Discourse Communities and Onions

CHANNING TRAINOR
Produced in Dan Martin's Summer 11 ENC1101

Intro

Viewing Banfield, the veterinary hospital inside PetSmart, from the outside, a client may feel reassured by the cheerful atmosphere and the smiling employee at the front desk. If a client were granted the privilege to walk through the back of the hospital, he or she might be impressed by the level of efficiency maintained by each employee. Yet that same client would remain unaware of the many different interactions between discourse communities necessary to provide such smoothness and efficiency. Each layer of the veterinary discourse community must negotiate the role or niche of the specific community as a subset of the larger layers. In order for Banfield to function as a fully operational hospital, employees must determine their relationship to the corporate office above them, the other veterinary offices in the community and the individual group of employees below them. But these layers all hold their own titles as discourse communities in their own right, as based on John Swales' definition of a discourse community (471-3).

Methodology

To demonstrate the layers of a discourse community, I conducted a study on Banfield, the Pet Hospital inside PetSmart. To allow for a more detailed analysis, I specifically examined Banfield #0310, of which I am currently a member. I visited this location during a less busy time of day to collect multiple physical sources for analysis: brochures, flyers, product handouts, training materials and the like. In addition to the material research, I also obtained an email interview with the Hospital Manager of Banfield #0130, Diane Luquis. I posed six questions to her aimed at furthering knowledge pertaining to Banfield as a discourse community. Ms. Luquis' responses are especially valuable as she is fluent in almost every position available at Banfield and thus offer a unique perspective pertaining to multiple angles of employment. I then analyzed this research to reach my conclusion regarding layers of community.

Results

A thorough investigation returned results in all six categories Swales proposed as necessary to a discourse community. The discussion here is limited to the following four areas. First, Banfield #0130 has a broadly agreed set of goals that are also in alignment with Banfield Corporate's goals. The following statements of purpose can be found on their website as well as on the back of all printed brochures: "Giving Pets the same care we want for ourselves," "Making Pet health affordable," "Strengthening the value of Pets in families," "Teaching how better Pet care maximizes lives," and, "Stopping euthanasia by keeping Pets healthy." These statements conclude with, "Put simply, treating your pet like family."

Secondly, Banfield #0310 utilizes *many* methods of intercommunication. Not only do the employees of Banfield #0310 have methods of communicating between each other (these will be discussed further below), but we also have systems in place to allow us to communicate with Banfield Corporate, other Banfield locations or veterinary practices, and the customers. When a situation arises that requires contact with Banfield Corporate each employee refers immediately to

the mile-long list of specific departments numbers and extensions. Regardless of department reached, an employee is required to state their full name, hospital number, and the last name and pet's name of the client the call is regarding. Or, in the event of receiving or referring a client to another veterinary location, it may be necessary to communicate directly with that other location for notification purposes or to transfer medical records. On the phone, conversation is typically polite yet not quite formal, as both parties seem to recognize similar membership in the larger "veterinary discourse community." For the transfer of the physical records to a non-Banfield veterinarian, the fax machine is typically used, whereas all Banfield locations are connected through a remote server so no transfer is necessary. Communication with clients (when not face to face) is done either via phone call or standard mail. Clients are reminded of a standing appointment two days prior, and followed up with the day after the visit. Postcards are sent via mail to notify clients of overdue services, as well as promotions, although the latter is primarily Corporate's responsibility.

Third, Banfield #0310 utilizes and possesses multiple genres in order to attain its goals. In my position as a Client Service Coordinator, or CSC, our primary genre is the "CSC Communication Book," in which is placed (from newest to oldest) pertinent information to this position. Examples of entries include new changes to procedure, "suggestions" by management for fixing current errors, or notifications of availability for extra shifts. The majority of communication that transpires between a CSC and a PetNurse or Doctor is verbal, yet it is common for these employees to be too busy or involved to stop what they are doing for a conversation or question. In these cases, we use different methods to ensure the situation is handled. "Rx requests" are written with specific pieces of information and placed in an area designated for prescription requests. Notes are written and placed in the "Nurse Today" or specific doctor's folder regarding situations too medical for a CSC to handle. Also, personal notes can be placed in an employee's "box," a section of a paper divider designated to each employee.

