in Western Sweden between 2005-2007. The choice of the institutions was influenced by availability of the participants who agreed to participate in the study. The consultations were recorded after obtaining written consent from all involved in the recordings. No researcher was present during the consultations.

Sixty-three (63) recordings are used for this study (34 foreign physician-Swedish patient and 29 Swedish physician-Swedish patient consultations). Total recording time is about 15 hours (about 9 for intercultural and 6 for Swedish consultations). Thirteen (13) foreign and seven (7) Swedish physicians participated in the study.

The majority of foreign physicians come from Hungary (4, Hungarian group) and Iran (5, Iranian group). Other physicians are from Germany,

Colombia, former USSR (Russia) and former Yugoslavia. Age range is 34-56 years.

Participant code	Age	Gender	Specialty	Years as physician		Time in Sweden (years)
				in home country	in Sweden	
Hungarian group						
HuD1	45	male	anesthesiology	20	1	1
HuD2	34	female		7	1	1
HuD3	36	male		9	1.5	1.5
HuD4	44	male		11	2	2
Iranian group						
IraD5	49	female	geriatrics, rehabilitation	4	10	13
IraD6	40	female	general practice	5	>1	7
IraD7	45	male	surgery	5	13.5	14
IraD8	48	male	ophthalmology	3.5	16	17
IraD9	50	female	obstetrics, gynecology	8	15	18
Mixed group						
GerD10	56	male	orthopedics	30	1	1
ColD11	39	male	surgery	2	10	12
RusD12	45	female	general practice	45	10	14
YugD13	35	female	anesthesiology	>4	>2	2

Table 1: Foreign physicians demographics

Seven Swedish physicians (5 male and 2 female), 4 surgeons and 3 general practitioners, age range 27-52 years have been involved. The patients are native Swedes, aged between 20 up to 89 years.

3.2 Transcription and coding

The recordings of the consultations were transcribed and checked (Allwood et al., 2000, Nivre et al., 2004), the communication was analyzed using activity-based communication analysis (Allwood, 2003). The transcriptions in the article are presented in the Swedish original and an English translation. In the table below, transcription conventions are presented:

Symbol	Explanation
\$P, \$D,	participant (patient, doctor)
[]	overlap brackets; numbers used to indicate the overlapped parts
/, //, ///	short, intermediate and long pause, respectively
+	incomplete word, pause within word
CAPITALS	stress
:	lengthening
<>, @ <>	comments about non-verbal behavior, comment on standard orthography, other actions
< SO: du >	SO stands for standard orthography. The dialectal forms of Swedish and incorrect forms used by the foreign physicians are commented

Table 2: Transcription conventions

An overview of corpus is presented below:

Participant categories	Number of words	Participant categories	Number of words
ICCMedConsult		SweMedConsult	
Consultation types: anesthesiology, gynecology, eye, general practice, rehabilitation, intensive care, orthopedics, surgery		surgery and general practice	
Foreign physicians	31 037	Swedish physicians	28 727
Hungarian physicians	9 352		
Iranian physicians	12 112		
Mixed physicians	9 573		

Table 3: Corpus

In the coding, I distinguish between repetitions and reformulations. The repetitions and reformulations are divided into those used for feedback giving (FBG) and those used for both feedback giving and eliciting (FBG/FBE). FBG and FBG/FBE are distinguished as follows. Repetitions/reformulations that do not evoke confirmation from the interlocutor in the next utterance are coded as FBG while those that evoke such confirmation are coded as FBG/FBE. In addition, in the case of repetitions and reformulations for FBG, falling intonation is used. When the repeated/reformulated segment is used with interrogative (rising) intonation, it is coded as FBG/FBE. When intonation is interrogative, it encourages the production of feedback from the interlocutor. However, the absence of interrogative intonation does not rule out the production of feedback in the next utterance. Therefore, sequences in which the repeated element is followed by confirmation from another speaker constitute a primary criterion for distinguishing between FBG and FBG/FBE. The repetitions and reformulations produced by the foreign and Swedish physicians were extracted from the transcriptions and analyzed. All the repetitions and reformulations are grouped on the basis of their function into FBG and FBG/FBE categories.

