Education

21

M-PED/01 – Pedagogia generale e sociale

A peer-reviewed book series in social pedagogy, theories of education, didactics, special educative needs, history of education, children's literature, teacher training, adult education, gender education, intercultural pedagogy and didactics, training and career guidance, new technologies, experimental education.

Federica Ranzani

Education in the pediatric clinic

Language, culture, and the management of knowledge in well-child visits

Edizioni ETS

www.edizioniets.com

EDIZIONI ETS
Palazzo Roncioni - Lungarno Mediceo, 16, I-56127 Pisa
info@edizioniets.com
www.edizioniets.com

Distribuzione
Messaggerie Libri SPA
Sede legale: via G. Verdi 8 - 20090 Assago (MI)

Promozione
PDE PROMOZIONE SRL
via Zago 2/2 - 40128 Bologna

ISBN 978-884677177-3

Table of contents

To my parents, Teresa and Martino,
who taught me – among many other things –
the value of bracketing assumptions

Introduction

The unnoticed educational work of healthcare providers. Toward a pedagogical investigation of pediatrician-parent interactions

As biomedical and psycho-pedagogical expert knowledge has long established, the first thousand days of life[1] are critical for children's physical, emotional, and socio-cognitive development, deeply influencing their long-term health, well-being, as well as social inclusion (UNICEF, 2017; WHO, 2018). Parents' lay knowledge echoes such scientific concerns more and more. As a matter of fact, right after midwives, pediatricians are among the first experts parents consult for guidance on a wide range of childcare issues as diverse as complementary feeding, pacifier use, sleep routines, diaper change, vaccination schedules, or understanding growth curves and developmental milestones. Is my child gaining enough weight? Why is my friend's daughter growing faster than my child? Is my baby's behavior normal? Am I properly taking care of my child's emotional and material needs? Which source of information should I trust? Am I a good parent? These are just a few of the manifold questions and uncertainties that can shake the "new" complex everyday life of parents.

Over the last decades, research and policymakers have extensively emphasized the significant influence of the surrounding environment and "positive parenting" during the first thousand days on children's development (Rec EU 19/2006; Save the Children Italia, 2012; for a critical appraisal, see Reece, 2013). Given the extraordinary pace of infants' brain development and adaptation to real-life needs, the early

[1] The "first thousand days of life" refer to the period spanning from the child's conception up until her/his second year of life. After its first appearance in "The Lancet" in 2008, this expression has been extensively used in scientific research and informed national and international guidelines aimed at promoting mothers' and children's health and well-being (see for example the technical document "Investire precocemente in salute: azioni e strategie nei primi mille giorni di vita" approved in 2020 by the Italian Ministry of Health; the 2015 "Minsk Declaration" and the 2018 "Nurturing Care for early childhood development. A global framework for action" of the World Health Organization; see also the UNICEF report entitled "Early Moments Matter for Every Child", 2017).

years of life are considered extremely vulnerable as psychosocial and educational deprivation experienced in the socio-family environment during this period is a strong predictor of social inequalities and economic fragility in adulthood.

This poses significant challenges for parents (especially first-time parents and mothers), who often experience socio-emotional and psychological strain as they navigate the new routines and responsibilities of infant caregiving, compounded by the increasingly precarious material conditions that characterize many contemporary families.. In this scenario, the role of healthcare providers is particularly crucial from a pedagogical perspective as they constitute the first bridge (together with early education services) connecting families' private "small cultures" (Holliday, 1999) and broader socio-cultural models of children's well-being and appropriate caregiving practices. Working as a "social antenna", pediatricians can enact crucial educational functions by intercepting families' idiosyncratic needs and vulnerabilities while, at the same time, transmitting expert knowledge on childcare and rearing and taking care of families' socio-emotional needs. It comes as no surprise that, in the last few decades, the normative orientation toward fostering alliances between families and healthcare services has become an unquestionable principle regulating healthcare policies and practices (see for example the notion of "patient- and family-centered care", Conway et al., 2006; Davidson, 2009)[2]. The therapeutic alliance between parents and healthcare providers based on mutual respect and shared power and responsibility (Conway et al., 2006; Mead & Bower, 2000) has been progressively conceived of as crucial in ensuring children a safe and healthy upbringing through the spheres constituting the ecology of their development (Bronfenbrenner, 1979).

