Interactional hybridity in professional gatekeeping encounters

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INTERACTIONAL HYBRIDITY IN PROFESSIONAL GATEKEEPING ENCOUNTERS

Il presente contributo intende esaminare la nozione di "ibridismo" all'interno di interazioni comunicative in ambito professionale, con la caratteristica comune di una relazione asimmetrica nei ruoli degli interlocutori (come ad esempio colloqui per selezione di personale, interrogatori di polizia, incontri tra clienti e rappresentanti di istituzioni). La ricerca si focalizza in particolare sul contesto medico, analizzando l'interazione durante esami orali svoltisi presso il "Royal College of General Practitioners"; tali interazioni sono considerate come esempi di attività complesse in cui si riscontrano diverse modalità discorsive.

1. Introduction: hybridity at work

In this paper I explore the notion of "hybridity" as it is manifest interactionally within the activity of professional gatekeeping encounters. By professional gatekeeping encounters, I here refer to speech events such as recruitment interviews, appraisal interviews, courtroom cross-examinations, police interrogations, and more generally, encounters between clients and institutional representatives in a range of social welfare and bureaucratic settings (Erickson 1976, Erickson and Shultz 1982, Roberts 2000, Roberts and Sarangi 1999, Sarangi and Slembrouck 1996, Zimmerman 1969). What is common to these encounters is an asymmetrical role-relationship, which is manifest in participants' differential rights and obligations with regard to topic control, turn design and participation structure. Following Goffman (1961), all encounters can be seen as "partially bounded settings". It is perhaps the case that gatekeeping encounters have more rigid boundaries, but we can easily detect in them leakages and shifts at the micro-interactional level. In their seminal work, Erickson and Shultz (1982) characterise educational counselling as a gatekeeping activity, but, following the metaphor of jazz music, they also suggest that "improvisation" is a central feature of the conversational repertoire of the counsellors as well as counsellees.

Terms such as "partially bounded", "leakage" and "improvisation" are what I have in mind when exploring the notion of "interactional hybridity". As I see it, hybridity as an analytic concept draws upon basic linguistic notions such as semantic indeterminacy, pragmatic ambivalence, context dependency, meaning potential, intersubjectivity etc. The general assumption is that there is no one-to-one correspondence between language form and language function. Hymes (1972: 7) puts it very succinctly:

> The means by which a social meaning, say, intimacy vs. distance, is expressed, may range from choice of pronouns to choice of dialect or language, through choice of voice timbre, of norms as to turn-taking, permissible length of pause, and the like.

The notion of hybridity is thus embedded in linguistic and interactional choices we make in our everyday conduct of talk and practical action. We can only understand how hybridity operates in interactional settings in relation to other relevant notions, especially those of order, norms and rules. Hybridity, in the sense I am using the term here, goes beyond normativity as it is traditionally deployed in social analysis. The contingent and emergent nature of interaction/performance comes to the fore (in preference to pre-established rules and norms), but this is not to do away with a sense of mutually recognisable orderliness. Bogen's (1999) formulation — "order without rules" — effectively captures the blending of both Wittgensteinian and ethnomethodological perspectives on how practical reasoning is central to organised, orderly human conduct. Orderliness is conceptualised here as dynamic and complex in order to allow for new interactional and structural configurations. Discourse scholars working in genre analysis and text linguistics have long suggested the mixing (and even colonisation) of different genres which lead to new, hybridised inter-textual forms (Fairclough 1992). From a literary, narrative perspective, multi-voicedness is increasingly being recognised as a characteristic feature of any text (Bakhtin 1986). In tracing connections between institutional and interactional orders, we can uncover hybrid moments at the discoursal level (Sarangi and Roberts 1999). When we turn our attention to talk-in-interaction in institutional and everyday settings, we are faced with constantly shifting, (re)configurable "interaction orders".

Hybridity is also a more general, overarching concept. In the Sydney Olympics recently, Marion Jones' failure to bag another gold medal in the long jump event was put down to her inability in combining two specialities: her talent in sprinting (for which she had already won a gold) and what is required to master the long-jump technique which in a hybrid sense encapsulates good sprinting performance. In other words, Jones' superiority in one speciality was not enough to gain success in a hybridised event. A recent anecdotal experience in the hospital setting may help to clarify the notion of hybridity. During the admission stage, the orthopaedic surgeon is trying to explain the surgery procedure for scoliosis, the aim being to straighten the spine with the help of a metal frame. He points to a picture of the skeleton and suggests that he is going to use the "hybrid method" — i.e., use of "rods and clamps" in the metal frame to support the spine — and stresses the point that "this is the best of both worlds". That is, one method no longer replaces another, but the new method combines different and useful aspects of the existing methods. The old and the new blend to give rise to hybrid forms. One can draw a parallel here to how hybrid identities are conceptualised in contemporary multicultural societies as possible (re)configurations of available resources in a supplementary way rather than as a replacement of one by the other.

2. Activity types and interactional hybridity

My main argument in this paper is that hybridity is an interactional phenomenon, and, for most part, we manage hybrid moments in an orderly fashion. They can however surface as awkward moments in gatekeeping contexts, as we will see later. As part of the broader background, let me contextualise the importance of "interactional hybridity" in relation to professional gatekeeping encounters where such hybridity not only becomes noticeable but can also be consequential. As far as educational counselling is concerned, Erickson and Shultz (1982) suggest that certain "interactional incidents" (e.g., hyper-questioning, hyper-explaining) characteristically reveal the tensions within this activity. Moreover, it is often the case that such interactional incidents or awkward moments form the basis for gatekeepers to assess the "performed social identities" of student counsellees. Generally speaking, post-hoc comments such as "she wasn't sure what I was after", "he fumbled a lot" quite clearly refer to what happened during a given interaction, but such comments also constitute the evaluation of one's (in)competence beyond the interactional setting and thus become consequential.

Let us consider here briefly Levinson's (1979) notion of activity type with special reference to institutional/professional domains of language use (for a detailed disucssion, see Sarangi 2000). Similar to Goffman's notion of "partial boundedness", Levinson (1979: 368) sees activity type as 'a fuzzy category whose focal members are goal-defined, socially constituted, bounded events with constraints on participants, settings and so on'. Levinson derives his notion of "activity type" from Wittgenstein's (1958) idea of "language games", whereby interactants in order to be able to communicate must agree "not only in definitions but also in judgements". According to him (1979: 393):

> [T]ypes of activity, social episodes if one prefers, play a central role in language usage. They do this in two ways especially: on the one hand, they constrain what will count as an allowable contribution to each activity; and on the other hand, they help to determine how what one says will be "taken" — that is, what kinds of inferences will be made from what is said. Both of these issues are of some theoretical and practical interest.

