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ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/hhth20

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To cite this article: Zeynep Parlak Özer & Ufuk Balaman (21 May 2024): An Investigation into Student Dietitians' Professional Development through Video-Mediated Communication Training on Patient Counselling, Health Communication, DOI: 10.1080/10410236.2024.2355440

To link to this article: https://doi.org/10.1080/10410236.2024.2355440

Published online: 21 May 2024.

HEALTH COMMUNICATION
https://doi.org/10.1080/10410236.2024.2355440

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An Investigation into Student Dietitians' Professional Development through Video-Mediated Communication Training on Patient Counselling

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ABSTRACT

The aim of the study is to describe a student dietitian's professional development process in a video-mediated communication skills training cycle designed for undergraduate nutrition and dietetics education and including activities such as simulated and real patient counseling, feedback, and reflection. The design of the training cycle is inspired by (reflective) interventionist Conversation Analysis (CA) through researcher and trainer collaboration, and the data comes from the screen-recordings of video-mediated meetings. CA is used to analyze the video-mediated interactions on a moment-by-basis and trace the student dietitian's interactional change over time. CA examination of the data showed that the trainer identified listenership in simulated sessions as an improvable practice (i.e. due to repetitive overlaps and cutoffs) and used it as the basis for the intervention. In the post-intervention period, the student dietitian observably improved her listenership both in simulated and real patient counseling sessions. The video-mediated, interventionist, reflective, and data-led cycle played a role in the development of the interactional and professional practice of the student dietitian in ways transferrable to real patient counseling. The training cycle with evidence-based lectures, data-led interventions, and simulated/real patient counseling can be integrated to dietetics education curricula both for clinical communication training and preparing for future teleconsultation practices.

Introduction

This study presents the procedural unfolding of a fully online, video-mediated nutrition and dietetics education cycle informed by applied Conversation Analysis (CA), more specifically interventionist CA (Antaki, 2011). In the introduction to an edited volume, Antaki (2011) defines the scope of interventionist CA as "where CA can be applied to a practical problem as it plays out in interaction, with the intention of bringing about some sort of change" (p. 1). Relatedly, interventionist CA refers to research-informed professional problem-solving practices, including in medical consultation settings (Barnes, 2019), oriented to preexisting institutional problems that occur in and through talk-in-interaction. It also gives prominence to the active involvement of professionals in devising solutions, thus making space for the operationalization of CA-informed solutions to interactional troubles. Interventionist CA also inspired evidence-based communication training models such as Conversation Analytic Role-Play Method (CARM, Stokoe, 2011, 2014, also see; Sikveland et al., 2023; Church & Bateman, 2020; White et al., 2021), VideOing to Improve Communication through Education (VOICE, O'Brien et al., 2018), video-based reflection on team interaction (ViRTI, Due & Lange, 2015), and other diverse models specifically in teacher education (see Balaman, 2023 for a review).

More recently, O'Reilly et al. (2020) proposed a recalibrated approach to interventionist CA by including a reflective component in their training model and expanding the scope from dealing with preexisting problems to situated identification of good/improvable practices emerging from the collaboration between researchers and practitioners. The training cycle presented in this study aligns with the defining features of Reflective Interventionist Conversation Analysis (RICA) (RICA, O'Reilly et al., 2020) regarding the data-led identification of an improvable practice while also incorporating diverse conversation analytic professional development activities (Balaman, 2023) and some mainstream student dietitian training activities. More specifically and slightly different than RICA and other interventionist CA-informed models of communication training, this study presents a single case based on a focal student dietitian and shows that the researcher and practitioner partnership starts prior to the semester for the course design, and the practitioner engages in a CA-informed intervention after identifying a focal practice without the researcher involvement during the semester. With this in mind, we exclusively report the longitudinal unfolding of the outcomes of the practitioner's intervention based on her situated identification during the delivery of the course instead of solely focusing on the pre-semester collaborative planning work.

Dealing with the professional development of teacher candidates in digital spaces, Balaman (2023) suggested that adopting an approach that recognizes conversation analytic findings as evidence base, uses them for increasing interactional

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awareness with a reflective lens, and examines training processes using conversation analysis to inform future practices enables exploiting the true potential of applied conversation analysis for communication training. Relatedly, in a study using applied conversation analytic research findings as the data-led evidence for teaching the realities of actual patient-nurse interactions to student nurses, Aled (2007) showed that the data-led and evidence-based approaches to preclinical education were positively evaluated by the undergraduate nursing students. Similarly, in the study, an evidence-based and data-led approach to dietitian education is operationalized during the semester with the practitioner's CA-informed intervention to the interactional and professional practice of a student dietitian in the current study.

The training model at hand also involves simulated and real patient counseling processes in various steps of the training throughout the semester. Although data-led communication training is reportedly effective, there is also the need to provide the trainees with experiential professional communication opportunities, which marks a clinical challenge due to the difficulty of recruiting real patients (Schwartz et al., 2015). Simulated dietitian-patient interactions come into play to tackle this challenge to some extent (see O'Shea et al., 2020 for a systematic review). In undergraduate preclinical dietetics contexts, Gibson and Davidson (2016) documented improved communication skills, and Knight et al. (2020) found positive attitudes toward communication skills training with components such as simulated patients, feedback, and reflection (also see van Braak et al., 2021). Schwartz et al. (2015) and Taylor et al. (2018), on the other hand, argued that real patients and simulated patients are both effective for dietetic and medical students to demonstrate communication skills. However, the experiential opportunities gained through role playing activities with the simulated interactions of student dietitians were mostly reported based on self-reported, quantitative evidence rather than examining how the communication is experienced in real time, in situ, and in and through talk-in-interaction. Furthermore, there is also a dearth of research providing the interactional evidence for the transferability of experiential communication training outcomes into actual patient counseling in undergraduate nutrition and dietetics education. We also aim to provide CA insights into the transferability of experiences gained during simulated counseling (along with other course-related training activities) into real counseling rather than providing a comparative account for these two types of experiential professional practice.