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All employees' schedules are posted on the last Saturday of the month and a copy is placed in each individual box. In addition, every employee has a specific duty or responsibility assigned to the individual, called a "sub-hat." My sub-hat, for example, is ensuring that the pamphlet holders in each exam room and around the desk are full, orderly and stocked in back. Upon weekly completion of this task, an employee is sure to sign off in the "sub-hat book." This communicates to our Hospital Manager that we have completed our responsibility and ensures that an uncomfortable meeting with that Manager will *not* be taking place. Lastly, when a client visits Banfield #0310 to have their pet seen by a Doctor, they interact with three main genres of communication: the Authorization Form, the Estimate, and the Receipt/Visit Summary. Each of the above is rather self-explanatory. All are strictly business-oriented documents requiring signatures to satisfy the legal end of the client-doctor interaction.

Finally, Banfield #0310 has specific lexis that has been adopted for the purpose of enhancing communication between members of the discourse community. In this community, there are three distinct categories of lexis utilized. One is written terms used between staff as short-hand, such as writing "vx" for vaccine, "SIM" to indicate that a medication or event should occur monthly, or "sbf" to identify whether a surgery booking fee was taken. The second type consists of spoken terms used primarily between CSC's and PetNurses, such as "vax stat calls," "sparkle task," or "book to board." Each communicates a specific task or action requiring completion. For instance, "sparkle task" refers to one task out of ten that is specific to the day, although where the "sparkle" comes from I am unsure. The final type of lexis is utilized only in interaction between employee and customer. Banfield maintains that the use of more professional words, such as "neutered," "feces," "PetNurse," or "Doctor" creates a more humane atmosphere in comparison to "fixed," "crap," "vet tech," and "vet."

Analysis

As I was familiarizing myself with the materials and results gathered from my research, I recognized that I repeatedly had to sort the types of communication, materials, or genres into different categories depending on which position or main group they fell under. Ann M John's rightly poses the question, "Are there levels of community?" as a topic worth investigation, and that is certainly the case here (500).

As I would pick two pieces of seemingly similar material—a flea prevention flyer, for instance—a subtle difference was seen in the fact that while the two flyers appeared to follow the same format for different products, one product was a Banfield-specific product and one was common to all licensed veterinary practices. This process repeated itself several times—once in two Banfield flyers, one specific to our hospital and our veterinarians, and one common to a different Banfield—before I recognized that while all of my materials did in fact relate to Banfield in some way or another, "Banfield #0310" was not necessarily the most specific category they fell under, or was perhaps too specific. Johns defines the relationship between the general or specific category of a group as "levels of community" in which the primary devotion of a person or group may also be subject or part of a larger group or layer (503-4).

It was possible to indentify these different levels of community within the Banfield #0310 community. Surprisingly, Banfield #0310 as a discourse community was not one of the larger, more general layers but one of the more specific ones. Evaluation of the different possible levels and layers and components regarding Banfield #0310 led to an understanding of this set of layers, from most general to most specific:

1. The overall veterinary discourse community
2. Banfield the Pet Hospital, meaning the corporate office
3. The individual Banfield hospital, here Banfield #0310
4. The individual community of a position within the specific hospital

Note, however, that each layer may be comprised of multiple divisions, such as Banfield #0310 also differentiating from the other Banfields due to it being privately owned (its "Charter" status) or the fact that within layer 4 there are several different communities for different positions. But this will be discussed later. As Johns suggests by stating , "community membership may be concentrated or diluted," each layer of a discourse community is a discourse community in its own right, yet functions dually as a more specific section of the immediately prior community (504). It is because each layer is a discourse community rather than solely a division of a community that provides the necessity for each layer to negotiate their position regarding the community layers both above and below.

It is important to observe that the actual negotiation that takes place between each layer occurs most often in some form of dissension among the members of two layers.