In stressing the role of context in inferencing, Levinson moves away from the inherent problem in speech act theory which attempts to establish linkage between utterance production and intentionality, and so fails to take into account the interactional location of the utterance (see Turner 1974 for a detailed account). In focusing on how inferencing is activity-specific, Levinson successfully takes on board the structural, stylistic and interactional dimensions of language use. Rather than deal with "code theory" and "inference theory" separately (see Stubbs 2001), the activity-type framework not only combines both language production and inferencing, it also tries to establish the inter-dependence between the two. Levinson's model itself is hybridity par excellence, as he steers

his way in between the more universal principles of the Gricean maxims and the more specific rules of conversation. He (1979: 373) writes:

> The knowledge that is required to make appropriate inferences is clearly not provided by Grice's maxims alone, for these are (implicitly) supposed to hold across different kinds of activity. Nor is it provided by the general structural expectations that have on the whole been the focus of work by Sacks, Schegloff and their colleagues. The knowledge in question rather seems to be a distinct and further kind of structural expectation that lies behind inference in discourse.

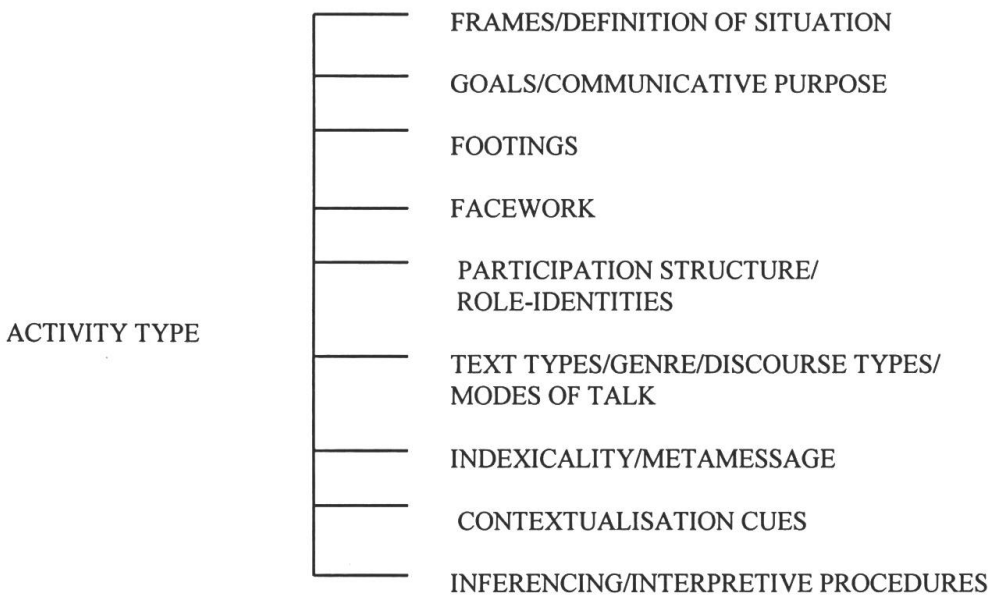
In order to account for the dynamics inherent in activity types, we have to recognise the significance of discourse types (Sarangi 2000). While activity type is a matter of defining and categorising the setting (e.g., a medical consultation, a service encounter, a university seminar), discourse type is a way of characterising the forms/modes of talk that accompany, say, medical history taking, self-presentation, interrogation, troubles telling etc. Since everyday members have access to differential use of language forms in more than one interactional setting, they can impute different but context-specific inferences without difficulty. More generally, if participants are not aware of the range of situations where a certain linguistic form can occur, as in many intercultural encounters, they are more likely to impose a wrong inference. In professional gatekeeping encounters, however, the nuances between what is said and what is meant may be problematic — to different degrees of course — for all participants in activity-specific ways, irrespective of their linguistic and cultural backgrounds.

The benefits of the Levinsonian activity-type analysis, especially in the context of language use in institutional and professional settings may be summarised as follows (Sarangi 2000: 6-7):

> The notion of activity type appeals for various reasons: it takes into account cognitive, historical and genealogical dimensions, as it links these to interactional patterns and structural configurations. Unlike behaviourist or cognitive models which focus on the individual performance and mental scripts, activity type analysis removes the burden from the individual. However, agency (or, 'improvisation', to use Erickson and Shultz's [1982] term) is very much a part of Levinson's own definition of activity type as being fuzzy. Against the backdrop of prototype theory, Levinson moves away from an either/or categorisation, towards a categorisation of entities based on more/less along a continuum. For instance, not all legal proceedings or medical consultations are conducted in exactly the same way, but there is a prototypical form from which other versions can deviate, but not without activity-specific inferences/implicatures attached to such deviations. A notion of normality is thus presupposed in activity-specific behaviour, but this does not amount to fixedness or rigidity. Deviations from the focal points only make us rethink the potential boundaries and crossings between activity types.

The main strength of the activity framework is its openness to accommodate a wide range of concepts as they operate at different levels of language production and interpretation. We can represent this as follows (Sarangi 2000: 4):

Figure 1: Integrated Model of Activity Analysis



Let us briefly illustrate this integrated model, with the manifestation of interactional hybridity in mind. In Levinson's sense, a bill signing ceremony will count as an activity type, with constraints on who can participate and who has the right to speak what and when. By extension, there are unspoken rules about who can transgress such rules and the extent to which such transgressions may or may not be tolerated within the activity type. The example below is reconstructed from Goffman (1981, PR = President Nixon; HT = Helen Thomas, News Reporter), accompanied by a gloss that this side-sequence occurs during a bill signing ceremony.

Data Example 1

01 PR: [in a teasing voice] Helen, are you still wearing slacks? Do you prefer them actually? Everytime I see girls in slacks it reminds me of China.
02 HT: President, the Chinese women are now moving toward Western dress.
03 PR: This is not said in an uncomplimentary way, but slacks can do something for some people and some it can't. But I think you do very well. Turn around.
[HT turns round; she is wearing white pants, a navy blue jersey shirt ...]
04 PR: Does your husband like your wearing pants outfits?
05 HT: He doesn't mind.

06 PR: Do they cost less than gowns?
07 HT: No.
08 PR: Then change [with a wide grin as other reporters and cameramen roared with laughter]

At first glance, we may say that there is nothing in this interactional episode which suggests that it is part of a bill signing activity. Goffman in fact uses this illustrative example to draw our attention to his (1981: 128) notion of "footing" as "participant's alignment, or set, or stance, or posture, or projected self":

> The projection is to be seen as a continuum, from gross changes in stance to subtle shifts in tone; the bracketing of a "higher level" phase or episode of interaction is commonly involved, the new footing having a liminal role, serving as a buffer between two more substantially sustained episodes; a change in our footing is another way of talking about a change in our frame of events.

Goffman's own analysis of the above episode is as follows.

