

# The edge of many circles: Making meaning of meaning making

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## EDITOR'S INTRODUCTION

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# The Edge of Many Circles: Making Meaning of Meaning Making

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When the blackbird flew out of sight,  
It marked the edge  
Of one of many circles.

—Wallace Stevens, "Thirteen Ways of Looking at a Blackbird"

This special issue of *Discourse Processes* focuses on the difficult problem of how we, as observers and researchers, can make sense of how collaborating participants develop a shared understanding of both their task and their own participation in it. Or, stated in another way, how can we derive meaning from their emergent and situated meaning making? Meaning making has been studied under a variety of names (e.g., "intersubjectivity," Matusov, 1996; Rommetveit, 1979; "grounding," Clark & Brennan, 1991; "co-construction," Jacoby & Ochs, 1995; "sense making," Crowder, 1996; "convergent conceptual change," Roschelle, 1996; "managing the intermental," O'Connor, 1996), and as Stevens's poem about the blackbird alludes, meaning can be conceptualized on different levels of abstraction and from a variety of perspectives. Our goal here is to attempt to tease apart some of these views while seeking means to bring them together to provide a more fully elaborated picture.

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We approached this task by recruiting a group of researchers with different interests and backgrounds to study and comment on a single piece of data—a 6-min segment of videotaped interaction. The original group consisted of Carl Frederiksen, Phillip Glenn, Jim Greeno, Rogers Hall, Jay Lemke, and Annemarie Palincsar. All six prepared analyses for a panel entitled, “Science Discourse in a PBL Meeting” at the 1996 Meeting of the American Educational Research Association. Expanded versions of five of these analyses are presented here.

The five analyses provide manifold means of observing, describing, and reflecting on a particular event. The assignment to the participating researchers was to carefully examine the video segment and note which aspects caught their eye as being analytically significant. By agreeing to apply their diverse analytic perspectives to a common object of study, they made it possible to bring the differences in their approaches and research traditions into clearer relief.

## THE DATA

The 6-min data segment features a group of 2nd-year medical students and a faculty tutor/coach discussing a clinical case. They are participants in a nontraditional medical school curriculum using a teaching method known as problem-based learning (PBL). The segment opens with one of the students, Betty,<sup>1</sup> offering a hypothesis to account for the patient’s symptoms. The medical case they are discussing involves an elderly male patient who complains of having problems with his speech and the use of his right leg. Betty’s theory is proposed after a period of self-directed study in which the members of the group have independently researched certain questions that arose in an earlier meeting devoted to exploring this case. Her theory implicates a particular structure in the brain (“the hippocampal region”) and a side sequence unfolds in which the students, at the tutor/coach’s bidding, seek to fix the structure’s location in the brain. Betty then proposes a second theory. Thereafter, the group engages in a concerted attempt to coordinate what is known about the case with respect to the two theories. A transcript of the recorded segment is provided in Appendix B (a key to the transcription conventions is provided in Appendix A). A digitized copy of the video segment can be found on the CD-ROM provided with this issue.

## THE ANALYSES

The articles are presented in an order designed to make both the data segment and the five analyses more readily understandable. They begin with two relatively

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<sup>1</sup>The names used here are fictitious.

detailed and concrete descriptions of the action and then advance to three increasingly more abstract treatments.

The first analysis, by Glenn, Koschmann, and Conlee, provides a useful starting point by presenting some background information on PBL. It then gives a microanalytic description of the data segment, drawing on the methods of conversation analysis (CA). Reflecting the influence of the ethnomethodological tradition in sociology, CA seeks to illuminate the features that lend structure to our day-to-day social interactions. The approach is one that eschews the use of preformulated analytic categories in favor of constructing fine-grained descriptions of how people actually manage these interactions (Psathas, 1995). Such an analysis is designed “to show how the parties are embodying for one another the *relevancies* [italics added] of the interaction and are thereby producing the social structure” (Schegloff, 1991, p. 51). Glenn et al. argue that theorizing is “relevant” in the analyzed segment in the sense in which Schegloff used the word in the preceding quote, and the authors document how the group orients to theorizing as a central organizing activity.