The broadest layer within the community is the first to be examined. That is the veterinary discourse community. This encompasses all veterinarians and veterinary practices, as well as all subsequent layers underneath this one. The collective purpose of this community is to provide care for all types of animals and household pets, as well as furthering knowledge about the animals and knowledge of medicinal treatment for these animals. Because of this, this layer or community does not concern itself as much with publicity and other marketing skills.

While participants of more specific layers may be concerned with attaining publicity within this greater layer, this layer itself is not attempting to promote itself to the other members of the public. For example, a renowned veterinarian may have achieved his reputation through research conducted in a more specific layer but that received a positive response from the members of the veterinary discourse community as a whole. Therefore, it logically follows that all material produced for this layer specifically, such as research studies or material marketed to this layer of community in general, would be produced in a more objective, non-persuasive manner. An example

I found was a customer handout for a product known as ProHeart 6 (a type of heartworm preventative). This flyer was presented in a very factual, question and answer format, with the only exigence being to educate. While the actual marketing of the product (aimed at a more specific layer of the veterinary community) would have involved more persuasive rhetoric, this flyer was purely intended for the general education of the client.

It is important to observe that the actual negotiation that takes place between each layer occurs most often in some form of dissension among the members of two layers. The fact that each layer already exists mandates that much pre-planning had transpired prior to the establishment of the layer. However, once the layer has come into existence it must negotiate, or "work out the kinks," of any possible interaction with the surrounding layers. As indicated, this often is done through the resolution of arguments or answering of questions that arise when the answer to a question regarding one layer must be obtained through the authority of another layer. To briefly illustrate my point, imagine how all of the subsequent levels of community must refer back to and obtain permission from this overall veterinary community in order to obtain or maintain the necessary "status" required to function as a layer within this community.

The next level of community involved a specific veterinary corporation, in this case Banfield Corporate, inclusive of all offices. It became immediately obvious that the majority of the materials produced by Banfield Corporate were intended to attract customers or persuade potential clients to select a Banfield office as their veterinary representative. The Banfield website provides a plethora of examples, ranging from the heartwarming story of Banfield's beginning to this rather list-like statement of purpose (Quality, Responsibility, Mutuality, Efficiency, and Freedom), and finally concluding with a large banner ad declaring, "Get a free new Pet exam!" The site employs bright, cheerful colors and large images of smiling veterinarians or PetNurses joyfully providing care for an equally delighted pet, all of which communicate to viewers that this compassionate care is what their pets will receive if they, too, have joined the millions of pets receiving quality vet care at Banfield. These colors and images are so overtly positive in contrast to the more tranquil experience of the "typical" veterinary practice that I am surprised that these methods work as well as they appear to.

Printed materials, obtained by clients either from their visit to a Banfield office or through the mail, are also representative of this emotion, still full of bright colors and pictures of overjoyed people and pets. In short, materials produced by Banfield Corporate are indicative of the twist Banfield puts on pet care: it's affordable, it's easy, it's smart, and WE WANT YOU TO AGREE, at least enough to purchase our product and see for yourself.

The third layer, or the specific Banfield office, presents a little more wiggle room in definition. For the most part, each individual location differs only in staff and interpretation of rules. All Banfield locations offer the same quality services at the same prices and follow the same procedures, similar to any chain store or restaurant. The case of Banfield #0310, however, is slightly different, as it is privately owned, making it "a charter hospital." Having this status means that although Banfield #0310 must offer the same base services at the same prices and uphold the same standards as other non-charter Banfield locations, they also have an extended set of limits to what can and cannot be purchased, offered or sold. This also allows the charter owner to receive some of the profits. Charter status brings with it both benefits and complications and constantly requires staff to balance two different voices of authority as far as "what goes."

The situation is complicated, then, when the encounter deviates from the script and requires a unique solution. Suddenly scripts and texts no longer matter.

For instance, the reception desk computer breaks: is this the financial responsibility of Banfield Corporate or the charter owner? The immediate staff involved typically does not know and must request an audience with a higher authority. Diane Luquis, Banfield #0310's Hospital Manager, verified this extensive process was the correct one: "The process is handled through the Hospital Manager who verifies with the Charter Owner that this change will benefit the hospital."