Another communication training challenge in undergraduate nutrition and dietetics contexts emerged during the COVID-19 pandemic. Although using distance education means to deliver nutrition and dietetics education has a long history (see Bueche et al., 2023), there are no specific fully-online communication training models, to the best of our knowledge, to tackle the challenges and utilize the affordances (Hutchby, 2001) of online learning environments. The model presented in this study also responds to this research and practice gap (Walthall et al., 2022), the need for which quickly peaked during the pandemic (Wherton et al., 2020), to provide a strong ground for patient counseling training in nutrition and dietetics education settings and beyond. We argue that pursuing a social interactional, reflective, data-led, and evidence-based model in and through video-mediated interactions is equally important for preparing the dietetics students for the increasingly popular practice of teleconsultation (i.e., video-mediated patient counseling) or more broadly, telemedicine (see Hartasanchez et al., 2022). Preclinical education in video-mediated settings would also prepare the dietetics students for an operational understanding of the agentive role of technology with reference to the challenges and affordances (see Arminen et al., 2016; Heath & Luff, 1993; Hjulstad, 2016; Hutchby, 2001; Jakonen et al., 2022; Mlynář et al., 2018) for delivering teleconsultation. In a recent study dealing with video-mediated consultations, Seuren et al. (2021) described how latency (i.e., transmission delay of turns-at-talk; Olbertz-Siitonen, 2015; Rusk & Pörn, 2019) shapes the interactional context by causing misplaced silences, gaps, and lapses, which lead to overlapping talk. Relatedly, in this paper, we present how the trainer identifies repetitive overlaps and cutoffs, although they are not visibly stemming from a latency-related problem. The trainer provokes student dietitian reflection and provides feedback on repetitive overlaps and cutoffs, and eventually manages improving the student dietitian's practice in ways that are observable in actual video-mediated patient counseling as well.

Against this background, this study is situated at the interface of "observational-relational studies" by providing a longitudinal account of the student dietitian's interactional change over time (Pekarek Doehler et al., 2018) and "causal studies" by describing how an interventionist communication training plays out across the semester (Barnes, 2019, p. 307). The findings also bring new insights into video-mediated nutrition and dietetics education. We specifically deal with a fully-online mode of delivery through the integration of lectures, simulated patient counseling, reflection, feedback, actual patient counseling, and patient interview by lecturer. We trace the identification of the improvable practice, the moment of intervention, post-intervention trainee practices, and the eventual outcome of the professional development manifested in actual patient counseling. In what follows, we present the procedural details of the training cycle, provide a longitudinal account of student dietitian's interactional and professional change, and critically discuss the findings of the study.

Methods

This study showcases a semester-long educational intervention to increase the counseling skills of student dietitians as part of an elective course in an undergraduate degree program in Nutrition and Dietetics. In this section, we introduce the theoretical knowledge that the course identified as required for the counseling skills development of student dietitians (*N*: 12) and activities that were strategically used by the course lecturer throughout the semester. All students, patients, and the lecturer delivered written consents for the study (University Ethical Committee Clearance 2668; 15/10/2021).

The semester was structured based on a training cycle that was co-designed through researcher and practitioner collaboration with the purpose of equipping the student dietitians

with necessary skills to engage in counseling by adapting an interactionally-aware perspective informed by conversation analytic approach to social interaction in institutional settings. The collaboration was organized through pre-semester planning meetings to determine the course contents and ensure the involvement of activities that enable interactional awareness and counseling skills development by the end of the semester. Accordingly, the lecturer was also notified about the potential points of interactional development based on brief introductions to CA concepts and research findings so that she could identify some of the social actions of the students and propose ways of interactional and professional development. As an output of the pre-semester collaboration, the course included six lectures in video-mediated whole-class sessions (L1 to L6) followed by the enactment of video-mediated simulations by student dietitians (S1 to S5), post-simulation whole-group video-mediated evaluation sessions based on simulation experiences of the students (GE1 to GE5), data-led written reflective practice by the students (RP1 to RP7), and video-mediated data-led feedback sessions between each student and the lecturer (FB1 to FB5). The first 13 weeks of the semester followed this structure, and the student dietitians gained experiential knowledge about their profession based on this diverse set of activities. Subsequently, in the fourteenth and fifteenth weeks of the semester, each student dietitian met with an actual patient to engage in patient counseling via video-mediated interaction (PC1 and PC2). The students delivered their written reflections (RP6 and RP7) after these patient encounters. In the following step, the lecturer interviewed each patient about their insights into the student dietitians' performances (PL-int). The last activity was to meet with each student for overall feedback about their patient counseling performances (FB6), which marked the end of the semester. Figure 1 below presents an overview of the entire training cycle.