However, in the contemporary "knowledge society" (Knorr Cetina, 2007), the alliance between healthcare providers and parents can no longer be based on blind trust toward the "voice of medicine" (Mishler, 1984). As indexed by recent phenomena such as vaccine hesitancy (Reich, 2016), parents' pressure for antibiotic prescription (Stivers, 2007), or resistance to preventive drug treatments (Stivers & Timmermans, 2020), the decline of unconditional trust based on deference to professionals' expertise can also lead to problematic in-

[2] As is well known, "educational alliance" between parents and teachers is also normatively considered the backbone of contemporary educational services (see, among others, Contini, 2012; Epstein, 2001; Gigli, 2016; Milani, 2012).

dividual and public health outcomes. More broadly, the emergence of tensions in healthcare settings and decision-making processes can be seen as a consequence of the radical socio-cultural transformations in the role of patients and physicians that have taken place since the early '70s (Giarelli, 2003; Starr, 1982; Timmermans & Oh, 2010; Zannini, 2008). Indeed, care professionals have been particularly affected by the progressive erosion of medical authority (Armstrong, 1976) and the rise of advocacy for patient empowerment (Castro et al., 2016) pushing toward a more symmetrical distribution of epistemic and deontic rights (i.e., who has the right to know/assess/ratify and who has the right to decide, Heritage, 2012a,b; Stevanovic & Peräkylä, 2012) between the expert physician and the lay parent/patient.

When it comes to childcare and rearing in the early developmental stages, things become even more complex as the expertise of healthcare providers concerns territories of knowledge to which contemporary parents have primary access and of which they can be considered "lay experts" (see Prior, 2003; Sarangi, 2001b). As a matter of fact, parents not only retain first-hand knowledge of their child in everyday family life, but they often have previous experience and specific commonsensical or semi-expert theories of childcare and parenting (see for instance the role of web-based knowledge sharing, Demozzi et al., 2020a,b; Raz et al., 2018). This epistemic landscape can generate tensions of knowledge or even "competence struggles" (Heritage & Sefi, 1992) between the healthcare provider and the parent as to who holds the ultimate right to know and decide the most suitable caregiving practice for the child's best interest. Underestimating the epistemic challenges and their impact on the local constitution of social identities (e.g., the "good", "competent" parent, the "reliable", "competent" practitioner) in the concrete unfolding of healthcare encounters risks jeopardizing the discursive accomplishment of alliance-building processes, which can too easily turn into "dis-alliances" (Contini, 2012).

Since the quality of caregiving practices and the connections between the different spheres of influence within children's ecology have long-term impacts on their health and well-being, it becomes crucial to investigate how healthcare providers and families interact within care settings linking family private life and the institutional public sphere in the early years. Well-child visits constitute one of the primary institutional contexts where parents can rely on professional support from healthcare providers to address any possible doubt or concern related to their infant's health and everyday care. These vis-

its are routine check-ups where the pediatrician assesses the infant's physical growth and his/her cognitive, psychomotor, emotional, and social development according to the age- and sex-specific expected standards. The topics of conversation mainly concern the typicality of the child's growth and development and the suitability of the daily caregiving practices allegedly responsible for the child's well-being. For this reason, they constitute a perspicuous site for investigating which types of knowledge are made relevant and make a difference in early childhood care (e.g., biomedical vs. experiential, first-hand vs. second-hand), how asymmetries between the expert pediatrician and the lay parent are interactionally managed, and the local implications for decision making processes.

Despite being a pivotal moment for monitoring children's health and development as well as for supporting parents in their new challenging role, little is known about the communicative accomplishment of such visits (but see Heritage & Sefi, 1992; Heritage & Lindström, 1998, 2012; Krippeit et al., 2014; Zanini & González-Martínez, 2015), especially in the Italian context. Surprisingly, even less explored is their pedagogical dimension: even though constituting a culturally and morally saturated arena where parents are introduced to the sets of expectations regarding socially appropriate ways of acting and being a parent, the empirical, *in vivo* investigation of interaction in pediatric well-child visits remains largely overlooked from a pedagogical perspective (but see Caronia & Ranzani, 2021, 2024; Ranzani, 2023a,b, 2024).

Filling this gap, this volume builds on a video-based ethnographic study involving 2 family pediatricians during their everyday clinical practices and 23 middle-class families attending the clinics for the routine health checks of their infants (aged 0 to 18 months). Consistently with the phenomenological approach to everyday life (Schutz, 1979[1962/1966]) and education (Bertolini, 1988; Caronia, 2011a, 2018; Caronia & Besoli, 2018) that conceives of everyday interactions as privileged lieu for observing the constitution and ratification (but also negotiation) of the crucial dimensions of the social world we live in (and contribute to building), this book delves into the micro-order of pediatrician-parent interactions. Words, gestures, gazes, and movements have been scrutinized to understand the interactive ways in which parents and pediatricians pursue their agendas and locally presuppose, construct, reproduce, or negotiate culturally shared worldviews of good caregiving practices and healthy development, and manage their institutionally relevant identities, roles, rights, and