Whereas the Glenn et al. article focuses on organizational aspects of the interaction, the second article, by Frederiksen, produces what might be termed a *cognitive ethnography* of the analyzed segment. Frederiksen has worked for over 2 decades developing techniques for representing the semantic content of spoken discourse, and he analyzes the interaction here on several levels. First, he describes the “procedural macrostructure” of the segment. He views the work of the group as an instantiation of what he terms a *differential diagnosis frame* and decomposes the overarching problem-solving task into a hierarchy of sub-procedures and goals. Second, he generates three conceptual graphs to represent the propositional content of three portions of the transcribed segment. He then analyzes the microstructure of the analyzed discourse by tracing the inferential links connecting separate speech turns. Finally, Frederiksen analyzes the contributions of each of the participants to the construction of the conceptual models of the case and the overall problem-solving process.

In the third article, Palincsar offers what she terms a *sociocultural* analysis of the data segment. Unlike the two earlier analyses that attempt, respectively, to closely document the interactional features and propositional content of the segment, Palincsar takes a step back from the data and produces a more abstract description of the interaction. Drawing on the writings of Vygotsky and Bruffee and her own work with middle school science students, she focuses on the complex agendas pursued by the medical students in the analyzed segment. The moment captured in the video record is seen as a particular point in the participants’ developmental trajectory toward eventual inclusion in a professional community of practice. The participants are in a transitional state, therefore, simultaneously striving to be something more than mere students but not yet having achieved the status of practitioners. In such a state, issues arise pertaining

to what constitutes the “authorized language” (Bourdieu, 1977) and who possesses the cultural capital to use it. Palincsar’s analysis raises interesting questions about how the students’ developing identities interact with their performance as learners in settings of this type.

Lemke’s article, the fourth in the series, also acknowledges the mixed agendas evident in the group’s interactions. Like Palincsar, Lemke conducts his analysis on a rather abstract plane. He approaches the task from the perspective of a semiotician, that is, as one concerned with how signs and symbols are related to the things they signify. He posits two possible meaning-making strategies: one categorical and discrete, which he terms *typological*, and the other continuous and graded, which he terms *topological*. He argues that typological distinctions are easily relayed via strictly linguistic means, whereas gesture and other forms of visual representation must often be employed to communicate topological distinctions. He observes that there is a potential tension between the use of the two different strategies for coconstructing a shared understanding. Lemke describes two particular examples of this in the video, namely the attempt by the group early in the segment to establish the location of the hippocampus and their later joint effort to coordinate the evidence of the case with Betty’s two theories. He concludes that recognition of this tension has certain implications both for those trying to understand situated meaning making and for those attempting to teach in complex and ill-structured domains such as medicine.

The fifth and final analysis, prepared by Hall, offers an interesting contrast to the Glenn et al. analysis described earlier. Although both are microanalytic studies that focus on the organizing features of the interaction, the analyses are conducted in different ways and serve different analytic goals. Hall seeks to provide a developmental account of the competencies displayed in the video segment. To do so, he sets up a contrast with another situation involving “having a theory,” namely a previously published (Ochs, Taylor, Rudolph, & Smith, 1992) description of a dinner table discussion involving a 5-year-old child and his mother. Hall borrows certain analytic structures from the Ochs et al. study and shows how they can be applied to a portion of the segment being analyzed here. He also discusses how the two situations might be considered similar and in what ways they should be considered different. By his analysis, the PBL discussion differs from the dinner table discussion in two important ways: the employment of inscriptional technologies (i.e., the anatomical chart) and the much broader generality of the claims being argued for by the medical students.

Included in the issue are two commentary pieces. The first, by Green and McClelland, uses the notion of the expressive potential of a discourse to make comparisons and interrelate observations across analyses. They argue that each of the analyses is representative not only of a research tradition but also of a distinct research language and, as such, can be analyzed on the basis of the expressive potential of that language. The second discussant piece, by Roschelle, takes a different approach to interrelating the five analyses. Roschelle endeavors

to show how each of the analyses can be used to illuminate different aspects of Deweyan inquiry. Taken together, the two commentaries elevate the discussion to a plane once removed from the actual data, each providing a metalevel analytic framework for analyzing the analyses.

### MANIFOLD VIEWS OF THE SAME EVENT?

Given our original motivation for undertaking this exercise, it is relevant to ask whether the analyses presented here really offer five different views of the same event. The answer would have to be no. Careful examination of the five analyses reveals marked differences in what served as the figure and was treated as ground. This can be seen on several levels.

First, there were differences with respect to which portions of the video segment the analysts directed their attentions. For example, the subsegment in which the students are called on to locate the hippocampus on the atlas chart (lines 16–68) was glossed over in the analyses prepared by Glenn et al. and Frederiksen. This same subsegment, however, was central to the analyses developed by Lemke (see the *Locating the Hippocampus* section) and Hall (see the *Pursuing the Hippocampus Across Representational Media* subsection).