> The incident points to the power of the president to force an individual who is female from her occupational capacity into a sexual, domestic one during an occasion in which she (and the many women who could accord her the role of symbolic representative) might well be very concerned that she be given her full professional due and that due only. And, of course, the incident points to a moment in gender politics when a president might unthinkingly exert such power. Behind this fact is something much more significant: the contemporary social definition that women must always be ready to receive comments on their "appearance", the chief constraints being that the remarks should be favorable, delivered by someone with whom they are acquainted, and not interpretable as sarcasm. Implied, structurally, is that a woman must ever be ready to change ground, or rather, have the ground changed for her, by virtue of being subject to becoming momentarily an object of approving attention, not — or not merely — a participant in it. (Goffman 1981: 125)

Goffman's analysis implicitly draws upon the notions of activity-type and hybridity in the broadest sense, as he spells out the observable leakages in relation to the activity in question. PR's shift in footing can only be understood against what is normative about the bill signing ceremony as an activity-type, but also in terms of what is normative in a society about who can comment when and how on women's appearance and dress code. So, we might conclude that PR has not only flouted the activity-specific norms of the bill signing ceremony, he has also breached the social etiquette by being sarcastic rather than complimentary when it comes to commenting on women's appearance.

Let us now turn to the "interactional incidents". We can see in turn 1 an explicit signalling of the shift in footing, which culminates in PR issuing a command to HT in turn 3: "turn round". A disagreement token is noticeable in turn 2 as HT tries to challenge the accuracy underlying PR's overgeneralisation about Chinese women wearing slacks. In turn 3, PR makes a rule-like statement when he says "slacks can do something for some people

and some it can't". It is both a downgrading of the overgeneralisation made earlier, while implying that HT perhaps belongs to the latter category of "some it can't". HT finally colludes as she adopts the gendered identity ascribed to her by PR, rather than sustain her legitimate reporter status within the bill signing activity. The shift in footing (and also shift in role and identity) has brought about a change of activity, which almost resembles that of a fashion parade. The question-answer sequence (turns 4-7) are also partly reminiscent of courtroom interrogation. So, in this short extract we have a hybrid activity which combines the discourse types generally associated with fashion parade and courtroom interrogation. Both the participants and the onlookers recognise the hybridity at the surface level — hence the roaring laughter — but the gender discourse, as Goffman points out in his analysis, is also available for interpretation. Without the identities of the participants and Goffman's gloss on the activity-type, the above "social episode" and the accompanying "discourse types" could occur as part of any other activity-type or as an activity in itself.

It is however important to note that not all shifts in footing are explicitly signalled in a given interaction — nor do all shifts lead to a change of the activity-type in question. In political interviews, politicians and interviewers may pursue different agendas to get their points across and we can recognise such tensions as integral to this activity-type (unlike President Nixon's talk about dress codes which counts as an on-record transgression of what is allowable in a bill signing ceremony). Consider here the following extract which is taken from an interview between George Bush (GB, then Vice-President running for the Presidential Office) and Dan Rather (DR, the interviewer). The topic concerns the (in)famous arms for hostages deal, and the interview was broadcast during Bush's presidential campaign.

Data Example 2

01 DR: one third of the Republicans, and - and one fourth of the people who say that, you know, they rather like you
02 GB: yes
03 DR: believe you are hiding something. Now if you are | here's the - here's the
04 GB: | I am hiding something
05 DR: chance to get it out
06 GB: you know what I'm hiding? What I told the President. That's the only thing. And I've answered every question put before me. Now if you have a question, what is it?
07 DR: I do have one.
08 GB: please.
09 DR: I - I have one.
10 GB: please fire away if
11 DR: you have said that I - if you had known, you have said that if you had known this was an arms for | hostages
12 GB: | yes
13 DR: swap then you would have opposed it. You also | said that you
14 GB: | exactly may may I

15 DR: | know that you
16 GB: | may I may I answer that
17 DR: that | wasn't a question
18 GB: | th- right
19 DR: it was | a statement
20 GB: | yes, it was a statement and | I'll answer it - the President
21 DR: | let me ask the question, if I may, first.
22 GB: created this program, has testified er stated publicly, he did not think it was arms for hostages. And it was only later |that
23 DR: | that's the President, Mr. Vice President.
24 GB: and that's me. 'Cause I went along with it because you know why | Dan?
25 DR: | that wasn't a question, Mr. Vice President.
26 GB: | because I worried when I saw Mr Buckley - ah heard about Mr. Buckley being tortured to death, later admitted the CIA chief. So if I erred, I erred on the side of trying to get those hostages outta | there
27 DR: | Mr. Vice President, you set the
28 GB: | and the whole story has been told to the Congress.
29 DR: you set the rules for this - this talk here. I didn't mean to step on your line there, but you insisted that this be live
30 GB: | exactly and that's why I want
31 DR: | and you know that we have a limited amount of time.
32 GB: | to get my share in here on something
33 DR: now, the President
34 GB: | other than what you wanna to talk about.
35 DR: | the President the President - has - has spoken for himself. I'm asking you to speak | for
36 GB: | please
37 DR: yourself, which you have not been willing to do in the past, if I - if I may - suggest that, that this is what leads people to say, quote, "Either George Bush was irrelevant, or he was ineffective. He said himself he was outta the loop".

(Source: Dillon et al 1989, transcription convention modified; the vertical lines signal overlapping speech)

What we have here is a departure from the "normal" question-answer turn-taking system, marked by competing definitions of the agenda, and different positions of speaking. DR is trying to set the interview agenda in terms of what questions can be asked, while GB is trying to use the occasion to get his political record straight. Both are appealing to the norms of political interviews but in different ways. While DR takes on the usual interviewer position, GB foregrounds his presidential candidate identity and this results in a hybrid activity made up of the discourse types of news interview and party political broadcast.

At the outset, we see DR formulating a question on behalf of the Republicans — a common strategy adopted by interviewers to maintain neutrality (Clayman 1988, Heritage and Greatbach 1991). GB soon challenges the question itself and buries it rather than answer it. In turn 6, he demands a fresh question and what follows can be seen as an explication of what is often taken for granted in political interviews, i.e., the pre-determined questioner and

answerer roles in this activity. In turns 11-13, DR begins to reformulate his earlier question (introduced in turn 3), and once again GB openly challenges the rules of the interview game as he insists on answering DR's "statement" rather than wait for a question to be formulated (see turns 16-20). Although DR tries to hold the floor so that he can formulate a proper question, GB strategically manipulates the interactional space in order to put forward his case. In turns 27-36, we see an extended appeal to the rules of the game especially by DR, while GB is still able to have his say. The occurrence of so many definitions of the activity as well as the overlapping turns is an indication of the competing agendas that both participants are pursuing. The hybridity here is manifest at the interactional level, but neither of the participants has any difficulty in appreciating what the rules of the game are and how they are being systematically flouted.

As we can see, the activity-specific constraints on participants are not being adhered to by GB in particular. Instead what we have is a display of the extent to which activity-specific constraints can be overridden by participants in strategic ways, but within the bounds of the activity of political interviews (unlike the unrecognisable bill signing ceremony discussed earlier). This is partly made possible because of GB's familiarity with the rules of the interview game — that politicians can afford to avoid answering specific questions, and instead use the media opportunity to get their own message across irrespective of the questions asked of them. In another activity-type, say, in a gatekeeping setting such as a job interview where questions and answers play a significant part, it would be very unusual for someone to flout the rules of the game so blatantly and for another party to continuously explicate those rules in a normative manner.