To further elaborate, the six lectures defined the scope of the subsequent activities in the first 13 weeks and covered the following topics, (L1) introduction to course contents and counseling steps, (L2) nutritional history, food consumption frequency, food record, communication (listening, asking a question, empathy), (L3) communication methods, (L4) patient centered care component, (L5) patient-dietitian communication, patient-dietitian relationship, and (L6) patient centered care (providing holistic care, shared decision making, providing individualized care). Following the lectures in video-mediated classrooms, the student dietitians simulated the role of dietitian and patient (S1 to S3) respectively in line with the lecture topic of each stage. In S4 and S5, the lecturer assigned role cards (i.e., by determining some patient complaints, and sociodemographic details) to the students to structure the simulated patient counseling. All simulations were screen-recorded using the built-in recorder of the videoconferencing tool, Zoom, and constituted the database for both the current study and the students' written RP and lecturer-fronted GE and FB activities. Therefore, our references to data-led are based on these screen-recordings. Zoom provides screen-recordings that reflect the participants' views as it occurs real time. That is to say, the participants had access to each other's video frames as captured within the limits of camera coverage and in talking heads format (Licoppe & Morel, 2012). Despite the fractured ecology of the video-mediated interactions at hand (Heath & Luff, 1993) the participants' high quality connections minimized the occurrence of latency (Seuren et al., 2021), which enabled us to have a clearer perspective into the turn-taking behaviors of the participants. The entire training cycle aimed to prepare the student dietitians for the end-of-semester video-mediated patient counseling meeting (PC1) followed by a patient control (PC2) meeting (i.e., with real patients) to check the patient's alignment with the suggestions delivered during the earlier counseling meeting, which were also screen-recorded. Lastly, the lecturer interviewed the participating patients (PL-int) and used this as the basis for her final feedback.

We examined the entire dataset to better understand how the training activities and the lecturer's regular professional and interactional interventions created opportunities for student dietitian's experiential, professional development. Using Conversation Analysis (CA) (Sacks et al., 1974; Sidnell & Stivers, 2013) as the research methodology to longitudinally investigate the interactional trajectories of the participants (Pekarek Doehler et al., 2018) in diverse video-mediated activities throughout the training cycle, we identified a focal case which helped us navigate the different stages of the cycle and their role in affording developmental opportunities to a focal student (FEY, pseudonym). We also drew on supplementary ethnographic data (written reflections of the student dietitians in RP1 to RP5) only when we found convergences with or divergences from our longitudinal and conversation analytic arguments, which also brought new insights into the examination of the intervention at hand (Badem-Korkmaz et al., 2022; Balaman, 2023; Ekin et al., 2024). Last but not the least, the researcher and practitioner collaboration is beyond the scope

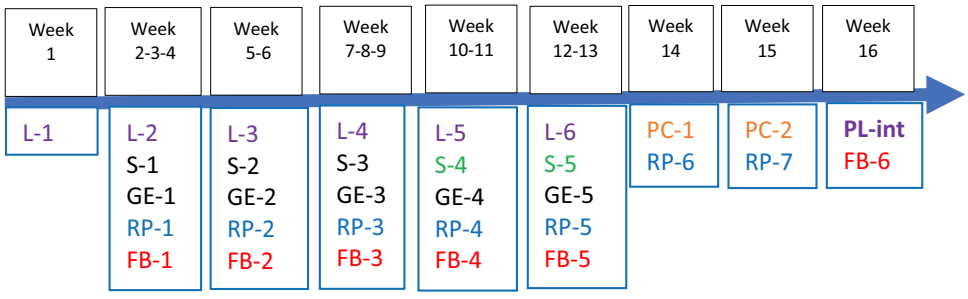

Figure 1. Overview of the student dietitian training cycle*. *L (lecture), S (simulation), GE (group evaluation), RP (reflective practice), FB (feedback), PC (patient counseling), PL-int (patient interview by lecturer).

of the current study except for the lecturer's intervention on the listenership behaviors of the focal student dietitian that was informed by the conversation analytic perspective into patient counseling that stemmed from this collaboration prior to the course.

Analysis

In this section, we present FEY's development based on the lecturer's identification of a trouble during the students' simulated interactions (Extract 1), the lecturer's intervention to draw FEY's attention to the identified trouble and propose ways of improvement (Extract 2), FEY's improved practice with a peer in simulated interactions (Extract 3) and with a real patient in the end-of-semester actual patient counseling (Extract 4), and finally the real patient's evaluation of the focal student in a session with the course lecturer regarding the focal trouble traced longitudinally (Extract 5), thus marking the final outcome of FEY's development. We also report summative accounts of the other training activities that were involved in the cycle through supplementary ethnographic data and that led FEY to the ultimate level of development that became visible in her patient counseling session.

Emergent trouble in the video-mediated simulated patient counselling interaction

The first extract of the study comes from the very first video-mediated simulation meeting (S1) of the semester. Therefore, it showcases the state of the trainees before the beginning of the training period. We selected the extract in line with the trainer's initial identification of an interactional trouble regarding the interactional management of the simulated patient counseling. The trainer identified listenership (i.e., avoiding overlaps/cutoffs and deploying interactional resources for displaying listenership on a sequential basis) as a trouble in this first feedback meeting (FB1, see Extract 2 below), quoted certain parts of Extract 1, and referred to the repetitive overlaps as the reason for marking listenership as the source of trouble. With this in mind, Extract 1 presents a snapshot of the role of FEY's (simulates dietitian) repetitive overlaps with SUM (simulates patient) in the overall interactional management of the video-mediated simulated patient counseling session. Accordingly, the extract shows that FEY's listenership skills pose a potential challenge for doing patient counseling and creates a basis for the subsequent intervention by the lecturer.