Second, there were figure/ground differences in the modalities of expression that the researchers chose to focus on. Although all five analyses dealt with aspects of the participants' talk, some also emphasized the importance of gesture and representational inscription as resources for meaning making. For example, Lemke describes the use of gesture to express topological distinctions, and Hall (see *Distributions Across Modes of Activity* section) provides an elaborate description of a hand gesture used by one of the students (Maria) to explicate the location of the hippocampus. Similarly, both Lemke and Hall stress the importance of the presence of the anatomic atlas to the group's discussion.

Schegloff (1995) argued that "the absence of actions can be as decisive as their occurrence for the deployment of language and the interactional construction of discourse" (p. 186). A third type of difference, therefore, hinges on whether the analysts included alternative possibilities for action as a substantive component within their analyses. For example, Glenn et al. observe: "The group members orient to theory presentation not only by what they do but also by what they do not do" (p. 130). They cite the silence of other group members during Betty's extended pause in the midst of presenting her first theory as evidence that the group is "orienting to her announced-but-not-yet-presented theory" (p. 123).

As a consequence, even though an effort was made to engage the researchers in the joint analysis of a single event, the analyses differed not only in their treatment of that event but, in each case, in what constituted the event itself. Indeed, this would have likely been the case regardless of how carefully we

constrained the data to be analyzed—differences in analytic interests and research questions will inevitably cause each analyst to direct his or her analytic gaze in unique ways. Furthermore, the number of things that can be analyzed in a 6-min segment of video is, for all practical purposes, unlimited. What this suggests, therefore, is that our original goal of specifying a “common event” for analysis may simply not be realizable.

This in no way detracts from the usefulness of this collection, however. In fact, its value arises from its diversity. Pieced together, these five analyses provide us with a much richer understanding of the 6-min segment than could ever be achieved through the application of any particular analytic framework. Actually, this should not come as a surprise. Meaning making is an inherently collaborative undertaking; what we have come to understand here is that the task of making meaning of meaning making must be approached in the same way if we are to make any substantive progress.

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## APPENDIX A

### Transcription Conventions

The notational scheme employed in the data was originally developed by Jefferson (1984). All symbols used in the representation of the data are defined in Table A1.

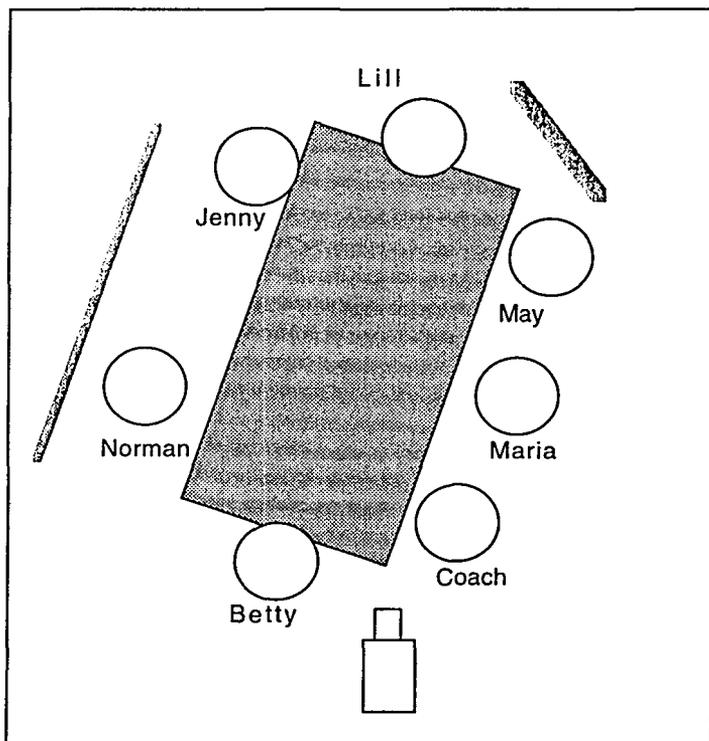
TABLE A1  
Transcription Conventions Used in Appendix B