responsibilities as "parent" and "pediatrician". As remarkably put by Harvey Sacks, "the detailed study of small phenomena may give an enormous understanding of the way humans do things and the kinds of objects they use to construct and order their affairs" (Sacks, 1984b, p. 24). It is precisely by zooming into the apparently irrelevant, trivial, and taken-for-granted details of everyday (institutional) conversations between parents and pediatricians that this volume allows illuminating the invisible, often neglected, but ubiquitous dynamics of "informal education" (Tramma, 2009) permeating well-child visits.

Relying on transcribed excerpts of video-recorded interactions, the volume brings to the surface the implicit educational density of pediatrician-parent interactions by exploring three different but interlaced foci of empirical analysis:

1) the interactional practices in and through which parents and pediatricians cooperatively presuppose and maintain culturally informed definitions of children's "normality";

2) the interactional practices whereby the participants locally do "being a good parent" and a "good pediatrician", aligning with and therefore iterating the relative sociocultural models;

3) the interactional practices in and through which parents and pediatricians manage and negotiate their epistemic and deontic rights regarding childcare.

Throughout the chapters, readers are guided to uncover how these visits unfold *as culture-oriented and culture-making sites*. Going far beyond the "mere" accomplishment of institutionally relevant activities like assessing children's health and development or advising parents on suitable caregiving practices, in and through the interactional ways in which these institutional tasks are performed, parents and pediatricians presuppose, ratify, and transmit culturally informed models of "normal" growth, "healthy" development, "good" caring practices, and "competent" parenting. In doing so, they enact a pervasive yet unnoticed educational and moral work.

The next section is dedicated to presenting the organization of the chapters to help the reader navigate the book.

Navigating the book

The book combines theoretical reflections with empirical data collected in Italian pediatric primary care clinics between November 2019 and February 2020. The aim is to discuss and advance theoretical insights based on transcribed excerpts of video-recorded interactions between pediatricians and parents naturally occurring in well-child visits. The first two chapters are dedicated to illustrating and critically discussing the 'culture of care' imbuing contemporary medical contexts and the core features of healthcare interactions. Such theoretical framework sets the scene for the following chapters, which revolve around the empirical illustration of how this culture of care is "talked into being" (Heritage, 1984, p. 290) in and through the micro-details of pediatrician-parent interaction.

In particular, Chapter 1 delineates the main socio-cultural factors that contributed to the gradual shift from the so-called "paternalistic" approach characterizing doctor-patient relationship in the first half of the 20th century to the currently normatively dominant "patient-centered" approach. It emphasizes the pedagogical relevance of this paradigm shift from *curing* the patient-as-disease to *caring* for the patient-as-person, and critically discusses the challenges of implementing this "ideal" model of care in the complexities of everyday clinical practice. Furthermore, it addresses the crucial role of communication in healthcare settings by building on observational, video-based micro-analytic studies that in the last 50 years or so have provided evidence of the (collaboratively built) epistemic and deontic asymmetry between doctors and patients. Finally, the chapter discusses the implications of analyzing the details of interactions for medical education. Overall, the chapter helps the reader to better situate pediatrician-parent interactions into the broader socio-cultural models of care which are reflected and reproduced in the micro-order of everyday medical interactions.

Chapter 2 delves into the pediatric clinic as a culture-saturated arena. It provides an appraisal of "patient- and family-centered care" as the new gold standard of care and zooms into pediatrician-parent(s) conversations across different pediatric contexts. It discusses several major issues of concern in contemporary pediatric care such as antibiotic prescription in acute care encounters ad shared decision-making in extremely delicate contexts like neonatal intensive care units and palliative care. Furthermore, the chapter outlines how, when it comes to everyday childcare issues, tensions of knowledge between parents

and pediatricians and related identity work (i.e., parents' display of competent, good parenting) are constantly at play. It makes a case for the difference between the specialized and acute pediatric settings where the boundaries between biomedical and lay domains of expertise are more clear-cut, and well-child contexts, where the boundaries of expertise between pediatricians and parents are ostensibly fuzzier. The chapter ends with an encompassing appraisal of contemporary pediatric interactions which appear to be characterized by the presence of "engaged" parents and "accountable" physicians.

Chapter 3 contains a methodological note on the video-based ethnographic studies upon which the selected excerpts of the following chapters are drawn. More specifically, it describes the methodological challenges and accounts for the strengths and limitations of the qualitative, observational, and naturalistic approach adopted.