Extract 1 starts when SUM reports the change in her daily schedule in overlap with FEY's information question oriented to SUM's routine. Following 0.7s of silence, SUM continues her report based on her current daily routine and delivers the first part of the schedule with reference to the time of having breakfast. Also note that SUM's turn in lines 4 and 5 does not conform with FEY's question turn in line 2 possibly because she did not hear the question due to the overlapping talk. In line 6, SUM inserts new information to her reporting episode (I have lunch too) which overlaps again with FEY's turn entry designed to display understanding of SUM's initial report. Following the resolution of the overlap, FEY delivers a positive evaluation and transitions into another question design in the same turn. FEY's question in line 9 inquiries SUM's dietary routine before the breakfast. Therefore, by line 8, we see that FEY does not show any orientations to SUM's inserted information about having lunch possibly due to the overlapping talk again. Without creating space for SUM's transition to respond to FEY's inquiry about the routine before the breakfast, FEY extends her turn in line 9 by initially stating the lack of lunch, albeit misunderstood, and repeats one of her earlier questions initially delivered in line 2. FEY's extended turn design shows that the overlap caused FEY to miss SUM's report regarding having lunch. Similar to FEY's trouble in addressing SUM's report, SUM does not show any orientations to FEY's question seeking information about the waking up time. In line 10, SUM repeats the breakfast time report and completes her turn in line 11 with the same construction (I

```
1   SUM:  [şuan düzenim farklı
          [now I have a different schedule
2   FEY:  [peki şuanda kaç gibi uyanıyorsunuz?
          [okay now what time do you wake up?
3         (0.7)
4   SUM:  şuan dokuz dokuz buçuk gibi kahvaltımı yapıyorum
          now I have breakfast at around nine nine and a half
5         gittiğim staj yerinde (0.5)
          at the intern location I go
6         öğle [yemeğimi de yiyorum
                [I have lunch too
7   FEY:        [dokuz buçuk kahvaltı °yapıyorsunuz°
                [you °have° breakfast at nine and a half
8         çok güzel peki kahvaltıdan önce bir öğün tüketiyor musunuz?
          very good okay do you have any meals before the breakfast
9         öğlen yemiyorsunuz şuan kaç gibi uyanıyorsunuz
          you don't have lunch what time do you wake up now?
10  SUM:  şuan dokuzda dokuz buçuk gibi kahvaltı yapıyorum
          now I have breakfast at nine around nine and a half
11        gittiğim staj yerinde [öğle yemeğimi de yiyorum
          at the intern location [I have lunch too
12  FEY:                       [dokuz buçuk gibi kahvaltı yapıyorsunuz
                               [you have breakfast around nine and a half
```

Extract 1. Trouble in the video-mediated simulated patient counselling interaction (S1 – Week 2).

have lunch too), which overlaps with FEY's repetition of the breakfast time report.

This overlap is the third one in this short extract and repetitively leads to missing the patient report related to the dietary routine. In the subsequent parts of the conversation, we observe that the lunch report does not emerge for a long time during the video-mediated simulated patient counseling interaction. Similarly, FEY abandons the waking up time question. Other important observations to note for the remaining parts of the recording is that (i) overlapping talk persists and causes missing valuable information, (ii) there are also instances of cutting-off patient talk, and (iii) FEY, the dietitian, holds the floor extensively rather than creating participation space for the patient.

Overall, Extract 1 showed that in the simulated conversation, FEY repeatedly failed to display listenership to the patient. The initial simulation between the dietitian and the patient marked an improvable interactional practice- that is, to display listenership in the form of avoiding overlaps/cutoff and fine-tuned deployment of listenership devices during patient counseling.

After the first video-mediated simulated dietitian-patient encounter, the trainer gathered all the trainees in a whole-class video-mediated reflection session (i.e., GE1). Rather than providing detailed feedback to the trainees, the trainer elicited brief reflections from each trainee. FEY, the dietitian in Extract 1, reflected on her simulated practice with reference to technical and professional troubles and did not mention any interactional troubles at all. However, it is essential to note that during this whole-class session, FEY had not watched her own recording yet, which means this session did not necessarily unfold as a data-led episode. After the whole-class session, the trainer provided the trainees with a written reflection sheet, shared the screen recordings of the simulated encounters, and assigned the trainees to engage in data-led written reflection by watching their simulated encounters. FEY responded to the question "what was the most important aspect of the encounter for you?" as follows:

Entry 1: "During the encounter, listening to the patient was the most important aspect for me."

Entry 2: "I believed I listened to the patient without any cutoffs."

Entry 3: "I think I listened to the patient and made her notice I listen to her."

We see in the supporting ethnographic data that FEY did not only perform repetitive overlaps and cut off the patient but also, she did not mention the troubles in her earlier interactional practice. To briefly put, the trainer identified the trouble by examining the screen-recorded interactions and further noticed that FEY did not notice this failure simply by watching her own recording, which prompted the trainer to intervene in the subsequent step of the training cycle, namely lecturer feedback (FB1).

Trainer intervention during the data-led feedback session

Extract 2 presents the moment of the lecturer's intervention. Also note that this extract helped us to identify the improvable practice and track the student dietitian's interactional practice across the entire training cycle. As described in the earlier section, FEY experienced troubles in displaying listenership during her first simulated interaction, maintained the trouble during her written reflection by positively evaluating her experience, and laid the ground for the lecturer's intervention showcased in Extract 2.