4 Results

4.1 Repetitions and reformulations for feedback giving (FBG)

Both foreign and Swedish physicians use repetitions and reformulations to give feedback, repeating (part of) their patients' answers to their questions to show that they listen to what their patients say. This strategy is also used to "record" new information provided by patient (e.g., a new symptom that might be worth paying attention to). Svennevig (2004) comments that such repeats often occur after statements presenting new (and often specific) information, and can therefore be called "information receipts" (p.490). Declarative intonation is used in these cases, not interrogative. Consider the example below:

	Transcription	Translation into English
SD:	m // men e hade du mag-blödning eller magsår eller [1 nej inget sånt]1	m // but er did you have a gastric hemorrhage or a gastric ulcer [1 no nothing like that]1
SP:	[1 nå nå nå]1 de har ja nog inte haft men ja har haft problem <1 me magen va // [2 att]2 ja har fått ja kan ju inte äta va som helst >1 [3 för då]3 / får ja	[1 no no no]1 I don't think I've had that but I've had problems <1 with my stomach // [2 see]2 I've got I can't eat just anything >1 [3 because then]3

	halsbränna å [4 å andra]4 <2 å rapar >2 väldigt mycke rapningar	/ I get <i>heartburn</i> and [4 and other]4 <2 and burp >2 a lot of belching
@	<1 hand gesture: left hand on stomach >1	
@	<2 hand gesture: left hand moving up towards the throat >2	
SD:	[2 m]2	/2 m]2
SD:	[3 < jaha >]3	/3 < I see >]3
@	< head movement: nod >	
SD:	[4 < halsbränna >]4	/4 < heartburn >]4
@	< head movement: nod >	
SD:	jaha // ja // och e är du allergisk mot någonting	/ see // well // and er are you allergic to anything

Example 1: Heartburn (HuD2)

First, the physician gives feedback using *m* and *jaha* together with a head nod. However, she also nods and repeats the word *halsbränna* ('heartburn'), which constitutes more exhaustive feedback. It is also a way of "recording" a new symptom and marking a concept important for giving a diagnosis. In similar examples from the data, simple feedback items such as *jaha*, *ja*, *jaså*, *okej*, *mm*, etc., are often combined with non-verbal behavior (e.g., nod, smile, long pause, etc).

Physicians also tend to paraphrase their patients' utterances for the same purpose – to give feedback, show that they are listening and retain information delivered by the patients. Reformulations represented in the data are primarily the result of grammatical and lexical changes. For example, when a physician asks on which side the patient is feeling pain in, the patient answers *i höger* ('in the right'), which is followed by the physician's feedback, *i höger sida* // *okej* ('in the right side // okay'). Here, the physician reformulates the patient's utterance, adding the word *sida* ('side'), to provide feedback.

A common reformulation type in medical consultation results from a deictic shift of person, which can be explained by the influence of the activity structure: two main participants, physician and patient, are involved in interaction.

Consider the example below:

	Transcription	Translation into English
SD:	du ska opereras idag	you will have surgery today
SP:	m vet [ja]	m [I] know
SD:	[vet du] m // har du nån e problem som du vill // prata om	/ you know / m // do you have any er problem that you want to talk about

Example 2: I know (HuD4)

Feedback is used to show contact, perception and understanding, as well as the speaker's attitude. The example below shows a physician who uses reformulation to give feedback and shows his agreement with the patient:

	Transcription	Translation into English
SD:	ha du haft ont i ögat nån gång	<i>have you ever felt any pain in your eye</i>
SP:	aldri de bara att / ja ser dåligt	<i>never it's just that / I have poor eyesight</i>
SD:	du ser dåligt me de ögat ja // å så helt plötslit	<i>you have poor eyesight in that eye I see // and then all of a sudden</i>

Example 3: Poor eyesight (SweD2)

In addition to giving feedback by reformulating the patient's utterance *jag ser dåligt* ('I have poor eyesight'), the physician shows his agreement and confirms his awareness of the patient's problem.