| <i>Symbol</i> | <i>Name</i>                  | <i>Function</i>   |
|---------------|------------------------------|---|
| [ ]           | Brackets                     | Marks the beginning and end of overlapping utterances   |
| =             | Equal sign                   | Indicates the end and beginning of two "latched" utterances that continue without a pause   |
| (1.8)         | Timed pause                  | Measured in seconds, this symbol indicates intervals of silence occurring within and between same or different speaker's utterances |
| (.)           | Micropause                   | A brief pause of less than (0.2)  |
| .             | Period                       | Indicates a falling pitch or intonation   |
| ?             | Question mark                | Rising vocal pitch or intonation  |
| ,             | Comma                        | Indicates a continuing intonation, with slight upward or downward contour   |
| -             | Hyphen                       | An abrupt halt of sound, syllable, or word  |
| < >           | Greater than/less than signs | Portions of an utterance delivered at a noticeably quicker (> <) or slower (< >) pace than surrounding talk                         |
| > <           |                              |   |
| °°            | Degree signs                 | Marks texts spoken at a lower volume than surrounding talk  |
| CAPITAL       | Capitalized text             | Represents speech delivered more loudly than surrounding talk   |
| <u>    </u>   | Underscore                   | Underlined word or syllable indicates stress  |
| ↑↓            | Arrows                       | Marks a rise or fall in intonation  |
| :::           | Colon(s)                     | Prolongation of previously indicated sound, syllable, or word   |
| (hhh)         |                              | Audible exhalation (linguistic aspiration)  |
| (.hhh)        |                              | Audible inhalation  |
| ( )           | Parentheses                  | Spoken text in which the transcription is in doubt  |
| (( ))         | Double parentheses           | Annotations describing nonverbal aspects of the interaction (text italicized)   |

APPENDIX B  
Transcript of the Segment

Segment: My Theory

Tape: 91-002 (0:20:12:20-0:26:10:00)



- 1 | 0:20:12:20 | Betty: See, what it said in here n-my theory  
 2 | | | [about this  
 3 | 0:20:15:00 | (?): khu-(.hhhh)  
 4 | 0:20:15:00 | Betty: amnesic (.) dysnomic aphasia? (0.6) um it  
 5 | | | says the cause of lesion is usually deep  
 6 | | | in temporal lobe just like Maria was  
 7 | | | saying presumably interrupting  
 8 | | | connections of sensory speech areas with  
 9 | | | the hippocampal and parahippocampal  
 10 | | | regions. (1.0)  
 11 | | | and I think the hippocampus  
 12 | | | is like a lot more medial so if it was  
 13 | | | affecting that area it might be the

- 14 [anterior cerebral circulation.
- 15 |0:20:33:00| Norman: [Anterior.
- 16 |0:20:35:00| Coach: Where is the hippocampus.
- 17 |0:20:37:00| Betty: I don-do we have a picture up there
- 18 on [the
- 19 |0:20:38:00| Norman: It's right down there, it's the bottom of
- 20 this thing.
- 21 (2.5) ((Walks over to chart, points))
- 22 Right in here
- 23 (1.2)
- 24 |0:20:45:00| Maria: [I think it's under that.
- 25 |0:20:45:00| (Jenny): [(I can't remember)
- 26 |0:20:47:00| Norman: It's under that?
- 27 |0:20:48:00| Maria: I think it's on the inside.
- 28 |0:20:49:00| Coach: It's on the middle, (0.7) middle top.
- 29 |0:20:52:00| Maria: Sts-lk-if you lift ((*"lifting" gesture*
- 30 *with right arm, elbow out*)) up that little
- 31 temporal lobe, [it's on the inside.
- 32 |0:20:55:00| Coach: [You can you can point to it
- 33 on the middle top.
- 34 (1.1)
- 35 |0:20:57:00| Maria: Middle top?
- 36 |0:20:58:00| Coach: Mm-mmm.
- 37 (1.5)
- 38 |0:21:01:00| Maria: °Ye:ah its,°
- 39 (3.5)
- 40 |0:21:04:00| Lill: In here? ((points to chart))=
- 41 |0:21:05:00| Maria: =Yeah, [yeah
- 42 |0:21:05:00| Norman: [yeah
- 43 |0:21:06:00| Coach: [That's it (0.2) tha:t's the
- 44 hippocampus, then you go over one more
- 45 gyrus and you're in the temporal lobe.
- 46 |0:21:10:00| Maria: °Ri:ght°
- 47 |0:21:11:00| Coach: So you can also see it on the (0.6)
- 48 frontal.
- 49 (1.5)
- 50 |0:21:15:00| Coach: No (you can find it) on the second row left
- 51 from there
- 52 (3.3)
- 53 |0:21:21:00| Norman: (hh hh hh)