Extract 2 starts with LEC's positive evaluation oriented to the professional aspect of the screen-recording of the video-mediated simulated counseling session in which FEY acted as the dietitian. Following her positive evaluations in lines 1 and 2, LEC abruptly transitions into negative evaluation in line 3 and criticizes FEY's practice by treating it as commenting, which indicates that LEC's earlier positive evaluation was designed as a mitigation device pre-positioned to the negative evaluation. After the delivery of the negative evaluation, LEC shares her understanding of the rationale behind FEY's interactional practice in line 4 and finalizes her multiunit turn with a suggestion turn regarding the extendedness of FEY's verbal contributions in line 5. Through her suggestion turn, LEC manages criticizing too much talk and commenting, which creates space for FEY's account giving. Subsequently, FEY takes the turn and initiates a reflective turn (let me confess something) in line 6. FEY accepts that her talk was too much in line 9 as a result of her repeated watching of the recording of their simulated conversations. Therefore, we see that the data-led nature of the overall training process created further reflection opportunities to the trainees and enabled self-noticing improvable interactional practices (cf. Kanat Mutluoğlu & Balaman, 2023). We also understand that FEY did not necessarily watch the recording repeatedly while writing her written reflection (especially the three entries given as supplementary ethnographic data above in RP1) but did so before the feedback session with the lecturer. Although both activities were designedly reflective, it is also possible to claim that one-to-one sessions with the lecturer/trainer created an opportunity for eliciting critical reflection from the trainees.

In line 10, LEC displays agreement with FEY's reflective talk, and FEY takes the turn again in overlap with LEC's turn-final compliance token. In doing so, FEY extends her reflection with reference to another observation she gained while watching the recording in lines 11 and 12- that is, the simulated patient's, SUM, boredom during the video-mediated patient counseling session. LEC further specifies FEY's observation by providing the exact time, and FEY aligns with this by repeating her observation in line 14. Following this episode, LEC engages in some suggestion delivery oriented to question design to maintain the progressivity of conversation (omitted lines) and returns to the focal point of the reflection by line 24. LEC explicitly alerts FEY to avoid intervening patient turns in line 24, delivers her account for this alert in line 25, and refers to the simulated patient's reactions toward this problematic practice in lines 26 and 27. We should also note that LEC refers to overlaps as the main source of problem by prosodically marking it in her turn.

For brevity purposes, we ended the extract in line 27. However, let us note that in the remaining parts of the conversation, we see that LEC quotes some of the cutoff and overlapping instances from the first simulated patient counseling meeting and shows how the recording was used as the basis

1 LEC: hmmmm (0.1) çok güzel yapmışsınız böyle düşünüp
you did very well thinking like this
2 sağlıklı diyet motivasyonuna ihtiyacım var sağlıklı beslenmek için
I need healthy diet motivation for a healthy diet
3 bak buradaki yorumların hepsini çıkarmak istedim (0.4)
I wanted to take out all your comments here
4 sen onu anladığını ona kendini iyi hissettirmeye
I understand you understood her and tried to make her feel good
5 çalıştığını anlıyorum(.)<ama bunu sözle yapmana gerek yok>=
but you don't do that verbally
6 FEY: =hocam birşey itiraf edeyim mi
my lecturer let me confess something
7 ben de ikinci üçüncü izlememde >ilerleterek ilerleterek< izledim
I also watched it >fast forwarding fast forwarding<
in my second third watching
8 (0.8)
9 çünkü çok konuşmuşum.↓(0.5)
because I talked too much
10 LEC: çok yorum yapmışsın ev[et
you commented too much [yes
11 FEY: [ve şeyi farkettim SUM de
[and I noticed SUM too
12 sonlara doğru sı[kılmış
got bored towards the end
13 LEC: [onuncu >onuncu dakikadan sonra <SUM iptal>
tenth after tenth minute SUM is cancelled
14 FEY: huh evet sıkılmış yani
yes I mean she got bored
9 lines of LEC's suggestion turn oriented to question design omitted
24 LEC (.) hiç araya girmeyecen (0.8) <tamam mı>
you will never intervene alright?
25 er çok çakışma oluyor ikinizin söyledikleri çakışıyor
there are so many overlaps what you both say overlaps
26 o zaman SUM böyle bir duruyor(0.3) şöyle bir bekliyor (0.3)
then SUM stops and just waits to see
27 acaba >FEY bitirecek sıra bana gelecek mi diye< (0.6)
whether FEY will finish and it will be my turn

Extract 2. Intervention by the trainer during the video-mediated data-led feedback session (FB1 – Week 4).

for data-led reflection. Therefore, we argue that the lecturer's intervention comes from her examination of the data with a social interactional lens, which eventually prompted her to topicalize listenership as the target for interactional and professional development.

Professional development of the student dietitian in action

The lecturer's intervention and FEY's alignment with it played a role in changing FEY's practice in the following weeks of the training cycle. In S2, S3, S4 and S5, we observed that the overlaps were exclusively transitional (Jefferson, 1983) and marked the moments of displaying minimal listenership (with "huh huh" or similar tokens). Relatedly, FEY started taking turns after more prolonged silences, thus mainly at transition relevance places (i.e., conversational positions where speaker change is expectable) and without causing additional troubles due to the length of silences. Therefore, we argue that the lecturer's intervention enabled a professional development trajectory for FEY specifically regarding avoiding overlaps and cutoffs, displaying listenership, and promoting patient voice throughout. In order to bring further evidence for FEY's initial professional development by the eighth week of the semester, we present an extract from S3 where FEY engages in video-mediated simulated patient counseling with another peer, NUR.