Repetitions and reformulations are also used to express emotions such as surprise as in the example below:

	Transcription	Translation into English
SD:	hur har du [mått]	<i>how have you [been]</i>
SP:	[ja] alltså nu kan ja ju tala om att ja har gått ner ungefär tjufem kilo i vikt / från å me förra året //	<i>[well] now I can tell you that I've lost about twenty five kilos in weight / since last year</i>
SD:	tjufem kilo / de e mycke de	<i>twenty-five kilos / that's a lot</i>
SP:	a:	<i>yeah</i>

Example 4: Twenty-five kilos (SweD5)

The physician gives feedback of understanding and expresses his surprise about the patient's weight loss by repeating part of her utterance.

To summarize, foreign and Swedish physicians use repetitions and reformulations of their patients' utterances (often answers to the physicians' questions) for feedback purposes (i.e., to show attention and understanding, as well as to express emotions, agreement, etc. Repetitions and reformulations are also a tool used to "record" the information provided by the patients and to elicit confirmation from them.

4.2 Repetitions and reformulations for feedback giving and feedback elicitation (FBG/FBE)

In addition to using repetitions and reformulations just to give feedback, the physicians use them to simultaneously give and elicit feedback (FBG/FBE). Consider the example below from an interaction between an Iranian male physician and his Swedish patient:

	Transcription	Translation into English
SD:	i vilket öga tar du droppar	<i>in which eye do you take drops</i>
SP:	< vänster >	<i>< left ></i>
@	< hand gesture: left hand pointing at left eye >	
SD:	vänster	<i>left</i>
SP:	ja	<i>yeah</i>
SD:	e höger har du inga [droppar]	<i>er right you don't use [drops]</i>

SP:	[nej] nej // ja tar en på / moron å två på kvällen	<i>[no] no // I take one in / the morning and two in the evening</i>
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Example 5: Left eye (IraD9)

The patient answers the physician's question, and the physician repeats that answer (*vänster* ['left']). The patient's next utterance is a simple feedback item *ja* ('yes'), confirming the information he has already provided, which the physician was attempting to check correct receipt of by using repetition. As we can see, the repetition here serves not only to show that the physician is listening and remaining involved, but also to check that the information has been understood correctly. The repetition in the example above does not have interrogative intonation, whereas other cases presented in the data do. As I mentioned earlier, interrogative intonation encourages the interlocutor to produce a confirmation in the next utterance. Furthermore, the feedback provided may be limited to a simple feedback unit (as above), but it can also be combined with more detailed information:

	Transcription	Translation into English
SD:	< okej > [va e de för fel]	<i>< okay > [what's the problem]</i>
SP:	[både fysist] och psykist	<i>[both physically] and psychologically</i>
SD:	mestadelen > alltså	<i>< mostly > that is</i>
SP:	både och	<i>both</i>
SP:	< både och >	<i>< both ></i>
@	< head movement: nods >	
SP:	ja e: < > fysist e att ja ö e ja tror ju personli en ja har inte ja har inte sett röntgenbilderna	<i>well er < > physically it's that I er er why personally I think I haven't seen the X-ray pictures</i>
@	< hand gesture start: left hand on right shoulder >	

Example 6: Both (IraD8)

The patient states that he feels bad both physically and psychologically (*både och* ('both')). This is repeated by the physician and is followed by the patient's detailed explanation of why he feels bad (both non-verbally by putting his hand on the shoulder where the pain is localized and by expressing his anxiety).

