The Making Cancer History Voices® Oral History Project

The Coding System: An Introduction and Glossaries of Chapter Codes and Story Codes

Overview of Coding:

The interviews in our collections are coded using a two-tiered, meme-based coding system. A meme-based system identifies the location of meaning units, rather than key words. This means that you can find specific topics (e.g. mentoring, leadership, finances) even when that specific keyword is never actually said during the conversation.

The coding system has two tiers that give information about the meaning content of a chapter.

Tier 1: Each chapter has a Chapter Code that identifies the main focus of the conversation. This code, in combination with the Chapter Title, describes the overall chapter content.

Tier 2: Each chapter is also assigned multiple Story Codes that refine the general chapter description and identify specific topics touched on within the conversation.

This two-tier coding system can be used:

To provide a description of chapter content when you browse interviews in Libguides or in the Navigation Materials.

To locate specific topics when you search in ContentDM.

To locate specific topics when you work with text files (Navigation Materials, transcript). Enter the code in the “find” box in a Word document to find all chapters where that content appears.
### Overview of Chapter Codes:

There are three categories of Chapter Codes.

- **A-codes** relate to the Interview Subject.
- **B-codes** relate to MD Anderson as an institution.
- **0-codes** mark Interview Identifiers at the beginning of interview sessions.

### Table of Contents

*Interview Session One: 22 February 2016*

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<thead>
<tr>
<th>Chapter Title</th>
<th>Chapter Code</th>
<th>Interview Identifier</th>
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</thead>
<tbody>
<tr>
<td><em>An Interest in Moments of Turbulence Feeds an Approach to Leadership</em></td>
<td>00A</td>
<td>Chapter 01 / A: Character and Personal Philosophy;</td>
</tr>
<tr>
<td><em>Establishing a New Department of Faculty Development</em></td>
<td></td>
<td>Chapter 02 / B: Building the Institution;</td>
</tr>
<tr>
<td><em>The First Successful Leadership Retreat Demonstrates Need for Faculty Development</em></td>
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<td>Chapter 03 / B: Building the Institution</td>
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<td><em>Faculty Development in a Politicized Context</em></td>
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<td>Chapter 04 / B: Building the Institution;</td>
</tr>
<tr>
<td><em>Reflecting on Leadership Qualities</em></td>
<td></td>
<td>Chapter 05 / A: The Administrator;</td>
</tr>
</tbody>
</table>

*The Chapter Title and Chapter Code work together to describe content*
The Oral History Collection Coding System

**The A-Codes: A Focus on the Interview Subject’s Story**

Chapters with A codes address all dimensions of the Interview Subject’s career and contributions to MDACC. In each case, a Chapter Title will provide further information about the subject treated.

<table>
<thead>
<tr>
<th>Label</th>
<th>Explanation</th>
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</thead>
<tbody>
<tr>
<td>A: Personal Background;</td>
<td>Family and childhood experiences, information and experiences not directly related to career and profession.</td>
</tr>
<tr>
<td>A: Educational Path;</td>
<td>Educational experiences up to and including graduate school, internship, fellowship, and other specialty training.</td>
</tr>
<tr>
<td>A: Professional Path;</td>
<td>Professional experiences beyond internships/fellowships</td>
</tr>
<tr>
<td>A: Character and Personal Philosophy;</td>
<td>Self-descriptions or anecdotes that reveal the Interview Subject as an individual personality, character, talents, ethics, values, faith or spirituality. Also identifies a system of belief, a world-view, personal spiritual beliefs, or value systems as they apply to care, research, leadership, etc.</td>
</tr>
<tr>
<td>A: Overview;</td>
<td>An Interview Subject defines how an aspect of his/her field or professional practice works. E.g. “Unique Challenges of the Pediatric Cancer Patient,” “Leadership in an Academic Institution,” “Defining Neuropathology.”</td>
</tr>
<tr>
<td>A: Joining MD Anderson/Coming to Texas;</td>
<td>Narratives of geographical relocation, recruitment to MD Anderson.</td>
</tr>
<tr>
<td>A: The Researcher;</td>
<td>Focus on the interview subject’s research interests: basic scientists, clinical researchers, physician scientists, nursing, staff.</td>
</tr>
<tr>
<td>A: The Clinical Provider;</td>
<td>The interview subject’s role as a care provider.</td>
</tr>
<tr>
<td>A: The Administrator;</td>
<td>Focus on the interview subject’s work as a manager, administrator.</td>
</tr>
</tbody>
</table>
A: The Educator;

A: The Philanthropist; For philanthropic activities of Board of Visitors members and donors. Also identifies sustained sections of conversation where other Interview Subjects discuss volunteer work or donations to MD Anderson or other institutions.