The extract starts with FEY's information question oriented to NUR's dietary routine regarding egg consumption. NUR, the simulated patient, responds by reporting her routine, and FEY deploys a transitional overlap in line 6 to minimally display listenership after the 0.5s of pause and at the completion point of NUR's turn. Unlike Extract 1, FEY's overlap does not cutoff the patient's report and functions as a listenership token, which becomes clear in line 7 through NUR's continuation. In line 8, 2.4s of silence occurs, and only after this relatively prolonged silence, FEY takes the turn with a transition marker (Beach, 1993) in line 9, and a past reference to further display her earlier listenership and a follow-up question to elicit further patient talk in line 10. FEY's turn prompts NUR's continuation of reporting. After 0.9s of silence in line 13, FEY partially repeats NUR's latest report and displays understanding and listening as an upshot of the report, which also opens floor for a clarification regarding kefir consumption. NUR confirms FEY's understanding and clarifies her state of kefir consumption. Similar to earlier speaker change instances, FEY takes the turn after 1.1s of silence and SUM's grammatical and pragmatical completion of her turn, claims understanding in the turn-initial position, and transitions into another dietary routine with a transition marker.

```
1  FEY:  uhm peki, NUR Hanım meslaa (.) ne sıklıkla (0.2)
              alright miss NUR for example how often
2         >yumurta tüketirsiniz?<
          do you consume egg
3         (1.2)
4  NUR:   err (0.8) haftada(.) 5 gün 6 gün yerim (0.5)
                    I have five days six days a week
5         [yumurtalı
           with eggs
6  FEY:   [hmm
7  NUR:   kahvaltıyı çok severim
          I like breakfast
8         (2.4)
9  FEY:   Pekii uhm (0.6)
          alright
10        süt tüketmiyorum dediniz ama mesela yoğurt (0.7) kefir?
          you said you do not consume milk but for example yoghurt (0.7) kefir?
11        (1.7)
12 NUR:   haftada (1.3) 3 gün (.) yada 4 gün yoğurt tüketirim↓
          I consume yoghurt three days or 4 days a week
13        (0.9)
14 FEY:   sadece yoğurt tüketiyorsunuz.
          you consume yoghurt only
15 NUR:   evet↓ (.) kefiri de çok hızlı bozulduğu için açıkçası tüketemiyorum
          yes       frankly I can't consume kefir because it spoils very quickly
16        (1.1)
17 FEY:   anladım .hh ı peki, et, tavuk, balık ne sıklıkla tüketirsiniz? (0.7)
          I see          alright how often do you consume meat chicken fish
```

Extract 3. Displaying listenership in the video-mediated simulated patient counselling interaction (S3 – Week 8).

Extract 3 provided a representative example for the subsequent video-mediated simulated patient counseling sessions across the training cycle. We observed that FEY stopped cutting off the patient talk, and the overlaps occurred at potential transition spaces to display her listenership and possibly invite further patient talk. FEY also entered the turn after some silences, which seems to be a systematic attempt to avoid overlap and promote patient voice without causing additional troubles due to silences. Therefore, we argue that the training with multiple feedback and simulated patient counseling, as was presented with the earlier extracts, led to FEY's professional development and prepared her for the end-of-semester real patient counseling. In alignment with the entire course work throughout the semester, both the simulated and the real patient counseling took place in the video-mediated interactional space, which brings an additional aspect to the overall transferability of the training outcomes into real encounters regarding experiencing teleconsultation.

At the end of the training cycle, the student dietitians found the opportunity to engage in dietary counseling with a real patient through two video-mediated meetings. The first video-mediated session aimed to enact the counseling while the second was for controlling the patient based on the earlier counseling session. Extract 4 below comes from the first video-mediated patient counseling meeting, thus FEY's first opportunity to put her emergent professional development into practice with a real patient.

Extract 4 starts with the real patient's, CEM, self-deprecation turn in line 1 and 2 that is followed by her statement of willingness to comply with the suggested diet by the student dietitian, FEY. In line 3, when CEM moves on with her willingness statement, FEY visibly parts her lip but does not produce talk in a way to allow CEM's completion of her turn. This marks an interesting moment in FEY's overall interactional trajectory as she bodily marks her changing behavior of cutting-off and overlapping with a real patient as well. After CEM's turn completion, FEY takes the turn at a transition relevance place and initially aligns with the patient's willingness statement. Subsequently, FEY transitions into diet-relevant talk by summarizing her understanding so far in the meeting. After 1.6s of silence, CEM confirms FEY's understanding. In what follows, FEY minimally acknowledges CEM's confirmation in line 10 and keeps the floor open for CEM's continuation. In what follows, CEM deploys another acknowledgment token in line 11. FEY treats this as the completion of CEM's response, takes the turn with a turn-initial *okay*, and designs an extended information question to elicit CEM's daily routine. Note that FEY asks the question first in line 12, then specifies the target of her question as the current routine in line 13, reformulates the question in line 14, models the response initiation with reference to the morning routine in line 15, and further specifies and reformulates the routine elicitation question in line 16. Therefore, FEY carefully recipient-designs her turn to mobilize the relevant response from the patient, which is delivered by CEM in lines 18 and 19. FEY positively evaluates CEM's report in line 20 and completes her turn by inviting further talk with another *huh huh*. By the end of the extract, CEM continues reporting her routine in line 22.