In the same way that the interaction order is flouted momentarily through footing shifts and through challenging openly what is taken for granted, the interaction order may also be shaped through participants' differential interpretation of meanings of words in institutional/professional settings. For instance, a common term such as "treatment" can have two different meanings even within the activity of medical consultation. The et al (2000) show that in cancer clinics patients may interpret the term "treatment" in its curative sense, whereas doctors may be using it in its palliative sense (i.e., to prolong life). These differential meanings are not explicitly talked about, so the curative meaning can assume the default status. The et al argue that, because patients and their relatives do not wish to talk about the worst scenario (which is implied in the palliative sense of the word), they interactionally collude with doctors to focus on immediate medical procedures such as administration of chemotherapy or radiotherapy to treat the tumours. The interactional routine which follows the delivery of diagnostic news seems to have a ritual feel to it as short-term treatment procedures become foregrounded at the expense of talk about potentially poor prognosis.

3. Shifts in modes of talk in medical gatekeeping encounters

In the rest of the paper I would like to pursue the theme of "interactional hybridity" in relation to medical gatekeeping encounters. The setting involves the oral membership examinations at the Royal College of General Practitioners (RCGP), where Celia Roberts and I carried out our consultative work a few years ago (for details, see Roberts and Sarangi 1999, Roberts et al 2000; Sarangi and Roberts, in press). Membership of the Royal College is viewed as a career achievement for most GPs, both from within the UK and overseas. In interactional terms, the oral examination can be characterised as a complex, hybrid activity, which poses difficulties both for candidates — irrespective of their different linguistic and cultural backgrounds — and for the examiners. One reason for this difficulty is that in the RCGP oral examination one finds a configuration of three modes of talk — (i) personal experience mode, (ii) professional mode and (iii) institutional mode — and it is not always clear which mode is the preferred one at what stage of the interaction and in relation to which topic.[1] These three modes of talk have been characterised as follows (Sarangi and Roberts, in press):

> Personal experience discourse is talk concerned with the individual's experiences and feelings. It usually takes the form of a narrative, for example, anecdotes and reminisces, and deals with the "here-and-now" experience of the concrete particulars of a case in hand and "the accumulated experience of a similar case over time" (Atkinson 1995).
>
> Professional discourse is the talk of doctors in practice, in doctor-patient interviews, in case rounds, in hospitals and in a range of doctor-doctor discussions and meetings. It is the discourse of shared ways of knowing and seeing which characterise the community of medical practitioners (cf. Goodwin 1994).
>
> Institutional discourse is not the actual talk that GPs use in their consultations (i.e., professional discourse) but the more abstracted and analytical ways in which they *account for* this talk. This institutional talk covers more personal and emotional aspects of the candidate's professional life which have to be accounted for in ways other than personal experience mode. In other words, the everyday competencies and practices of the GP have to be presented in organisationally recognisable terms (cf. Sarangi and Slembrouck 1996).

We have suggested that these three modes blend into one another over a given interactional episode, but it is the institutional mode that tends to override the professional and personal experience modes. Both examiners and candidates can be seen as shifting between the different modes of talk. It is worth noting that the oral exam is not trying to assess candidates' competence in one specific mode of talk (institutional or professional or personal

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[1] These different modes of talk are not restricted to the oral examination activity. They can be extended to other activity-types, including research interviews (Sarangi, forthcoming).

experience). Instead, it encourages a smooth accomplishment of a hybrid mode whereby candidates move freely between the three modes, without necessarily cueing such moves explicitly. However, explicit cueing is particularly noticeable at times of trouble. Consider the following example, where a candidate is asked about his suitability for medical practice — a rather threatening question which requires a balanced act of self-presentation.[2]

Data Example 3

01 E: ok how does personality affect one's work as a doctor - the doctor's personality
02 C: [sighs and long pause] ok [pause] well personality [pause] maybe I am trying to think of er in the literature to supplement my erm my answer that's what you are looking at
03 E: erm your thoughts on it - not necessarily literature
04 C: ok personality affects [laughs] how many [...] patients you have - research shows that doctor's perception of workload erm time pressure family pressure - maybe qualifications affect the number of [...] patients you are having - the problems we're having erm with patients your personality - bad in communication - you are bad communicator - you get in trouble with patients and patients will get into troubles - it would of course affect your practice - bad communication is [laughs] bad thing basically - your personality is (.) a major factor in how you establish communication erm (.) your personality depends on your attitude towards education further education - are you being updated or just (..) so confident and do you think that it is unnecessary [...] what caused by you [...] just so much behind
05 E: what about your own er personality - do you think that's ideally suited for for general practice
06 C: well of course that's why I chose general practice
07 E: good
08 C: general practice er er
09 E: good what what are the features of your personality that you think that suits general practice
10 C: (.) it's very difficult for somebody to praise himself - but I am in an exam and I have to give you a firm | answer
11 E: yes
12 C: and that's what I am going to do
13 E: good
14 C: I am a highly qualified person - I have postgraduate qualification apart from the medical degree | I am
15 E: | ok just just just the personality factor
16 C: personality erm evidence-based medicine study hard work hard good communicator I understand my patients empathise with my patients I have compassion I communicate well and I have feelings for other peoples I come from a mixed background so I have understanding of all ethnic minorities and local population - I am adaptable [...] allow to do

[2] The following transcription conventions have been followed in this paper: dots or numerical between round brackets denote pause; texts within square brackets are glosses; vertical line (|) signals overlaps; equal sign (=) means latching; asterisk (*) signals talk with noticeably lower volume; extended colons stand for lengthened sound and untranscribable segments are signalled by [^^^^]. I am grateful to Lucy Howell for transcribing the data.

this I always criticise myself and keep changing my attitude my thinking my clinical performance | and I always

17 E: | right that's that's great (.) what what about negative sides - are there any any blemishes

18 C: (.) again it's not it's not wise for me to [laughs] say much otherwise I score negatively in such an exam

19 E: [laughs]

20 C: so you have put me a very difficult question - but just to be honest erm sometimes recently [..] in my family life - it's being sorted out - I am married and have got a child sometimes I feel (.) caution myself - am I doing much (.) what am I - I just get this on erm have more time with my family - I am trying all my weekends and everything and spending with my family so this is almost my family - again its sports and I have stopped doing it - it's a bad thing and I am starting [...]

Let us focus on how the candidate handles the question about self-awareness in activity-specific terms vis-à-vis the interactional hybrid moments (for a detailed analysis of this segment, see Sarangi 2000). We notice that C offers an explicit 'definition of situation' as a way of signalling how the activity itself constrains what he wants to say, and by extension, why his co-participant (i.e., the examiner) should share this definition of situation and adopt a reciprocal frame of interpretation.