Chapter 4 illuminates the pediatrician's unseen but pervasive educational work by exploring the discursive management of a core activity of well-child visits: the assessment of infants' physical growth. Different excerpts are employed to empirically illustrate an interactive phenomenon that emerged from the corpus, namely the "normalizing practice": by engaging in a no-problem assessment of the growth, pediatricians reassure parents about their infant's growth and, concurrently, ratify medical knowledge as the most authoritative voice. The chapter empirically shows how pediatricians and parents engage in constructing a shared understanding of what an unproblematic infant growth is by cooperatively constituting statistics as the ultimate and reliable definition of "normal" and, by implication, "healthy" child growth.

By investigating advice requests about infants' everyday care, Chapter 5 contributes to the understanding of how contemporary parents perform their being, at the same time, "good", and "engaged" parents knowledgeable as to their child's needs and habits as well as "good clients" oriented to the pediatrician's ultimate epistemic and deontic authority. This interactionally built balance appears to be an index of broader socio-cultural ideals of "good parenting": they are socially expected to be competent, informed, and actively involved in childcare and education, while concurrently demonstrating trust in and deference to the voice of expert knowledge and evidence-based protocols.

Chapter 6 expands the interest in displays of "engaged parenting" by illustrating instances of parents' resistance to the pediatrician's advice. It perspicuously illuminates the hybridization of epistemic and

deontic rights affecting contemporary healthcare contexts, where parents act as if they are entitled to challenge the expert's opinion and suspend unconditional trust towards the "voice of medicine". This interactional phenomenon is particularly interesting from a pedagogical standpoint as it sheds light on a socio-cultural change concerning the asymmetry between the expert's and lay's voices on infant caregiving. At least in the case of baby everyday care, the decision-making process exhibits distributed epistemic and deontic rights between the expert pediatrician and the "lay expert" parent.

The final, concluding chapter brings together the key insights and reflections presented throughout the chapters, highlighting their practical relevance for medical education as well as parental empowerment. It recapitulates the implicit educational work enacted by pediatricians in everyday clinical interactions with families during the critical first thousand days of life. Pediatricians rely on and concurrently build and naturalize the crucial dimensions defining what children's healthy development is and should be, as well as what good parenting is and should be. In doing so, they socialize parents into culturally and morally laden ideals of how competent parents "ought to act and be". The chapter further illuminates how parents navigate their role by acting as engaged, knowledgeable, (communicatively) competent, and caring parents, while, at the same time, sensitive to the pediatrician's ultimate epistemic and deontic authority.

Finally, the chapter draws practical implications for medical as well as parental education aimed at fostering the "reflexive practitioner" and the "reflexive parent".

Education

L'elenco completo delle pubblicazioni
è consultabile sul sito

www.edizioniets.com

alla pagina

http://www.edizioniets.com/view-collana.asp?col=Education

Pubblicazioni recenti

21. Federica Ranzani, *Education in the pediatric clinic. Language, culture, and the management of knowledge in well-child visits*, 2025, pp. 232
20. Vittoria Colla, *Education in everyday family life. Language, culture, and morality in homework interactions*, 2023, pp. 208
19. Marianna Piccioli, Relational Model *e* Cultural Model *come incontro tra integrazione e inclusione. Un'occasione di sviluppo per la scuola italiana*, 2020, pp. 152
18. *Frontiere. Nuovi orizzonti della Letteratura per l'infanzia*, a cura di Maria Teresa Trisciuzzi, 2020, pp. 176
17. *Leggere l'inclusione. Albi illustrati e libri per tutti e per ciascuno*, a cura di Enrico Angelo Emili, Vanessa Macchia, 2020, pp. 164
16. *Perspectives on Autism Spectrum Disorder*, edited by Loredana Al Ghazi, Tamara Zappaterra, 2019, pp. 204
15. *Scrivere bene. Un percorso educativo fra tradizione e innovazione*, a cura di Roberto Travaglini, 2019, pp. 144
14. Mattia Baiutti, *Protocollo di valutazione Intercultura. Comprendere, problematizzare e valutare la mobilità studentesca internazionale*, 2019, pp. 176
13. *Children's play. Multifaceted aspects*, a cura di Serenella Besio, Tamara Zappaterra, 2018, pp. 256
12. *Educare alle diversità. Una prospettiva storica*, a cura di Mario Gecchele, Paola Dal Toso, 2019, pp. 280

Edizioni ETS
Palazzo Roncioni - Lungarno Mediceo, 16, I-56127 Pisa
info@edizioniets.com - www.edizioniets.com
Finito di stampare nel mese di aprile 2025