A: The Volunteer; Volunteering at MD Anderson.

A: The Patient; Interview Subjects discuss their own experiences as patients.

A: Obstacles, Challenges, Barriers; The interview subject discusses

A: Contributions; Contributions to professional areas of work: research discoveries, administrative roles/initiatives, philanthropic gifts and pro bono work (if the latter two have significant impact on the institution). Includes significant professional contributions to MD Anderson, the field, to other institutions, if those contributions have an impact on MD Anderson’s reputation.

A: Post-Retirement Activities;

A: Professional Service beyond MD Anderson; Includes national, Regional, State, Civic Committees, Consultancies, and Professional Organizations

A: View on Career and Accomplishments; The Interview Subject reflects on or evaluates her/his career.
# The B-Codes: Focus on the Story of MD Anderson Cancer Center

These chapters focus on specifics of MD Anderson. A Chapter Title provides further information.

<table>
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<tbody>
<tr>
<td>B: Overview;</td>
<td>A short (3-10 minute) overview of a Department, a position, program, institutional initiative, etc.</td>
</tr>
<tr>
<td>B: MD Anderson Past;</td>
<td>Discussions of the institution’s past, from descriptions of physical plant, the mission for patient care and research, and memorable people.</td>
</tr>
<tr>
<td>B: Building the Institution;</td>
<td>Discussion of any initiative that expands the institution’s physical size, scope of work, or presence. Includes the creation of departments, expansions of programs, new initiatives, new buildings, etc.</td>
</tr>
<tr>
<td>B: An Institutional Unit;</td>
<td>A focus on a program, department, division, service, etc. These segments focus on how a department works, its history, etc.</td>
</tr>
<tr>
<td>B: Institutional Processes;</td>
<td>Includes discussions of workflow, documentation, reorganizations. See also B: Devices, Drugs, Procedures;</td>
</tr>
<tr>
<td>B: Critical Evaluation;</td>
<td>Critique of the institution, leaders, decision making.</td>
</tr>
<tr>
<td>B: Obstacles, Barriers;</td>
<td>Difficulties created because of leadership, organization, regulations.</td>
</tr>
<tr>
<td>B: Devices, Drugs, Procedures;</td>
<td>Addresses the question How does it work? Discussions and explanations of scientific, clinical, or administrative procedures. Used to identify technology, software, surgical procedures, etc.</td>
</tr>
<tr>
<td>B: Institutional Mission and Values;</td>
<td>Discussions of MD Anderson’s basic values of discovery, caring, and integrity. Also excellence and its mission to cure cancer, care for patients, to advance research and education, and prevent cancer.</td>
</tr>
<tr>
<td>Code</td>
<td>Explanation</td>
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<tr>
<td>B: MD Anderson Culture;</td>
<td>The intellectual and social community at MD Anderson; the climate for research; attitudes of administration and/or faculty. Explicit and unexplicit “rules” for how people behave and interact.</td>
</tr>
<tr>
<td>B: Key MD Anderson Figures;</td>
<td>Presidents, leaders, luminaries.</td>
</tr>
<tr>
<td>B: Diversity Issues;</td>
<td>Includes issues of diversity at MD Anderson, in a field/specialty/professional organization, in Houston and Texas. Includes women, ethnic and racial minorities, religion.</td>
</tr>
<tr>
<td>B: Institutional Change;</td>
<td>Discussions of growth, or cutbacks or institutional downsizing. Shifts in operations, views, size, scope of departments, practices, projects.</td>
</tr>
<tr>
<td>B: The Finances and Business of MD Anderson;</td>
<td>MD Anderson budgets, financing if initiatives; how MD Anderson works as a corporation, follows business models, etc. Includes discussions of managed care and the Affordable Health Care Act.</td>
</tr>
<tr>
<td>B: Industry Partnerships;</td>
<td>Discussion of collaborations of all kinds with industry.</td>
</tr>
<tr>
<td>B: Beyond the Institution;</td>
<td>Comparisons with other institutions, discussions of competition, collaborations and partnerships. Discussions of MD Anderson in the context of Texas, the U.S., the world.</td>
</tr>
<tr>
<td>B: Giving to/Fundraising at MD Anderson;</td>
<td></td>
</tr>
<tr>
<td>B: MDACC in the Future;</td>
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</tbody>
</table>
The Story Codes [also called ‘Clip Codes’]

Overview of Story Codes:

Four categories of Story Codes identify content within chapters of an interview.