E's question in turn 1 is framed institutionally and C can be seen as preparing himself to offer an institutional response backed up with relevant literature. He even asks for a confirmation of what E is looking for (turn 2). In turn 3, E shifts the focus to the professional/personal dimension, but C frames his response in turn 4 in the institutional mode which is constituted in a long checklist, supported by what "research shows" and formulated through the use of the generic "you". In turn 5, E reintroduces the personal/professional mode, which is again responded to in the institutional mode. This then leads to E making the force of his question more direct in turn 9, which then results in the explicit definition of the interview activity by C (turns 10-12). C's move may be seen as a kind of framing device to guide the interpretation of what he is to say next as an 'appropriate' response rather than a boastful display of self-aggrandisement. Such explicit definitions of situation are often triggered by interactional trouble, as seems to be the case here. In turn 16, we have a similar sort of checklist as in turn 4, but this time the generic "you" has been systematically substituted with "I". In the latter part, the question about negative aspects of personality is handled in a similar manner. The outbreak of laughter on E's part (turn 19) is indicative of the awkwardness that accompanies the simulated nature of the gatekeeping interview activity.

In interactional terms, this is a particularly difficult episode which required a fair amount of negotiation of purpose and intentionality on both sides. Although E's question is about C's medical credentials, C is trying to foreground his interviewee role more than his GP identity in responding to the question. As in other gatekeeping interviews, questions about suitability require an evaluative presentation of one's professional self in an institutional mode. C's long response in a list format, which is in an institutional mode, does not seem to

align with E's endeavour to extract a response in a professional experience mode (although E himself uses an institutional mode question for this purpose). However, when this fails, E reframes the question in turn 5 to precipitate his specific intention. C's response in turn 6 may be heard as an on-record institutional response. Sometimes, such institutional responses settle matters and interviewers move on to their next agenda item. But here E wishes to pursue his question further (see turn 9), especially when C has failed to pick up on the implicit force of his questioning. As we can see, both E and C are moving between different modes of talk, in itself characteristic of gatekeeping encounters.

4. Interplay of modes of talk and frames of activity

In addition to the shifting modes of talk, I would like to suggest that the oral examination activity is also constituted in shifts between frames. There are two frames that are being continually negotiated: the interview frame in relation to the institutional mode of talk and the consultation frame in relation to the professional mode of talk. To begin with, the interview frame is the default frame, where the participants take on their interviewer and interviewee identities in an uncontested manner (marked by the absence of the challenges we noticed in the Bush-Rather exchange in example 2). The consultation frame however becomes introduced, explicitly or implicitly, through role-play devices and this often requires a reconfiguration of identities as well as modes of talk. Let us consider the next example to see how the hybridity is interactionally managed between the institutional, interview frame and the professional, consultation frame.

Data Example 4

01 E4: okay we'll move on to a (.) a different area (.) mother comes to see you one day y- s- in your surgery she's a single mum (.) she got a two year old (.) and she asks you doctor (.) what shall I have in my first aid cabinet at home
02 C2: right well (.) I would basically sort of first of all (.) um (.) from p- previous knowledge make some sort of assessment of actual (.) um (.) knowledge of the patient (.) about first aid ask what she actually (.) done any first aid training at all
03 E4: what (.) basics would equip the first aid cabinet
04 C2: right uh (2.0) elastoplasters um (.) perhaps antiseptic (.) um (.) there's a question whether she should have a (.) um a (pocket mask (.) ^^^ bottle) if she's been trained using it [(.)] um (.) just band- bandages =
05 E4: [okay]
06 C2: = and dressings really um [(.)] uh parac- paracetamol (suspension) (.) =
07 E4: [anything else]
08 C2: = [uh] (.) uh that's the last (.) most important things
09 E4: [right] okay (.)

In turn 1, E4 not only ushers in the consultation frame, but he also adopts the role of the single mum as he poses the question "doctor what shall I have in my first aid cabinet at home". The use of direct speech, which lends the scene some authenticity, is intended to act as a "contextualisation cue" (Gumperz 1982) to mark the shift in frame. It is meant to be an invitation to C2 to enter the consultation frame and assume the identity of a GP in preference to remaining an interviewee. However, in turn 2, we see C2 continuing in the institutional/interview frame — the "I" indicating her interviewee identity as he justifies the need for making an assessment of what the patient already knows about first aid. Notice the third person reference to the patient in the formulation "what she actually done", which suggests that C2 has chosen not to change his footing to communicate directly with this hypothetical patient. In other words, C2 is not yet in the consultation frame, and this is evident in the display of his professional knowledge about first aid provisions in the institutional mode. E4, in turn 3, reformulates his earlier question, but this time in an ambivalent way. It is not however clear if he is still in the consultation frame or has switched back to the interview frame. The question seems to be very much in the institutional mode, with the use of words like "basics" and "equip" in a passivised structure. In turn 4, C2 offers a list of first aid items in the institutional mode, and this is evident as he continues to use third person referent — "whether she should have a pocket mask". The misalignment between the interview frame and the consultation frame thus manifests itself at the interactional level, accompanied by different modes of talk. It should be noted that the preference for one frame over another — like one mode of talk over another — is not in itself a good or bad thing, but the tension shows when one party initiates a new frame and the other party does not join in. We can see how in turns 4 and 7, E4 reverts to the institutional mode by abandoning the role-play device to formulate his questions.

Let us consider two further extended extracts to bring out the hybrid nature of the professional and institutional modes of talk vis-à-vis the interview and consultation frames. It is worth noting that the oral examination in itself is a role-play frame. The participants are fellow doctors, but for the purposes of the examination they adopt interviewer and interviewee roles. Role-play is also an institutionally embedded activity. In these gatekeeping encounters, it is the interviewer who mainly retains the right to bring about a shift in frame through the introduction of other role-play scenarios such as the consultation frame. These shifts may be cued — explicitly or implicitly — through the use of different modes of talk as well as other linguistic devices such as direct speech. More importantly, the examiner can force candidates to act out specific GP roles in a responsive manner as and when the former chooses to play the patient.

Data Example 5

01 E1: you've you've you've just done I've just come in to your surgery I've seen the practice nurse twice (.) and uh (.) you take my blood pressure for the third time (.) and it's a hundred and fifty over a hundred (.) uh I'd like you to advise me