Reformulations are also used to both give and elicit feedback. This is exemplified by an excerpt from an interaction between a Russian female physician and her male patient:

	Transcription	Translation into English
SD:	då får vi se / ja ska ta / blodtrycket för att lyssna på hjärtat // men du e duktig / du RÖR på dej / du springer till < buss+ > bussen	<i>let's see then / I will measure / your blood pressure to listen to your heart // but you are doing well / you EXERCISE / you run to the < bus+ > bus</i>
@	< cutoff: bussen/the bus >	
SP:	nå: nu // ja gå till bussen	<i>why now // I walk to the bus</i>

SD:	du går till bussen	you walk to the bus
SP:	ja springer gör jag inte	yeah I don't run
SD:	för vadå	why
SP:	va	what
SD:	varför då varför inte	why why not
SP:	nä: ja orkar inte	no I don't have the strength
SD:	de du orkar inte	you don't have the strength
SP:	nä det e va vet du / det får så ont i fötterna	no it's you know / my feet hurt so much so then

Example 7: Bus (RusD18)

As we can see, a misunderstanding that has occurred earlier in the conversation – the physician assumes that the patient runs to the bus whereas actually he walks – results in the physician complimenting her patient: *du e duktig / du RÖR på dej / du springer till < buss+ > bussen* ('you are doing well / you EXERCISE / you run to the < the bus+>'). When the patient denies this, saying *jag går till bussen* ('I walk to the bus'), the physician uses reformulation (deictic shift of person) with an interrogative intonation, *du går till bussen* ('you walk to the bus?'), to make sure she understands the patient correctly. The patient confirms it (*ja springer gör jag inte* ['yeah, I don't run']) and expresses his reason for not doing so (*nä jag orkar inte* ['no, I don't have the strength]) in response to the physician's question (*varför då varför inte* ['why, why not?']). Here, by repeating her patient's utterance, the physician is again checking to make sure she understands him correctly.

Both foreign and Swedish physicians use repetitions and reformulations of their patients' utterances to give feedback and make sure they have understood information correctly, eliciting confirmation from the patients.

5 Results: Quantitative analysis

The occasions when the physicians use repetitions and reformulations for FBG and FBG/FBE were counted; the numbers are expressed in parts per million (PPM). To verify the significance of differences, χ^2 tests were used.

Participant category/type	Foreign physicians				Swedish Physicians			
	FBG		FBG/FBE		FBG		FBG/FBE	
Type rep/ref	rep	ref	rep	ref	rep	ref	rep	ref
Total per category	4830	1640	1579	1382	1184	627	174	313
Total rep+ref:	6470		2961		1811		487	

Table 4: Repetitions and reformulations used by physicians and patients in PPM¹

1 PPM is determined as follows: number of occurrences of repetitions/reformulations ÷ number of tokens for

The foreign physicians produce more repetitions and reformulations than the Swedish physicians for both FBG (total rep+ref FBG: 6,470 vs. 1,811, $\chi^2 = 51.92$ [df = 1], $p < .001$) and FBG/FBE (total rep+ref FBG/FBE: 2,961 vs. 487, $\chi^2 = 37.88$ [df = 1], $p < .001$).

Looking at the data for the different cultural groups, the following picture can be observed:

	Hungarian physicians				Iranian physicians				Mixed group			
	FBG		FBG/FBE		FBG		FBG/FBE		FBG		FBG/FBE	
Type rep/ref	rep	ref	rep	ref	rep	ref	rep	ref	rep	ref	rep	ref
Total per category/type	9078	3631	2136	2350	2310	577	1237	1237	3861	1044	1461	626
Total rep+ref:	12709		4486		2887		2474		4905		2087	

Table 5: Cultural groups: repetitions and reformulations in PPM²

Repetitions and reformulations are used most by the Hungarian physicians, followed by the Mixed group physicians and then the Iranian physicians.