- 54 (1.5)
- 55 |0:21:24:00| Coach: Where would it be in that section.
- 56 (1.5)
- 57 |0:21:26:00| Lill: °Somewhere in here?° ((*pointing*))
- 58 (1.5)
- 59 |0:21:29:00| Coach: Th:at's white matter.
- 60 (2.2)
- 61 |0:21:31:20| Maria: °In that crevice?°
- 62 |0:21:33:00| Norman: [Go to the crevice there.
- 63 (1.0)
- 64 |0:21:34:00| Norman: That little loop?
- 65 (1.0)
- 66 |0:21:36:00| Norman: Yeah.
- 67 (1.0)
- 68 |0:21:37:00| Coach: That's it.
- 69 |0:21:38:00| Betty: My other theory is that if it was- i- i-  
70 if it's not a vascular lesion but a space  
71 occupying lesion if it was (.) right  
72 there ((*points to chart*)) in the area we  
73 were pointing to it would be like in a  
74 posterior limb of the internal capsule  
75 which would be where (.) the  
76 corticospinals to the leg would be going  
77 through that part.  
78 (1.0)
- 79 |0:21:53:00| Maria: Wouldn't you expect to [see a lot=  
80 |0:21:53:00| Norman: [(*khh hh huh hh*)  
81 |0:21:53:00| Coach: [Whoa [kay  
82 |0:21:53:00| Maria: [greater involvement if you got  
83 |0:21:55:00| Norman: [(hh hh)
- 84 |0:21:58:00| Norman: Yeah
- 85 |0:21:59:00| Maria: internal capsule?=  
86 |0:22:02:00| Betty: =If it's small. >I mean if< it's  
87 in the very posterior li:mb, (.)  
88 posterior part of the posterior  
89 li:mb. (1.0) Because there's a-the-  
90 (2.0) somato:graphic whatever  
91 that word was, (.) arrangement of the  
92 corticospinals as they go

- 93 |0:22:13:00| (?) : °right°  
 94 |0:22:13:00| Betty: [through the (internal)] capsule.  
 95 |0:22:14:00| Norman: [Yeah  
 96 |0:22:16:00| Betty: If you get way to the posterior ↑part of  
 97 the internal capsule the only thing  
 98 that's there [is motor and it's  
 99 |0:22:18:00| Norman: [motor  
 100 |0:22:18:00| Betty: going t<sup>o</sup> be the le:g.  
 101 |0:22:19:00| Norman: [motor  
 102 |0:22:21:00| Norman: That's true  
 103 (3.0)  
 104 |0:22:24:00| Coach: So why do the leg findings go away?  
 105 (1.0)  
 106 |0:22:27:00| Betty: That's a good question that kind of goes  
 107 against it being some kind of a space  
 108 occupying lesion because you would expect  
 109 it to get progressive and then (you want  
 110 it) to involve more areas.  
 111 (0.4)  
 112 |0:22:34:00| Betty: So then it's [probably more likely  
 113 |0:22:35:00| Maria: [Headaches,=  
 114 |0:22:36:00| Maria: =you would expect  
 115 |0:22:36:15| Norman: You'd expect to have headaches  
 116 |0:22:37:00| Betty: °Maybe, yeah.°  
 117 |0:22:38:00| Maria: Seizures.  
 118 (0.7)  
 119 |0:22:41:00| Betty: Um (0.8) it's more likely to be vascular.  
 120 (2.5)  
 121 |0:22:45:00| Coach: °Okay°  
 122 |0:22:46:00| Maria: [°With his history and social°  
 123 |0:22:46:15| Coach: [So  
 124 |0:22:48:00| Coach: So if it's vascular did he have a ↑stroke  
 125 or is he having a TIA. What is the  
 126 difference between those two things  
 127 anyway.  
 128 |0:22:53:00| Norman: With TIAs, it's like twenty-four  
 129 hours  
 130 |0:22:55:00| Jenny: [TIAs well, a↑ccording to Harrison's TIAs  
 131 um shows some neurological damage but