02 C3: fine um (2.0) I'd discuss with you uh (.) the fact that u- (.) it's very likely that you're (.) [probably] going to have a diagnosis of having =
03 E1: [mm]
04 C3: = high blood pressure [(.)] what do you understand by that diagnosis =
05 E1: [right]
06 C3: = what have you [heard] about it
07 E1: [I] (.) (something to do with) strokes (.) (apart from that)
08 C3: yeah (.) you're quite right the actual high blood pressure [today] =
09 E1: [mm]
10 C3: = (^^^^^) that have that have been done [(.)] um showing that you =
11 E1: [mhm]
12 C3: = can increase the incidence of strokes (.) and possibly as you're getting older (.) that it may actually have an effect on whether or not you have heart attacks now (.) we do have some very good treatment for high blood pressure (.) you may not actually need them at this stage this is what I would say [(.)] I'd discuss you know how much (.) exercise is =
13 E1: [mhm]
14 C3: = the patient taking (.) um (.) what sort of diet (.) what's their weight (.) is there [lots] of salt in their diet (.) um discuss those various =
15 E1: [mm]
16 C3: = factors are they smoking (.) and uh try and modify those factors if possible (.) [and] arrange a review (.) um (.) I would explain that =
17 E1: [right]
18 C3: = you know there are good (drug) (.) treatments that you know (.) we can hopefully (.) uh (.) treat the problem
19 E1: yeah (.) I I still don't really understand what h- h- high blood pressure is I mean is it (.) k- can you just treat it and it'll go away
20 C3: no what what you do really is uh (.) there's uh the actual pressure in in your blood is like (.) uh whether or not water's coming out of the tap slowly or or very fast un- under like spurting away [(.)] I don't =
21 E1: [right]
22 C3: = know ((laughing)) (.) uh (.) and so it's like water in the tube at a very high pressure (.) um what we can do is is by altering (.) the way your heart's pumping and and the size of the tube is actually make that a normal uh type of pressure so it (.) the continual banging against the walls of your arteries isn't causing them any damage
23 E1: mm right I think I see um (.) what what are these two I see you've written two numbers down now what what what what uh what do they mean (.) [(^^^^)]
24 C3: [yes] one is uh (.) do you understand the concept ((slightly laughing)) of of the pressure the first one is is is the top pressure (.) which as the heart [squeezes] (.) you get a a a more of a spurt and as the heart =
25 E1: [uhuh]
26 C3: = relaxes you get a lower pressure [(.)] and (.) the first one that that =
27 E1: [right]
28 C3: = we're measuring is the actual as the heart i- is is squeezing and pumping the blood through your body [(.)] and the second one is as =
29 E1: [mhm]
30 C3: = it relaxes (.) and so that's the lower one
31 E1: right a- and and which is the more important one (.) I mean I [can't] =

32 C3: [mm]
33 E1: = remember one especially more important than the other I can't remember which
34 C3: yes I don't actually think (.) that that's probably true anymore w- with the with the some of the research that we've got now [(.)] I think it =
35 E1: [mm]
36 C3: = certainly used to be felt that the lower blood pressure was the more important [one] (.) but I think now there's (.) been some research =
37 E1: [right]
38 C3: = done they're both important
39 E1: mm so is my blood pressure very high
40 C3: no it's not actually it's probably what we'd call a borderline blood pressure [(.)] um you may well be able to get it down if you (.) =
41 E1: [mhm]
42 C3: = go and do exercise [three or] four times a week [for half an hour] =
43 E1: [mm] [right]
44 C3: = you don't have to go to the gym if you just took a brisk walk (.) if you got a dog ((laughs))
45 E1: right
46 C3: yeah
47 E1: okay (.) ah I I do all that anyway (.) um [(.)] mm
48 C3: [do you] yeah
49 E1: d- does does I need (.) do I need some sort of treatment for it (.) do =
50 C3: [yeah]
51 E1: = you think
52 C3: yes I think that if you're doing all the [things and you have] been =
53 E1: [right yes]
54 C3: = doing them that yeah I think there are a few other things we ought to do is is to check a few more blood [tests] cholesterol don't know =
55 E1: [mm]
56 C3: = whether you've ever heard of that (.) and to and to check uh you're urine test [(.)] also want someone to examine you look in the back of =
57 E1: [mhm]
58 C3: = your eyes an (.) examine your stomach (.) um but then (.) if all those results (.) come back as (.) satisfactory then I think we can treat you here (.) and uh though you (.) it's actually taking (.) a tablet a day [(.)] um and (.) which ever tablet was diag- probably (.) would =
59 E1: [mhm]
60 C3: = would [depend] on
61 E1: [yeah] I'm still not h- hundred percent convinced that's going to (.) do me any good in the long run I mean what (.) what (.) what are the figures on that *do you know*
62 C3: mm (.) uh there's a lot of research that was d- was done in the sort of [mid] late eighties that uh (.) show that (.) you could significantly =
63 E1: [mm]
64 C3: = decrease uh (.) I think it (.) say by up to a quarter or (.) or a third (.) you could decrease your chance of having of a a stroke [(.)] um
65 E1: [right] but as my blood pressure's borderline I mean is that
66 C3: yeah
67 E1: is it going to be worth me taking pills (.) for ever I mean that *seems a bit (^^^)*

68 C3: I think it (.) I think the research definitely would show that it it did have (.) the tablets you'd be taking they have (.) got quite a large variety to choose from so [I mean] certainly (.) w- are o- obviously review that =
69 E1: [mhm]
70 C3: = (.) and we can have a (.) chat about [any] side effects that you're =
71 E1: [mm]
72 C3: = having (.) maybe we'd be able to get you a tablet on it you could take every day (.) I mean (.) are you your age now (.) or ((laughs)) [(.)] =
73 E1: [mm]
74 C3: = I mean you know I know it seems a long time to be taking tablets for but I don't know if you ha- know anybody (.) who's had a stroke um (.) but you know they can be quite (.) disabling and [(.) you know]
75 E1: [h- how] how how would you express (.) I mean coming out rath- how how would you express the (.) the stroke (.) gain risk risk benefit I mean (.) how would you explain that to me (.) how would you put that across
76 C3: so that by taking a tablet [(.)] ev- every single day [(.)] from now =
77 E1: [mhm] [uhuh]
78 C3: = to whatever you'd be able to (.) reduce your risk chance of having a stroke by (.) one in three probably (.) or one in one in two (.) I mean they're <u>quite</u> high figures (.) um (.) for having having a stroke
79 E1: so I'd be a a half fifty percent <u>less</u> likely to have a [stroke]
80 C3: [or a third] less likely to have a [stroke] yes yes
81 E1: [right] okay fine thank [you]

In turn 1, E1 frames the setting as a role play consultation by taking on the patient identity — formulated as "I'd like you to advise me". This framing is ambivalent as far as the choice of words is concerned. C3 shifts into the professional/consultation frame but retains a kind of distancing. Although it is E1 who introduces the consultation frame through the simulated role-play, he fails to sustain this new frame in interactional terms. One of the difficulties C3 faces in continuing with his doctor identity may be due to the minimal responses he gets from E1 throughout the role-play scenario (but see turns 19 and 23). E1's miniimal responses do not make it easy for C3 to make out whether the current consultation frame is operational or defunct. As can be seen, in turn 12, C3 nearly gives up and shifts back to the institutional/interview frame when he says "this is what I would say". In turn 14, he uses third person referent to talk about the patient. At the end of turn 16 he prefaces a shift back to the consultation frame all by himself, with no interactional help from E1. In other words, C3 is trying to move in and out of the interview frame as he makes an effort to communicate with E1 in the latter's dual role as audience and as addressee — the interviewer and the hypothetical patient rolled into one.