Extract 4 showed that FEY avoided overlapping and cutting off the patient talk, displayed listenership, and designed her turns to elicit diet-relevant specific responses from the patient. Therefore, FEY managed to transfer her professional development gains into the actual patient encounter in the video-mediated interactional space.

After the patient counseling and control meetings were completed, the student dietitians delivered their written reflections, and the lecturer invited the patients for an interview mainly to evaluate the trainees' performances and to remedy

1 CEM: >irademi mi yok artık bilmiyorum hani nasıl oluyorsa
I don't know maybe I don't have self-control
2 beceremiyorum< sanki hep yarıda bırakıyorum (0.3)
I can't do it like I always quit halfway through
3 +İnşallah bu+ sefer de öyle olmicak hah hah (0.3)
inshallah this time it won't be like that
fey +lip parting+
4 FEY: yok yok olmaz inşallah.
no no it won't inshallah
5 yani siz iki ana öğün yapmayı tercih ediyorsunuz ve
so you prefer two main courses a day and
6 iki ana öğün yaptığınızda da↑ (0.3)
when you have two courses
7 kahvaltı ve akşam öğünü tüketiyorsunuz
you have breakfast and dinner
8 (1.6)
9 CEM: evet
yes
10 FEY: huh
11 CEM: huh huh
12 FEY: tamam .hh >şimdi peki< mesela şu anda
okay how about now for example at the moment
13 o iki ana öğün yaptığınızda değil de
not when you had two courses
14 şuandaki bana bi gününüzü anlatır mısınız SEM hanım
can you tell me your day now miss SEM
15 mesela sabah kalktınız (0.4)
for example you got up in the morning
16 naparsınız ne↑ yersiniz, ne zaman yersiniz?
what do you do what do you eat when do you eat
17 (2.2)
18 CEM: mesela sabah kalktığımda(.).hh hani diyetisyenlerden kalma bi şey
for example when I got up in the morning (.) something I learned from dietitians
19 güne iki bardak suyla başlıyorum önce
I start the day first with two glasses of water
20 FEY: çok güzel huh huh
very good
21 (1.1)
22 CEM: huh huh (0.6) er ondan sonra iş yerine gidiyorum işte
then I go to work

Extract 4. Displaying listenership in the video-mediated real patient counselling interaction (PC1 – Week 14).

the potential clinical problems that occurred during the counseling session. Although Extract 5 does not add new findings to FEY's changing interactional practices over time, it brings additional evidence for the lecturer and the real patients' situated evaluation of FEY's practice regarding the focal phenomenon at hand, namely listenership. The extract comes from the last week of the semester and showcases an instance from the interview. Extract 5 starts with LEC's evaluation-eliciting question initially in lines 1 and 2 and later expanded in line 3. The question is oriented to FEY's overall performance regarding understanding the patient. CEM, the real patient, takes the turn with an address term and produces an explicit positive assessment on FEY's listenership skills. CEM further extends her positive evaluation in line 5 and relates it to her observational performance. Subsequently, CEM continues with positively evaluating the diet (i.e., the list) in lines 7 and 9 and establishes a link with the diet and FEY's way of introducing it with reference to the smooth progression of question-answer format in line 8. LEC shows her understanding by summarizing CEM's evaluation and completes her turn by stating mutual agreement on FEY's dietitian performance during the patient counseling. In line 14, CEM aligns with the mutual agreement and re-topicalizes her positive evaluation with another performance component, namely attention. Following CEM's detailed account for FEY's attentiveness during the session, LEC displays another agreement and marks the data-led aspect of the process in line 19. Subsequently, CEM produces a general positive assessment by the end of the extract.

All in all, we observed in this extract that CEM, the real patient, positively evaluated the focal student dietitian's, FEY's performance during the video-mediated patient counseling session, and LEC fully aligned with this positive evaluation. Therefore, by the end of the training cycle, we see that FEY skillfully managed a real patient encounter. More directly relevant to our inquiry in this paper is CEM's topicalization of listenership among the positive aspects of FEY's performance. The patient explicitly assessed FEY's performance positively, which marks the final point of FEY's professional development after LEC's intervention (Extract 2) based on an identified trouble (Extract 1). We discuss this in further detail in the following section.

Discussion and conclusion

This study presented the results of a conversation analytic investigation into video-mediated, interventionist, reflective,