- 132 it's all better in twenty-four hours.
- 133 According to Cecil's it's all better in
- 134 one hour um a (hh hh hh)
- 135 |0:23:09:00| Lill: (one of 'em)
- 136 |0:23:11:00| Jenny: and Cecil's also talked about something
- 137 called RI:ND (.) which is a reversible
- 138 icschemic (1.6)
- 139 {neurological deficits?=  
140 |0:23:16:00| Norman: {neurological deficits  
141 |0:23:16:00| Coach: {neurological deficits
- 142 |0:23:19:20| Jenny: =which is somewhere in between a
- 143 completed stroke and a TIA. Which, (hh
- 144 huh huh)=
- 145 |0:23:25:00| Betty: Sorta like angina or {unstable angina of
- 146 |0:23:26:00| Jenny: (hh huh huh huh)
- 147 |0:23:27:00| Betty: the mind.
- 148 |0:23:29:00| Jenny: =which um (.) gets better within twenty-
- 149 four to thirty-↑six hours, um,
- 150 (1.2) ((Lips smack then mouths something
- 151 like "I don't know"))
- 152 |0:23:38:00| Coach: So which one did he ha:ve?
- 153 (1.0)
- 154 |0:23:40:00| Jenny: °Mm.°
- 155 |0:23:41:00| Maria: I think he's (.) progressing to a
- 156 |0:23:41:10| Norman: >A little bit of both.<
- 157 |0:23:43:00| Maria: stroke.
- 158 |0:23:43:20| Betty: I think it's really hard to say because I
- 159 don't think we have a very good history
- 160 ↓about exactly what's happened in the
- 161 last three weeks. And I don't know how
- 162 we can im↑prove that.
- 163 |0:23:50:00| Jenny: We don't know how long his ↓leg was
- 164 clumsy
- 165 (0.5)
- 166 |0:23:53:00| Betty: The leg was (clum)
- 167 |0:23:54:00| Norman: {We don't know how long it was
- 168 clumsy? It's gone now yet he still has
- 169 the ↑verbal problem.
- 170 (1.5)

- 171 |0:23:59:00| Betty: [He doesn't have] ↑any memory
- 172 |0:23:59:00| Norman: [(so )]
- 173 |0:24:00:00| Betty: problem right now.=
- 174 |0:24:01:00| Norman: =Yeah, which is very o:dd.
- 175 |0:24:02:00| Betty: Based on our mental
- 176 ↑status exam,
- 177 (0.3)
- 178 |0:24:04:00| Coach: °Hm mm°
- 179 |0:24:05:00| Betty: But yet his wife says that he's
- 180 periodically gets goofy or >whatever it
- 181 was that she said<
- 182 (3.8)
- 183 |0:24:11:00| Betty: So,
- 184 |0:24:13:00| Maria: See a stroke can develop over a period of
- 185 several ↓days usually progressing in a
- 186 step like fashion=
- 187 |0:24:18:00| Norman: =(Unless it's )
- 188 |0:24:19:00| Maria: With a deficit being added from time to
- 189 time.
- 190 (1.0)
- 191 |0:24:23:00| Norman: But then you would think the leg would be
- 192 getting worse.
- 193 (0.5)
- 194 |0:24:25:00| Norman: °I would think.°
- 195 |0:24:26:00| Maria: We:↓ll it could- I mean usually strokes
- 196 are preceded by TIAs.
- 197 (0.5)
- 198 |0:24:32:00| Norman: Yeah
- 199 |0:24:32:10| Maria: So then [it could've just been you know]
- 200 |0:24:32:20| Norman: [Well I mean that's a yeah] =
- 201 =that's a risk factor ↑for 'em. (0.7)
- 202 |0:24:35:20| Norman: The thing is that (1.0) we're seeing an-
- 203 an acute leg deficit and now (.) we're
- 204 seeing five over five strength.
- 205 |0:24:43:00| Maria: Hm-mm
- 206 (1.5)
- 207 |0:24:43:20| Norman: [What ↑happened to it
- 208 |0:24:45:00| Betty: [obviously [there's no-
- 209 |0:24:45:00| Maria: TI↑A



250 clear picture of what he's really like.  
 251 Things just don't seem very ba:d.  
 252 (1.0)  
 253 |0:25:51:00| Maria: Yeah see I don't t<sup>r</sup>hink we do have a clear-  
 254 |0:25:53:00| Norman: I don't see it either.  
 255 |0:25:54:00| Betty: And I don't know how we can fix that.  
 256 (5.0)  
 257 |0:26:01:00| Betty: Except if we asked every single question  
 258 in the book.  
 259 |0:26:02:00| Coach: Hmm ((*smile*))  
 260 |0:26:02:00| Norman: ((*smile*))  
 261 |0:26:03:00| Betty: (hu huh huh hh)  
 262 |0:26:04:00| Coach: Some patients are vague,  
 263 |0:26:06:00| Betty: Yep.  
 264 (1.5)  
 265 |0:26:08:00| Coach: Just don't give you the answers you wanna  
 266 hear.