The conflation of the interview frame and the consultation frame means that E1 is positioned ambivalently as recipient of C3's talk. As far as different modes of talk are concerned, C3 moves between the professional mode (signalled through the recruitment of direct speech addressed to the examiner-patient) and the institutional mode (which requires

the use of reported speech directed at the examiner-interviewer). E1 later introduces the professional/consultation frame, starting with turn 19, when he says "I still don't really understand what high blood pressure is". This acts as an explicit cue for C3 to reclaim his GP identity and move into the consultation frame. The use of everyday metaphors such as "water coming out of the tap" to explain the phenomenon of blood pressure is very apt here and it signals that C3 is making an attempt to communicate to the patient in lay terms. It is not clear if E1 in turn 31 is initiating a shift back to the interview frame, but C3's response in turn 34 indicates that this might be the case (see, in particular, the formulation "some of the research that we have got now"). In turn 39, however, C3 returns smoothly to the consultation frame and continues in this frame uninterruptedly for a while. It is worth pointing out how C3 checks confirmation in turn 56, but without actually allowing any interactional space for the role-playing examiner-patient to respond, as would be expected in a real-life consultation. E1's contribution in turn 61, like in turn 31, is once again ambivalent. C3's response in the following turn suggests that a frame shift has once again occurred. It is reasonable for us to assume that comments such as "research that was done in the sort of mid late eighties" are too specific for the consultation frame, but are quite appropriate for the interview frame. However, in turns 65-67, E1 firmly reintroduces the consultation frame, which is again switched back to the interview frame in turn 75, although still anticipating a response from C3 in the consultation frame. The occasional episodes of laughter have an indexical function as these help to manage the interactional awkwardness associated with the shifting participation structure brought about through the role-play scenario. In turn 44, for instance, we see C3 extending the role-play scenario to introduce "walking the dog" as part of the exercise regime in a humorous way and E1 fittingly reciprocates.

My final example further exemplifies the complexity that arises when the different modes of talk and the two frames — interview and consultation — become conflated.

Data Example 6

01 E6: this next question I I want to look at the way that we convey messages to patients and how we get information over to our patients (1.0) I want you to imagine that you've diagnosed hypertension in a thirty two year old man (.) with fairly limited intelligence a labourer [on a building]
02 C4: [sorry with] fairly limited?
03 E6: intelligence [he's a] he's a manual worker on a building site [(.)] you =
04 C4: [aha] [mhm]
05 E6: = need to treat him (.) what how are you going to explain the diagnosis to him
06 C4: (1.0) I (.) would tell him that he has a condition (.) that er (1.5) it's very difficult to avoid using words like
07 E6: w- what would you actually say <u>to</u> him

08 C4: um (.) you have a (.) medical condition (.) that affects the (.) the heart (.) and er (.) the arteries that's the (.) the system that runs blood through (.) our body (.) um (.) and (.) it shows that it's a bit (.) abnormal (.) um (.) it's FAIRly common problem it's [(.)] it's not something that you =
09 E6: [mhm]
10 C4: = need to panic about [um] because the (.) good news is that we can =
11 E6: [yeah]
12 C4: = have treatment (.) for it [(.)] u::m (1.0) I mean presumably he's had =
13 E6: [right]
14 C4: = tests (.) a few so I'm going [to] start drug treatment
15 E6: [yeah] yeah
16 C4: right .hh um (.) er er as I say the good news is that there are treatment for it we <u>can</u> do something (.) about it
17 E6: how would you explain to him the need to be treated
18 C4: it is important that we treat this condition (.) because although you don't feel anything (.) just now (.) [it's] not painful or you're not (.) =
19 E6: [mhm]
20 C4: = going to suffer (.) any (.) immediate harm from it um in the long time in my results that er you (.) might have (.) you might be in trouble you (.) you might be more prone to have heart attacks if we don't treat it or (.) or a stroke [(.)] so it's important that we treat it (.) um it's it's =
21 E6: [mhm]
22 C4: = important that you (.) remain in treatment almost for the rest of your life
23 E6: you choose (.) to put him on a betablocker (.) you put him onto (me^^^talomol) what would you tell him about that
24 C4: (2.0) that although it's a (.) very safe drug (.) every drug has a small risk of (.) of complications [and] side effects and er (.) everybody =
25 E6: [mm]
26 C4: = might respond different [um]
27 E6: [would] you tell him about any side effects
28 C4: he might find (.) that he he may have impotence [(.)] um
29 E6: [*right*] (.) would you tell him that
30 C4: ((laughs)) he might not want to go on it (.) um (.) I I don't think that at the first interview I would tell him about impotence (.) [um] (.) =
31 E6: [okay]
32 C4: = [I would tell him] (.) mm well if he (1.0) may ((laugh)) (.) well =
33 E6: [why? not]
34 C4: = anyway I'll be honest with you [if I tell him now] right he's social =
35 E6: [yeah of course]
36 C4: = sort of low class he's a manual [worker] [(.)] um if I tell him this =
37 E6: [mhm] [mhm]
38 C4: = may cause impotence .hh (1.0) he he might be very macho and if I tell him this he may not be [too] happy and he might not agree with =
39 E6: [okay]
40 C4: = the treatment
41 E6: *right* (1.5) same situation where you have a thirty two year old man who <u>needs</u> to go onto treatment for high blood pressure [(.)] but he's =

42 C4: [mhm]
43 E6: = actually a (.) physiology lecturer (.) [at the university (as well)]
44 C4: [((laughs))] oh no
45 E6: y::eah how would you explain the diagnosis to him
46 C4: u::m (.)
47 E6: he's in cardiovascular [physiology] (.) so he understands a lot (.) so =
48 C4: [((laughs loudly))]
49 E6: = what what would you say to him
50 C4: um well I would tell him that he has (.) high blood pressure [(.)] and I =
51 E6: [mhm]
52 C4: = would say I presumably you understand what's er high blood pressure I don't like assuming that because you're a [Doctor] you =
53 E6: [okay]
54 C4: = know everything about [it] (.) [um] (.) [that]
55 E6: [right] [yep] [he asks] you what the causes are for him
56 C4: (1.0) I would explain him that (.) er (.) even the vast majority of people hypertension is (essential) and that means that [we] have not found a =
57 E6: [yeah]
58 C4: = cause [(.)] for it erm it's only in about five percent of the people =
59 E6: [okay]
60 C4: = that [there's] actual known cause
61 E6: [*mm*] he asks you how high blood pressure might damage his body what would you say to him then
62 C4: if we are able to control the blood pressure (.) er within a range that we are happy (.) about (.) er the (.) prospects are very good (.) um (.) obviously that's his responisbility now to comply with treatment (.) um (.) and to follow our advice with the smoking [and] so on (.) u::m =
63 E6: [mm]
64 C4: = if h::e (.) was left untreated (.) he m::ight (.) suffer long term (.) damage to (.) particularly (.) kidneys [and] heart
65 E6: [mhm] what sort of damage (.) he asks you w- what sort of damage am I so likely to get with my heart what's likely to happen to my heart
66 C4: you'd be a- increased risk of er (.) s- heart attack
67 E6: right (1.0) .hh finally how (.) w- when he asks you what evidence have you got (.) for him to take long term treatment for the rest of his life (.) what (.) what eveg- evidence could you give him
68 C4: (1.0) there has been (.) various studies [(.)] um to suggest that er m- =
69 E6: [mhm]
70 C4: = mortality and morbidity is reduced [(.)] um [when] treating
71 E6: [mm] [can you] can you name any
72 C4: hypertension (.) um (.)
73 E6: he wants to go and read them
74 C4: ((laughs)) yes (.) erm there is er (.) I can think of the elderly ones there (Shep) (.) Trial and the [[(.)] (stop) trial [(.)] um I can also give him =
75 E6: [mhm]
76 E5: [mm]
77 E6: [uhuh]
78 C4: = to read [th::e (.) guidelines]