A- Codes relate to the interview subject (e.g. Values, Faith, Education)

B- Codes relate to MD Anderson

C- Codes cover many different topics (e.g. Leadership, Gender, Professional Practice) and, in general, have a good anecdotal quality

D- Codes identify general subject areas (e.g. Ethics, History of Cancer, Cultural Issues in Medicine)
The A-Codes: The Interview Subject’s Story

A: Character, Values, Beliefs, Talents;
A: Personal Background;
A: Professional Path;
A: Inspirations to Practice Science/Medicine;
A: Influences from People and Life Experiences;
A: Faith;
A: Military Experience;
A: Experiences Related to Gender, Race, Ethnicity;

A: Joining MD Anderson;
A: Overview;
A: Definitions, Explanations, Translations;
A: Finance, Entrepreneur, Biotechnology;
A: The Researcher;
A: The Clinician;
A: The Administrator;
A: The Educator;
A: The Leader;
A: The Mentor;
A: The Philanthropist/Volunteer;
A: The Patient;
A: Obstacles, Challenges;
A: Contributions;
A: Activities Outside Institution;
A: Career and Accomplishments;
A: Post Retirement Activities;
A: Professional Values, Ethics, Purpose;
A: Critical Perspectives;

The B-Codes: About MD Anderson

B: MD Anderson Impact; C: MD Anderson Impact;
B: Institutional Processes;
B: Devices, Drugs, Procedures;
B: MD Anderson Culture;
B: Working Environment;
B: Institutional Mission and Values;
B: The Business of MD Anderson; C: The Institution and Finances;
B: The MD Anderson Brand, Reputation;

B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;
B: Controversy;

B: Education; D: On Education;
B: Research;
B: Care; D: On Care;
B: Survivors, Survivorship; C: Patients, Treatment, Survivors;
B: Prevention;
B: Fundraising, Philanthropy, Donations, Volunteers;
B: Ethics;
B: Gender, Race, Ethnicity, Religion;
B: Industry Partnerships;
B: Beyond the Institution;
B: MD Anderson and Government;
B: MD Anderson Product Development and IP;
B: MD Anderson in the Future;
B: Critical Perspectives on MD Anderson;
B: MD Anderson History; B: MD Anderson Snapshot;
The C-Codes: Special Topics and Good Stories

Key Stories

C: Discovery and Success;
C: Healing, Hope, and the Promise of Research;
C: Human Stories;
C: Offering Care, Compassion, Help;
C: Patients; C: Patients, Treatment, Survivors;
C: Cancer and Disease;
C: This is MD Anderson;
C: Funny Stories;
C: The Value of the Oral History Project;
C: Dedication to MD Anderson, to Patients, to Faculty/Staff;
C: Personal Reflections, Memories of MD Anderson;

About People

C: Portraits;
C: Formative Experiences;
C: Discovery, Creativity and Innovation;
C: Faith, Values, Beliefs;
C: Evolution of Career;
C: Professional Practice; C: The Professional at Work;
C: Collaborations;
C: Leadership; D: On Leadership;
C: Mentoring; D: On Mentoring;
C: Obstacles, Challenges;
C: Controversies;
C: Experiences of Injustice, Bias;
C: Giving Recognition;
C: Critical Perspectives;
C: Women and Minorities at Work;
C: The Life and Dedication of Clinicians and Researchers;
C: Volunteers and Volunteering;
C: On Texas and Texans;

About MD ANDERSON

C: Donations, Gifts, Contributions;
C: MD Anderson Past;
C: Understanding the Institution;
C: The Institution and Finances;
C: Research, Care, and Education;
C: Diversity at MD Anderson;
C: Education at MD Anderson;

The D Codes: Issues and Perspectives

D: On Research and Researchers;
D: Understanding Cancer, the History of Science, Cancer Research;
D: The History of Health Care, Patient Care;
D: Politics and Cancer/Science/Care;
D: Technology and R&D;

D: On the Nature of Institutions;
D: Business of Research;
D: Fiscal Realities in Healthcare;
D: The Healthcare Industry;
D: On Pharmaceutical Companies and Industry;

D: On Faith, Hope, Values, Beliefs;
D: Ethics;
D: On Philanthropy and Volunteerism;

D: Women and Diverse Populations;
D: On Texas and Texans;
D: Cultural/Social Influences;
D: Global Issues –Cancer, Health, Medicine;