6 Discussion

The foreign physicians use more repetitions and reformulations of their patients' utterances to give and elicit feedback than the Swedish physicians. This might be related to the greater need for foreign physicians to show their understanding and check the information provided by their patients compared the Swedish physicians, as a strategy to prevent lack of understanding/misunderstanding in communication. It might also be a result of the language acquisition process, confirming what Allwood (1993a) mentions concerning the use of repetitions and reformulations by language learners to give and elicit feedback.

Both foreign and Swedish physicians use repetitions more than reformulations for FBG. However, for FBG/FBE, the foreign physicians use repetitions more than reformulations, while the

the participant category (foreign physicians = 31,037 and Swedish physicians = 28,727) x 1,000,000.

2 PPM is determined as follows: number of occurrences of repetitions/reformulations ÷ number of tokens for the participant category (Hungarian physicians = 9,352; Iranian physicians = 12,112, Mixed group physicians = 9,573) x 1,000,000.

opposite is true of the Swedish physicians. One might presume that it is more complicated to paraphrase than to simply repeat, and that the language competence factor might be reflected in the native speakers' tendency to paraphrase more than the non-native speakers. However, there are not enough data to draw any definite conclusions.

Concerning the linguistic and cultural background of foreign physicians, the fact that the Hungarian physicians and the physicians from the Mixed group, who have spent the least time in Sweden, produce more repetitions and reformulations may confirm the influence of language acquisition on the use of repetitions and reformulations. In addition, the foreign physicians' native languages, more specifically how often repetitions/reformulations are used in the foreign physicians' native languages, may influence how they use them in Swedish. Unfortunately, no linguistic studies on this issue for Hungarian, Farsi, Russian, or Bosnian are known to me, so I cannot speculate further on this issue. Concerning German and Spanish, it is worth mentioning that some data on the use of feedback (primarily concerning the use of simple FB words) in these languages (as well as Swedish, Dutch, English, French, Arabic, Finnish, Italian, Punjabi and Turkish) have been presented by Allwood (1993a). As mentioned above, Allwood points out that language learners use repetitions/reformulations for feedback, especially in the initial stages of language acquisition, with a gradual decrease for the majority of learners (but not all) as language acquisition proceeds. It is interesting that speakers who are observed not to decrease their use of repetition for feedback include Finnish and Spanish learners of Swedish, which might indicate the influence of their native languages.

Another point worth mentioning here is that the analysis of the non-native speakers' use of repetitions and reformulations was done in a context in which they are in a superior position to native speakers, which is an uncommon perspective in research. The analysis shows that non-native speakers in a superior position talking to native speakers in a subordinate position use repetitions and reformulations more than native speakers interacting with subordinates of the same linguistic (and cultural) background. In addition, a number of factors have been mentioned that might contribute to the foreign physicians using more repetitions/reformulations for feedback than the Swedish physicians. It is im-

portant to add that the fact that the non-native speakers are responsible for the interaction might lead to their using repetitions and reformulations as a more comprehensive type of feedback.

Is there anything in the data that might signal cultural differences? As has already been mentioned, the power distance in Sweden is shorter than in the countries the foreign physicians come from; thus, one can assume that a more paternalistic type of relationship between physician and patient, in which the physician has control over the interaction and core responsibility for the choice of treatment, predominates in those countries. On the contrary, the mutuality type of relationship (more common in Sweden than in the foreign physicians' home countries) presupposes informality and shared responsibility for the interaction; the physician acts as a counselor or advisor (Herlitz, 2003, Berbyuk Lindström, 2008). This difference in the view of the physician's role might result in the foreign physicians' using repetitions and reformulations a good deal in order to show their patients that they have the ability to bear responsibility for the interaction in spite of speaking a foreign language and (possibly) experiencing cultural differences. Repetitions and reformulations represent a way to provide more *exhaustive* feedback than other kinds of feedback. Repeating/reformulating (part of) what the interlocutor says is a clear and powerful way to show that one is listening to and participating in the interaction. This is essential for medical interactions in general, and intercultural medical encounters in particular.

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