79 E6: [can you think of any] can you think of any studies looking at (.) younger people (.) with raised blood pressure and the treatment
80 C4: um (2.0) I mean yeah there's the (Framgun) study
81 E6: what was that
82 C4: um (1.0) it was it was a very long study and they looked at not just at hypertension they looked at many different aspects of cardiovascular (.) disease (.) um (.) it was published in the BMJ (.) quite a few years ago now (.) *um*
83 E6: okay (.) thanks

This extract brings to the surface many of the tensions involved in the shifting of frames and modes of talk. In turn 1, we see E6 describing the scenario concerning a patient with hypertension and he has been characterised as "a thirty two year old man [labourer] with fairly limited intelligence". Note that E6 here does not actually take up the identity of the labourer-patient. While the frame shift has been signalled explicitly, it has not been accompanied by the relevant modes of talk through simulated role-play. This means that C4 has to manage the consultation frame (i.e., directly explain the condition to the patient in lay terms), while having her other foot firmly planted in the interview frame (to produce an account about what the explanation to the patient would be like). In turn 5, E6 formulates the question in a manner which reinforces the institutional/interview mode, requiring C4 to offer an account of "how to explain the diagnosis to him". As expected, in turn 6, C4 offers an institutional response underlining the difficulty she would face in choosing non-technical words to suit the patient's background. In turn 7, however, E6 can be seen as pushing C4 to adopt the consultation frame ("what would you actually say to him"), but note that E6 is still keeping himself out of this frame by not playing the patient. Also, similar to what we noticed in example 5, E6 continues to provide minimal responses (see especially turns 9-15). This kind of "non-involvement" of E6 in the consultation frame makes it difficult for C4 to sustain her GP identity vis-à-vis the patient. In turns 12-14, for example, we find C4 temporarily outmoding from the consultation frame when she says "I mean presumably he's had tests, so I'm going to start drug treatment".

In interactional terms, the difficulty is one of managing the consultation frame while also offering on-line commentaries for the benefit of the examiner-interviewer who remains the legitimate audience of C4's performance. Note again E6's comment in turn 17, which once more establishes the fact that he remains outside the role-play frame, while asking C4 to sustain a dialogue with an imaginary patient. As far as E6 is concerned, he continues to be an overhearer rather than a ratified listener and participant as he refuses to adopt the role of the patient. We see this pattern of non-involvement in the consultation frame repeating itself in turns 23, 27, 29, although at different points E6 expands the scenario by adding new stems such as medication, side effects etc. C4 has to constantly shift between the consultation and interview frames as she starts to talk about the patient using third person address terms (see turns 30-38).

The same pattern applies when the scenario changes in turn 41 by the introduction of an educated patient — this time a physiology lecturer. C4 is once again left to balance her performance with one foot in the consultation frame and the other in the interview frame. This is particularly difficult when no interactional scaffolding is forthcoming from E6. An exception is turn 65, where E6 uses the "I" form to cue the consultation frame, but this is very short-lived as he reverts to a distancing of himself from the hypothetical patient in turn 67. There is a prevalence of the use of reported speech — both by C4 and E6 — which suggests that the institutional/interview frame overrides the professional/consultation frame. Indeed E6 re-establishes the interview frame very firmly towards the end (turns 67-81), which is obligingly reciprocated to by C4.

Conclusion

In this paper I have focused on the notion of hybridity in its interactional sense and have done so within the context of activity-type analysis. Interactional hybridity, as I have used the notion here, leads us to rethink how hybridity is very much embedded in the notions of "activity types" and "discourse types". I have also suggested that hybridity may be mostly noticeable at the interactional plane of many of the contemporary workplace discourse sites, including the medical gatekeeping encounters which I have focused on here. Two analytic concepts — modes of talk and frames of activity — have been central to my analysis of data in the medical gatekeeping site. I have argued that gatekeeping encounters such as the RCGP oral examination take on a complex character because of the possibility of conflation of not only different modes of talk — e.g., institutional and professional — but also because of the shifts between the two frames mediated through simulated role-play. The examiners may bring about a shift in frame — from institutional/interview to professional/consultation — through hypothetical scene-setting and through role-play, but they may not sustain the designated role of the patient for themselves. This then leads to what we may call "hybrid interactional incidents" where both examiners and candidates spend a fair amount of time to negotiate the frames and modes before attending to the "content" of question-answer sequences. These hybrid incidents are likely to pose particular difficulty for candidates from different linguistic and cultural backgrounds who may be unfamiliar with the "contextualisation cues" used for frame- and mode-shifting, especially when such cueing is implicitly drawn upon by the examiners. More generally, though, the tensions show when candidates, irrespective of their linguistic and cultural backgrounds, are called upon to manage simultaneously "talking to a patient in a simulated role-play fashion" and "talking to the examiner about how they would talk to a patient". In other words, the dilemma is one of "communicating or doing communication" while "(meta)communicating about how to communicate". At times, metacommunication, for some candidates at least, might appear to be an easy task to accomplish as this would not rely on any supportive interactional work on

the part of the co-participants — here the examiners. What seems more difficult, in the interactional sense, is the task of carrying out a dialogue in a simulated role-play environment without the necessary contributions from the co-present participant. This absence of a collaboratively sustained frame shift, as we have seen in our gatekeeping data, at times runs the risk of rendering the interactional context ecologically invalid — to use Cicourel's (1992) notion in a slightly different sense — as the participants constantly find themselves (re)negotiating the relevant environment for their talk.

To conclude, as contemporary workplaces become more multilingual and multicultural, it will become difficult to draw boundaries within and across activity types and discourse types. Interactional hybridity would then not only account for continuity and variations within and across workplace settings, but it would also characterise the communicative slippages and mismatches, ahead of the strictly cultural and linguistic differences attributable to workplace participants. At both practical and analytic levels, one needs to be careful about attributing sources of miscommunication to discrete entities such as linguistic identity and/or ethnicity of the participants (Sarangi 1994a, 1994b). People now have at their disposal variable communicative repertoires, and their interactional competencies invariably cut through linguistic and cultural barriers. In other words, interactional diversity (which also includes aspects of hybridity) in ecologically valid discourse surroundings is increasingly becoming a common trope of many work lives. Analysts of multicultural, multilingual workplaces certainly need to upgrade their tools in order to cope with such workplace diversity and hybridity in all modes and frames.

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