Yet many benefits accompany the charter status as well, such as leniency in purchasing additional diagnostic equipment. Ms. Luquis also stated in an interview that, "The biggest difference [that being a charter has allowed] is the technology such as the ultrasound unit. This unit allows the hospital to offer more affordable diagnostics to clients…without going directly to a specialist." Perks such as these make the other difficulties of the charter status seem trivial. Equipment such as the aforementioned ultrasound unit is what makes Banfield #0310 considered the go-to hospital throughout all of Orlando for advanced veterinary treatment.

The final and most specific layer is that of the individual community formed by a group of employees in a specific position. All Banfield locations typically consist of three such communities: the Veterinarians, the PetNurses and PetNurse Assistants, and the Client Service Coordinators, or CSCs. I will focus on the CSC community as that is the one of which I am currently a member. As a CSC, I am responsible for the first and last encounter clients have with a Banfield employee during their visit. As they approach Banfield #0310, I greet the client and his or her Pet and escort them to an exam room. After they have received the necessary care, I collect payment and cheerfully bid them farewell. This is the easy part. All CSCs are given highly specific scripts to memorize containing what to say and how to respond in different situations, making direct interactions with clients themselves simple.

The situation is complicated, then, when the encounter deviates from the script and requires a unique solution. Suddenly scripts and texts no longer matter. Further complication arises when the CSC no longer has all of the knowledge required to handle a situation, such as answering the question, "Can these two medications be given together?" The answer involves inquiring of a PetNurse, but a simple question will not suffice. Each different PetNurse holds different requirements for how such information is presented. Some require that you "check in" the patients so that their file can be easily accessed on the computer; others require the client's last name and pet's name on a sticky note. Matching the wrong procedure with the wrong PetNurse can cause irritation, imply incompetence, and slow down the process of receiving an answer. The Hospital Manager states that the "ability to listen is the most important skill" in regard to effective communication between CSCs, nurses and doctors, followed closely by memory. Even with these two skills, it can sometimes still be difficult to completely satisfy any one client or staff member.

Within each layer of a discourse community may lay multiple groups or divisions, and the more specific the layer the more "people-reading" skills are required in order for the layer to function smoothly.

It is at this point that we must acknowledge another highly significant component of the levels of community. As Mirabelli's research demonstrated, the "people-reading" component of multiliteracy is highly essential to the customer service employee. But even more than this, we must note that within each layer of a discourse community may be multiple groups or divisions and the more specific the layer the more "people-reading" skills are required in order for the layer to function smoothly. Notice that in this analysis of layers only this most specific layer will be affected by this statement as only this layer deals with individual employees. Let me state again for clarity: this analysis of levels only creates the ability to analyze this fourth layer regarding people-reading skills, as the three prior layers all discuss a business or layer of community as a *whole* instead of at the individual magnification.

This complex statement is simplified through an example. A CSC is asked by a client to have a blood pressure medication for their dog refilled immediately, but the CSC does not have the authority or knowledge required to do this. It follows that the CSC will then approach a PetNurse and request assistance, but which nurse? Some PetNurses are easily annoyed if interrupted from a previous task, and some regard filling medications as a chore, but only when they are tired. Rote memory allows for identification of how specific nurses have responded in the past, but how will the CSC determine which nurse appears busy or tired currently? The ability to accurately read people provides the extra input necessary to identify that PetNurse A may appear tired, but in reality is only relaxing after a challenging case. Or

consider that perhaps people-reading skills allow you to recognize that all PetNurses are, in fact, not in an ideal situation to be approached, so you either find a doctor on break or instead notify the client to return later. This skill has prevented a conflict that would have wasted time, irritated or offended an employee, or even kept a customer waiting unnecessarily. Without the ability to construct a representation of another person's mood or emotion, many preventable disruptions to the flow of the layer or business would occur.

Conclusion

The analysis of Banfield #0310, along with the communities above and below it and the individual divisions of a layer within Banfield #0310, has demonstrated the nature of negotiation each level of community must determine before assuming a place in the surrounding discourse communities. In addition, a look at the most specific level of community revealed that the level of specificity directly relates to the degree of people-reading skills required to effectively function or participate within that community.

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