1	LEC:	ermm yani görüşme sırasında sizi değerlendirebilmesi
		during the meeting about assessing your condition
2		sizi anlamaya çalışması ile ilgili durum neydi
		and understanding you what was the situation
3		sizce anlayabildi mi yeteri kadar sizi FEY↓ (1.1)
		do you think FEY could understand you sufficiently
4	SEM:	hocam çok güzel bir dinleyiciydi (1.2)
		she was a great listener
5		hani bir doktor adayı olarak (0.4) o kadar güzel dinledi ve
		she listened so good as a candidate doctor and
6		beni de çok iyi gözlemledi (0.8)
		she observed me very well
7		erm tam bana göre bir liste uyguladı
		she implemented a list that was well-tailored to me
8		hani (0.9) soru cevap şeklinde giderek
		like (0.9) progressing with questions and answers
9		hani bana uyumlu bir liste birebir bana uyumlu bir liste uyguladı
		like she implemented a list convergent with me verbatim
10	LEC:	=yani FEY'in sizi bütü::n ayrıntıları ile [anladığına
		so FEY understood you with all details
11	SEM:	[evet
		yes
12	LEC:	ve bununla ilgili olarak diyet planladığı konusunda
		and planned a diet accordingly
13		hemfikiriz o zaman ↑öyle mi (1.1)
		we agree on this is that correct
14	SEM:	aynen öyle hocam anlattıklarımı birebir hani >uzun uzun< konuştuk
		exactly we talked about what I told her extensively
15		bire bir tuttu(.) aklında:(0.4). .hh ve hep[sini
		she remembered verbatim and all of it
16	LEC:	[huhu
17	SEM:	bana tek tek sanki kendi beni tanıyormuş gibi anlattı bana (0.5)
		she told me back like she already knows me
18	LEC:	=evet FEY'in dikkati gerçekten çok iyiydi
		yes FEY's attention was really good
19		[bu konuda ben de izlerken hoşlandım
		I really liked this while watching
20	SEM:	[EVET (.) yani çok beğendim (.)
		YES (.) I mean I liked it very much

Extract 5. Video-mediated patient interview by the lecturer (PL-int – Week 16).

and the data-led training cycle. The findings showed that the integration of simulated patient counseling, reflection, feedback, actual patient counseling, and patient interview by lecturer led to professional development of the focal student dietitian to some extent. The lecturer/trainer identified an improvable practice (Aled, 2007; Balaman, 2023; Barnes, 2019; Lester & O'Reilly, 2018) regarding the listenership skills of the student, more specifically, cutoffs and repetitive overlaps in the video-mediated patient counseling session (Seuren et al., 2021). The identified practice marked the trajectory of the intervention (Antaki, 2011; O'Reilly et al., 2020), and the trainer drew on an interactional practice to deliver feedback to the student and invite reflection in return, thus turning the training cycle into an interventionist conversation analytic implementation. The student dietitian improved her interactional practice in the post-intervention interactions across the multiple stages of the cycle, which aligns with the overall positive impact of the evidence-based communication skills training activities (Knight et al., 2020; Sackett et al., 1996; Stokoe, 2011; Taylor et al., 2018; van Braak et al., 2021). Despite the replacement of cutoffs and repetitive overlaps with prolonged silences that would potentially cause new trajectories of trouble, the longitudinal tracing of the entire cycle showed that the lecturer and the real patient positively evaluated the focal student dietitian's listenership skills by the end of the semester.

We should also note that the intervention was enacted in a different form than common interventionist CA (i.e., RICA and other models) practices in that the researcher/practitioner collaboration covered only the design of the training model prior to the semester. The collaboration also included raising the awareness of the trainer toward the social interactional aspects of institutional talk, which enabled the trainer to identify listenership skills as a potential site for the interactional and professional development of the focal student dietitian. Although the nature of the collaboration remained outside the scope of the current paper, the trainer's CA-informed intervention on a social interactional practice shaped the student's interactional change across the semester. We argue that training of trainers using CA findings and collaborating with practitioners for the design and delivery of reflective, interventionist modes of communication training hold the potential to cause change, which nevertheless require an additional study that also covers the pre-semester planning activities.

Coming back to the in-semester work examined in the current study, the identification of the trouble was the main catalyst for professional development, and it became observable during the simulated interactions of the student dietitians. Therefore, our findings align with the earlier research indicating the positive outcomes afforded by the simulated patient counseling activities in undergraduate preclinical nutrition

and dietetics education (Gibson & Davidson, 2016; Knight et al., 2020; Schwartz et al., 2015). Although we do not necessarily claim that simulated patient counseling turned out to be better than real patient counseling in the focal undergraduate program, which would merit further research, we argue that they enabled tracing the overall shape of the interactional and professional development and experiential learning of communication skills (Stokoe, 2011, 2014; Taylor et al., 2018; White et al., 2021). We conclude that both simulated and real patient counseling have some merit (Schwartz et al., 2015; Taylor et al., 2018), especially when simulated counseling is complemented with real patient counseling in the same training cycle. Employing both simulated and real patients and adopting a longitudinal perspective into the entire cycle made it possible to critically examine the transferability of experiential communication training outcomes into actual patient counseling in undergraduate nutrition and dietetics education. The longitudinal analysis of the diverse training activities showed how the student dietitian's listenership skills improved over time (Deppermann & Pekarek Doehler, 2021; Pekarek Doehler et al., 2018). More specifically, the repetitive overlaps and cutoffs disappeared over time in a way to argue for the development of the student's interactional competence (see Skogmyr Marian & Balaman, 2018). Relatedly, the professional knowledge required for the successful completion of the training activities became more visible with the longitudinal tracing of the training cycle in the semester-long professional development process.

The longitudinal change of the student's interactional practices also added to overall understanding of the interactional resources, troubles, and actions involved in video-mediated consultations (e.g., Seuren et al., 2021). Future research might further explore the challenges and affordances of the video-mediated interactions (Hutchby, 2001) with a longitudinal lens. Also, the video-mediated aspects of the communication training cycles can be more thoroughly investigated to fully understand the emergent digital literacy practices and the professional development outcomes afforded by the online setting at hand. Although the main focus was not the online communication means, the findings showed that the training cycle can also prepare the student dietitians for teleconsultations. Drawing on the need for more research to understand remote consultations (Walthall et al., 2022), similar training cycles informed by interventionist conversation analysis can be operationalized in diverse health education contexts.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

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